



State of the Transport of Ill Pediatric Patients in Emergency Departments of Latin America (STRASELA)

Multicenter study of Transport Group Committee - Latin American Society of Pediatric Emergency Medicine (SLEPE) and Red de Investigación y Desarrollo de la Emergencia Pediátrica Latino Americana (RIDEPLA)



INTERNATIONAL **VIRTUAL** CONFERENCE ON
EMERGENCY MEDICINE

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Background

Pediatric Critical Care Transport: Survey of Current State in LA.

SLACIP- Transport Committee

212 SURVEYS IN 19 LA COUNTRIES

30.7% Exclusive Pediatric Transport system

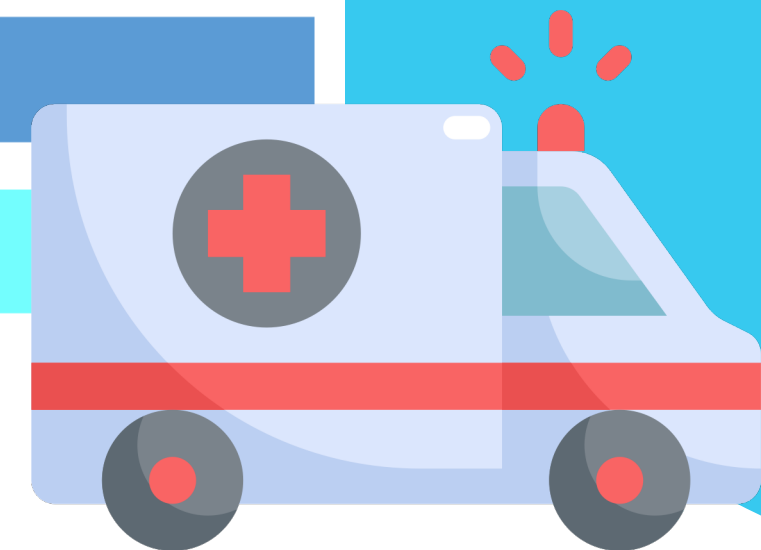
63.7% Transport coordinator centre

67.8% Prevalence of improvisation

51.5% Mix transport system (Public-Private)

58.3% No transport training

85% No local support from authorities



Methodology



TYPE OF STUDY

Prospective case series



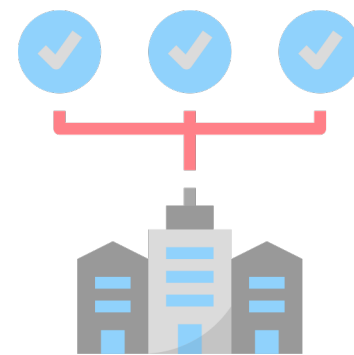
RECRUITMENT

Day 1,7,14,21,28 of each month.



STUDY POPULATION

Patients aged 1 month to 18 years presenting to identified study centers in LA in 1-year period



INCLUSION CRITERIA

Included all ill pediatric patients transferred to the study centers arriving through the ED

Results



Costa Rica, Bolivia,
Argentina,
Uruguay, Peru,
Rep. Dominicana,

313 patients

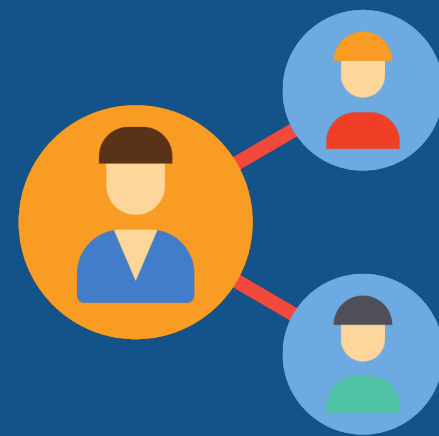


mean age: 35.2 m
(SD 117)

Table 1. Transfer Diagnosis



54.3%



67.1% (208)



97.1% (304)



average distance
84.2 km (SD 99.2)

