

Planning, Preparing and Proceeding with Transferring Critically Ill Patients: A Case Study on Nursing Resilience



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Introduction

Exploring the nursing resilience when it comes to plan, prepare and proceed with transferring a critically ill patient, receiving central VA ECMO, open chest cavity and intra aortic balloon pump therapy

Method

Using a reflective approach, the nursing contribution is multi factorial. Discussion with senior nursing staff, ECMO Consultants and presentation of this case study to explore the 3 P's of transfer

Results

Successful transfer involved planning transport, with the necessary medical staff being present. Preparing to transfer was completed in line with the Trust's Policy and bedside checklist(ICS,2011). Discussions with the MDT and transporting team ensured safe transfer. Proceeding to transfer occurred with MDT agreement

Planning

The transfer took considerable time, involving the transport team. Planning also involved ensuring the right amount of space in an ambulance, oxygen and enough power supply.

Preparing

The transfer involved gathering equipment, emergency drugs and patient information.

Proceeding

only occurred once the necessary safety checks were performed, oxygen supplies were satisfactory and equipment was functioning after self checks.

Key Messages

Transferring critically ill patients can be a stressful time for all members of staff involved.

These transfers can become even more challenging when incorporating ECMO circuits, or other external devices that patients depend on.

Having local policy's allow all members of team to have a clear role.

Conclusions & Discussions

Transfers occur on a regular basis within London. The 3 P's utilised in this case study proved helpful. Local policy requires regular review and amendments to incorporate new patient case loads, such as ECMO, open chest cavity.

The level of skill required from a nurse is taken into account, the eye for detail and resilience to keep on top of a number of human factors