Pediatric Transport Potpourri

Objectives

- Discuss the history of uncuffed endotracheal tube use in the pediatric population and relate the evidence provided to support the safety and efficacy of cuffed endotracheal use especially in the setting of pediatric critical care transport.

- Based on cases presented, outline the common cardiac causes of shock occurring outside the neonatal period with recognition and management strategies.

- Recognize critical differences between children and adults in presentation, identification and response to selected traumatic injuries.

Content Outline

1. Cuffed versus Uncuffed Endotracheal Tube Use in Pediatric Critical Care Transport
   1.1 Traditional arguments against use of cuffed tubes in pediatric population and persistence of practice
   1.2 Arguments in support of cuffed tube use and transport study evidence
   1.3 Use of outreach efforts to move from old practice to implementation of a new standard

2. Cardiogenic Shock Occurring Beyond the Neonatal Period
   2.1 Characteristics of critical cardiac failure beyond the neonatal period
   2.2 Discussion of specific disorders by case presentation
      2.2.1 Infective endocarditis
      2.2.2 Cardiomyopathy or myocarditis
      2.2.3 Large intracardiac shunts
      2.2.4 Anomalous origin of left coronary artery from main pulmonary artery (ALCAPA)
      2.2.5 Pericardial effusion
   2.3 Broad recognition & management of non-neonatal cardiogenic shock

3. Elements of Evaluation & Management of Pediatric Versus Adult Trauma Injuries
   3.1 Non-accidental trauma (NAT)
   3.2 Blunt cerebrovascular injury (BCVI) screening
   3.3 Risk of radiation exposure secondary to CT scan overuse
   3.4 Missed injuries to small bowel & mesentery
   3.5 Unrecognized hemodynamic instability

Reading Material Resources

Module WB2141: Pediatric Transport Potpourri is based on the resources listed below. A copy of each resource is included with the module.


Cardiogenic shock beyond the neonatal period. Migally K and McBride ME. Clinical Pediatric Emergency Medicine, 2018, 19 (4), 345-352

Error traps and culture of safety in pediatric trauma. Acker SN and Kulungowski AM. Seminars in Pediatric Surgery, 2019, 18, 183-188