Diagnosis	N(%)
Cardiac/Respiratory Arrest	2 (0.06)
Multiple trauma	26 (8.2)
Respiratory Distress	55(17.5)
Acute Abdomen	56(17.8)
Burn	18(5.7)
Status Epilepticus	22(7)
TBI/ICH	30(9.5)
Septic Shock	25(7.9)
DKA/Diabetes	11(3.5)
COVID-19/ PIMS	12 (3.8)
Others	96(30.6)

The main reason for transfer:

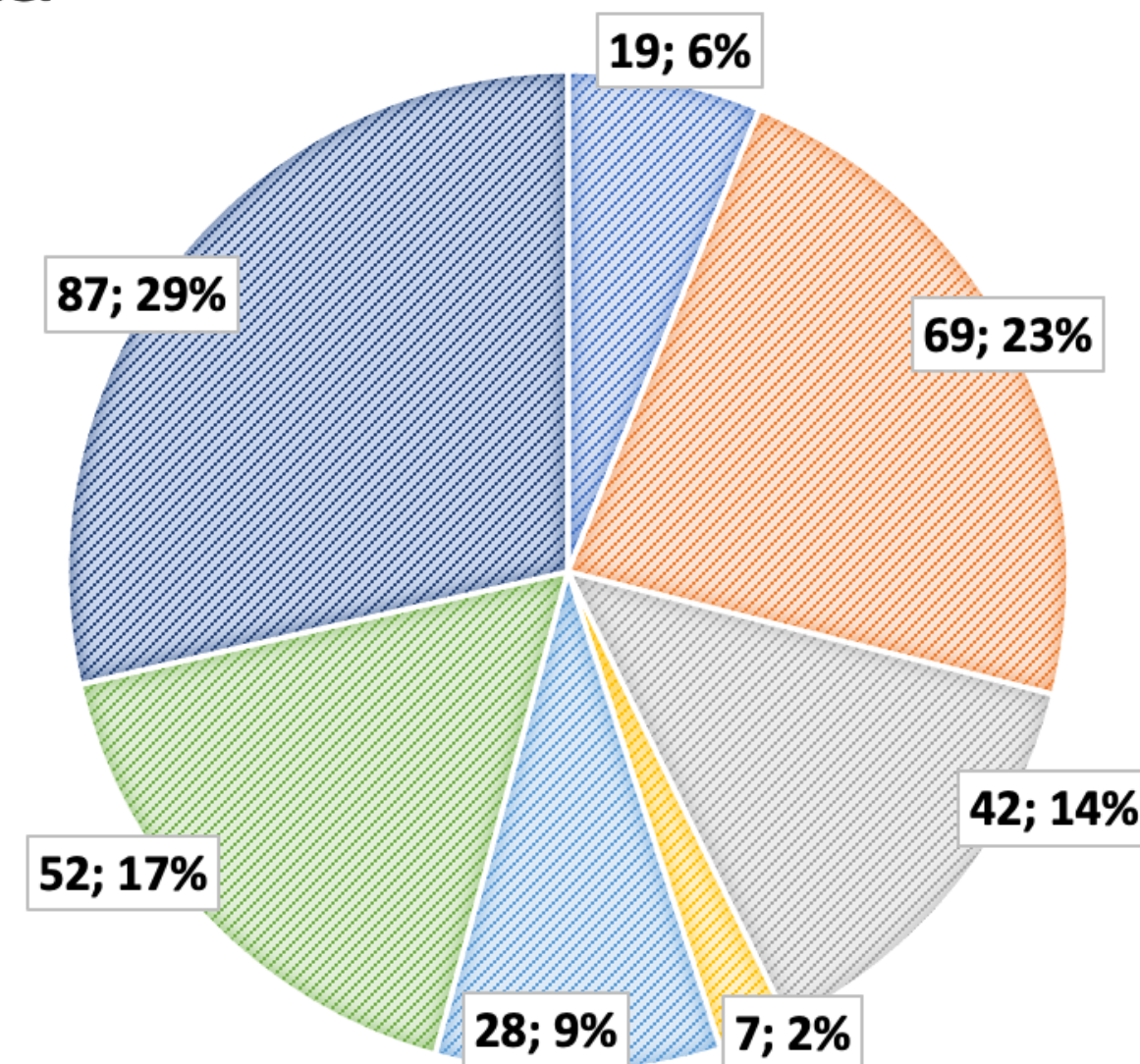
87.2% (274) cases was the need for higher level of care in a tertiary care hospital

