

Laminates for Transfer & Communication Workshop

CASE (Only for Referring Team)

Setting:

Regional ED, 1hr from nearest tertiary hospital

I Introduction/Identification

8y old (26kg) boy Lin Cheung - pedestrian MVA 1 hour ago

S Situation

Pedestrian hit by a car 1 hour ago

Unconscious at scene

Left sided head injury

Large contusion over lateral aspect of Left thigh

B Background

GCS –10 on arrival then 8, Nil other medical history, IMUTD, NKA

A Assessment & Treatment

Intubated with size 5.5 cuffed ETT → Ventilated TV 190ml, PEEP 3 cm H2O, rate 12, sats 97%
FiO2 40%

HR 110/m, BP 110/70, CRT 3 secs

22G IV cannula left forearm

0.9% saline at 35 ml/hr

Midazolam 4 mg/hr + Fentanyl 200 mcg/hr

Temp 35.7°C

Right pupil 3 mm, Left pupil 6 mm & sluggish

CT scan: left extradural haematoma

R Request/recommendations

Child now needs transfer for ongoing care in a Paediatric Tertiary Trauma Centre & neurosurgical management.

LAMINATE 1

REFERRING TEAM

2 candidates

Referring team things to consider:

- A. Most senior clinician available.
- B. Ensure all information gathered before making the phone call.
- C. Refer to Retrieval Form to gather all required information.
- D. What is the most important piece of information to convey in the first few words after your introduction – ***what important information will “sell” this patient for retrieval.***
- E. Use ISBAR –
 - a. Identify themselves. Who they are and their role.
 - b. Situation. What has happened, what you have done, what you want.
 - c. Latest observations including weight.
 - d. Parents weight - important in organising flight.
- F. Advice re continued management while you wait.
- G. Referring doctor clarifies management as per recommendations (close loop communication)

LAMINATE 2

TRANSPORT COORDINATOR AND TRANSPORT DOCTOR

2 candidates

Coordinating team things to consider:

- A. Need information at start of call to triage urgency eg do they just want advice vs want retrieval ASAP.
- B. Need to activate transport team/vehicle depending on urgency.
- C. Get remaining information about the patient.
- D. Makes decision with referring doctor on where and how.
- E. Uses Retrieval Form to gather all required information.
- F. Dials in receiving team to call.
- G. Transport coordinator informs referring & receiving team of arrangements.

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LAMINATE 3

RECEIVING TEAM

2 candidates

Receiving team things to consider:

- A. Case conference with referring doctor, transport doctor and any necessary accepting doctors or sub-specialists required to discuss further management.
- B. Recommendations for ongoing management of patient while awaiting transfer.
- C. Check referring doctor has understood.
- D. Check with transport coordinator details of logistics.