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THE IMPACT OF A SPECIALISED PAEDIATRIC RETRIEVAL SERVICE ON THE MANAGEMENT OF SICK CHILDREN AT REFERRING HOSPITAL EMERGENCY DEPARTMENTS

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Introduction: Has the increasing use of specialist mobile intensive care teams (MICT) to transport sick children to paediatric intensive care units resulted in referring hospital emergency room (RHER) staff being de-skilled in initial stabilisation procedures? Aims: To compare the proportion of airway and vascular access procedures performed by RHER staff on critically ill children, in two discrete time periods - before and after widespread use of a MICT. Methods: Retrieval data were collected from all children for whom paediatric retrieval was mounted by our MICT in the one year periods between Oct 1993-Sep 1994 and Oct 2000-Sep 2001 inclusive. The proportion of children in whom RHER staff performed the initial airway and/or vascular access interventions was calculated. Results:

Oct 1993-Sep 1994 (%)	Oct 2000-Sep 2001 (%)	Needed/Total (%)	RHER	MICT	Needed/Total (%)
(79%) 340 / 269	(84%) 227	(16%) 42	(81%) 63 / 51	(61%) 31	(39%) 20
(11% (89%) 39	(53%) 338 / 180	(18%) 33	(81%) 142	(70%) 63 / 44) 5
(81% (22%) 11	(78%) 40	(71%) 335 / 238	(19%) 45	(81%)	189

Conclusions: Concerns that RHER staff would be de-skilled in the management of sick children with the increasing use of a MICT are unfounded. On the contrary, a larger proportion of initial procedures to establish a secure airway and vascular access are being performed by referring hospital staff.

