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Identifying Predictive Factors for Patients Transferred From Floor to PICU within 24 hours of Admission by a Pediatric Critical Care Transport Team

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Children's Mercy Hospital; Kansas City, MO

Background

Appropriate triage and disposition during transport can reduce the need for unplanned transfers to the pediatric intensive care unit (PICU)

We sought to determine predictive factors for PICU transfer within 24 hours following transport by Children's **Mercy Critical Care Transport** (CMCCT)

Hypothesis

We hypothesized patients with respiratory illness and PEWS \geq 4 during interfacility transport are at higher risk of PICU transfer within 24 hours of admission

	PICU Transfers (n= 50)	No Transfer (n=50)	P value ^a
Weight median [IQR]	11.7 [7.8, 17.7]	14.7 [10.3, 20.1]	0.090
Prematurity n (%)	10 (20.0%)	8 (16.0%)	0.795
Home Oxygen (yes/no)	2 (4.0%)	2 (4.0%)	0.999
Transport Low Flow Cannula	20 (40.0%)	19 (38.0%)	0.999
Highest Transport PEWS median [IQR]	4 [3, 5]	3 [2, 4]	0.036
Transport HFNC(yes/no) n (%)	10 (20.0%)	5 (10.0%)	0.262
Transport HFNC(flow/kg) median [IQR]	0.95 [0.91, 1.29]	1.12 [0.58, 1.46]	0.692
Transport Beta Agonist n (%)	8 (16.0%)	12 (24.0%)	0.454
Transport Continuous Albuterol	5 (10.0%)	2 (4.0%)	0.436
Transport Continuous Albuterol Hours median [IQR]	2.5 [2, 3]	3 [2, 3]	0.844
Transport Atrovent n (%)	1 (2.0%)	5 (10.0%)	0.204
Transport Magnesium Sulfate	3 (6.0%)	1 (2.0%)	0.617
Wilcoxon Rank-sum and Fisher's exact tests			

95% Confidence
Interval

			No				
		PICU Transfers	Transfer	Odds			
		(n= 50)	(n= 50)	Ratio ^a	P value	Lower	Uppe
ransport PEW	VS						
[Green	11 (22.0%)	17 (34.0%)	-ref-			
	Yellow	9 (18.0%)	10 (20.0%)	1.39	0.583	0.43	4.51
[Red	30 (60.0%)	23 (46.0%)	2.02	0.141	0.79	5.12
oorPEWS							
	Green	12 (24.0%)	31 (62.0%)	-ref-			
	Yellow	15 (30.0%)	7 (14.0%)	5.54	0.003	1.81	16.92
	Red	23 (46.0%)	12 (24.0%)	4.95	0.001	1.89	13.00
Jnadiusted l	ogistic model						

ne highest transport PEWS ended to be higher in patients ho required PICU transfer

ansfer

gher PEWS score after ospital admission was associated with an increased odds of PICU transfer

transport

LOVE WILL.



Results

owever, higher PEWS during ansport was not associated vith an increased odds of PICU

Conclusion

PEWS alone may not be a useful scoring tool to determine patient disposition during