Type of Hospital

- REFERRAL HOSPITAL: SECONDARY LEVEL 64.9% (191)
- RECEPTOR HOSPITAL: TERTIARY LEVEL 99% (311)

Graphic 1. Condition of patient during transport

- Hypotension
- Low O2 Saturation
- Metabolic alteration
- Other
- Altered mental status
- Inotropic support
- Respiratory Distress

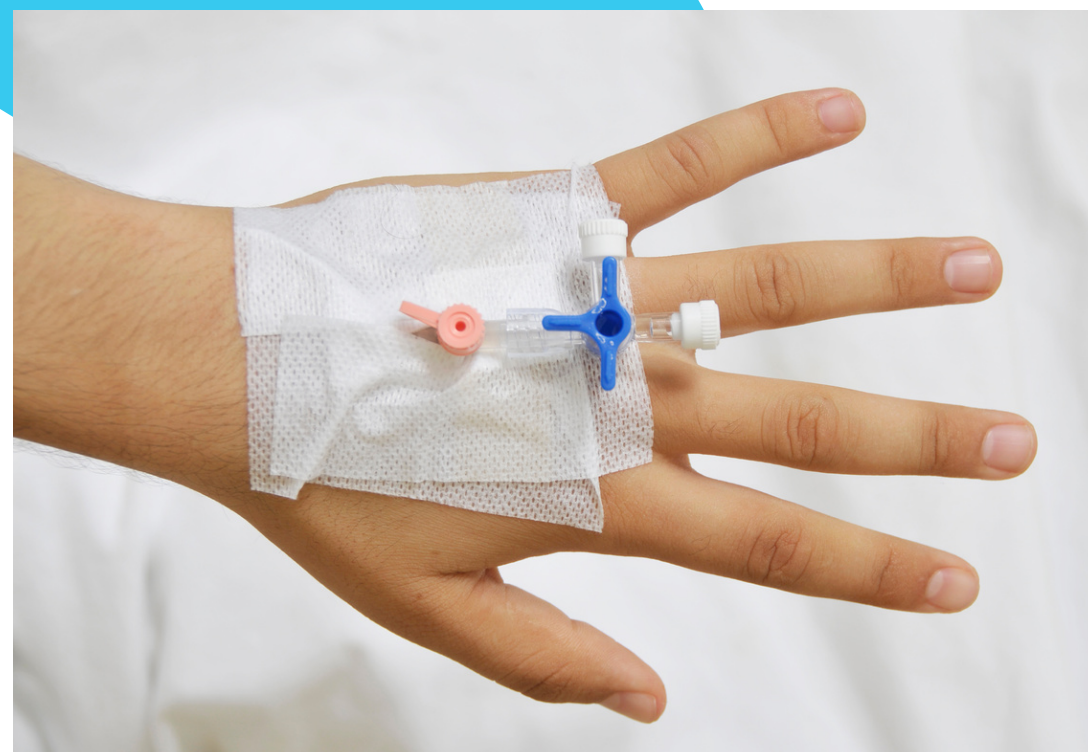


Transfer Team

Members of Transport Team	N(%)
ICU/PEM Doctor	6 (1.9)
General physician	154 (49)
Pediatrician	21 (6.6)
Respiratory Therapist	9(2.87)
EMS personnel	31 (9.87)

86% (286) didn't have specialized ped transfer team
51,6% (109) had a physician in their transfer teams.





238 (75.8%) had a peripheral vascular access



16 (5%) had a Central Venous Access



40 (28.3%) had invasive ventilation

82% (251) of transfers did not have a record of events during the transfer
Only 17.5% had a blood pressure monitor during transport
79.3% use a pulse oximeter as monitor modality



Limitations

Not all countries have representation

Year of Pandemic affecting admissions
in pediatric EDs

Still recruiting patients



Conclusion



- Most of the transfers were interhospital and due to the need for higher level of care.
- Insufficient monitoring, records and presence of specialized pediatric personnel was found.
- Continued efforts to improve transport conditions in our countries, especially of critically ill patients, may help reduce patient morbidity and mortality.



Thank

you



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