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Transport of critically ill patients

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Comments

Critically ill patients transferred between hospitals may suffer considerable morbidity if the transfer doesn't involve a fully trained and equipped retrieval team. The authors comment that there were small numbers of deaths in both groups (specialist team transfer or standard team transfer), but it does appear that patients transferred by specialist teams had a survival advantage. These findings are probably not surprising to intensivists in the UK, but trying to establish retrieval teams has been hampered by a lack of finance as there has been little evidence to support the concept. This study supports previous work involving paediatric retrieval teams, where the momentum for change appears to be much greater, and so the authors must be commended in publishing these results from the adult population. Finally, the establishment of centralised, experienced retrieval teams will not only benefit the patient who requires transferring, but will also free up those staff at the referring hospital to continue caring for the remaining critically ill patients in their hospital.

Introduction

The transfer of critically ill patients between intensive care units (ICUs) in the UK affects at least 11,000 patients *per annum*, and this number is increasing due to a national shortage of ICU beds. Only a minority of hospitals operate a specialised retrieval service; consequently, inexperienced junior doctors perform the majority of transfers, often with inadequate mobile monitoring equipment. Poor transfer standards may result in morbidity and mortality.

Methods

- Retrospective review of all patients (n = 259) who were transferred into a university teaching hospital ICU over a one year period.
- Patients divided into Group A (n = 168), transferred by a specialist retrieval team with mobile ICU, and Group B (n = 91), transferred by a medical team in a standard ambulance.
- Transfer by standard ambulance occurred when the retrieval team was unavailable.
- Transfer and hospital records were analysed.

Results

There were no differences in demographics, severity of illness, and mortality between the two groups. More patients had medical rather than surgical problems, and significantly more retrievals were from ICUs (rather than accident and emergency, wards, etc) in Group A. Significantly more patients in Group B were severely acidotic (11% vs 3%) and hypotensive (17.6% vs 8.9%) upon arrival, and there were more deaths within 12 h of arrival in Group B.

References

1. Bellinghan G, Oliver T, Batson S, Webb A: Comparison of a specialist retrieval team with current United Kingdom practice for the transport of critically ill patients. *Intensive Care Med.* 2000, 26: 740-744.