



Assess the Knowledge Regarding Intra Hospital Transport of Critically ill Patients among Nursing Staff of Dhiraj Hospital, Waghodia

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Abstract

“Assess the knowledge regarding intra hospital transport of critically ill patients among nursing staff of Dhiraj Hospital, Waghodia, at. Piparia, Vadodara.

Objectives of the study

- *To assess the knowledge regarding intra hospital transport of critically ill patient.*
- *To find the association between knowledge regarding intra hospital transport of critically ill patients among nursing staff and selected demographic variables.*

Keywords: *Assess, knowledge, intra hospital, transport, critically ill, patients, staff nurse.*

Introduction

The intra hospital transport of critically ill patients is associated with doing diagnostic or therapeutic exams in critically ill patients and requires replacement of support and monitoring equipment, in addition to continuing the drug infusion and transfer to a hospital stretcher. The intra hospital transport is a period of instability and risk to patients, with the possibility of complications related to technical failures, physiological changes of patients, duration of transport, and with the team that performs it. Furthermore, it must be taken into account that the sectors for which the patient is referred to not always have the same equipment that the intensive care unit. In this context, the indication, planning, implementation and stabilization after the procedure are of extreme importance in order to minimize complications and unnecessary risks to

the patient. The indication is medical and should be done by assessing the condition of patients and the risks and benefits of the procedure to which they will be submitted. Transportation must ensure continuity of critical care and, therefore, must be efficient and safe in order to prevent the deterioration of patient's condition. Doing some diagnostic tests that involve the need for transporting critical patients alters the therapy in 24-39% of cases, hence it is necessary to weigh the risks and benefits. The planning should be guided by the following triad: stabilization - especially of the respiratory and cardiovascular systems-, appropriate equipment and transport team. At this stage, the intersectoral communication is essential because the place of destination of patients must be ready to receive them. Execution refers to the transport itself, and the main goal of this phase is to maintain

hemodynamic stability and avoid iatrogenic complications that may worsen the clinical picture. The analysis of aspects related to the intrahospital transport can contribute to enhance patient safety in order to minimize the risks. The aim of this study was to characterize the transport of critically ill patients in the intensive care unit of a tertiary public hospital.

Transport of critically ill patients is increasing. Establishment of regional ICU centers, centralization of certain surgical procedures and availability of certain therapeutic interventions, in addition to logistic problems, causes an increase in inter-hospital transports. Intra-hospital transport frequency increases because of new imaging modes and radiological intervention modes that cannot yet be performed bedside. Both intra-hospital and inter-hospital transports pose a serious threat for patient safety. Research has proven the value of specialized transport teams. Teams of physicians and ICU nurses are trained to work in narrow ambulances, have learned to deal with specific transport-related medical problems and have knowledge about the technical limitations of transport. Many articles have been published about patient care and medical problems during transport. Technical issues are less often addressed. Recently, we described our first experiences with a mobile intensive care unit (MICU) and compared our results to transport with standard ambulances. Although the population transported by MICU was severely ill with a significantly higher Acute Physiology and Chronic Health Evaluation II (APACHE II) score, there were fewer adverse events than during standard ambulance transports. However, the percentage of transports complicated by adverse events was still 12.5%, all caused by technical failures. Fortunately, there was little impact on patient health. To obtain a better understanding about the scope, relevance and kind of technical problems, we retrospectively studied all technical problems encountered during a period of two and a half years. In this article we present the results of this study and lessons that were

learnt. Knowledge of these problems may improve the quality of transport in critically ill patients not only between hospitals, but also within a hospital. Transport of critically ill patients from the Intensive Care Unit (ICU) to other departments for diagnostic or therapeutic procedures is often a necessary part of the critical care process. Transport of critically ill patients is potentially dangerous with up to 70% adverse events occurring. The aim of this study was to develop a checklist to increase safety of intra-hospital transport (IHT) in critically ill patients.

Material and Method

The selection of design depends upon the purpose of the study, research approach and variable to be studied. Descriptive research design was used for the study. The study was conducted on 50 nursing staff of working in critical area, DGH using convenient sampling technique. The tool used for data collection was selected to assess the knowledge regarding intra hospital transport of critically ill patient among staff nurse. The data was tabulated and analyzed in terms of objective of the study, using descriptive and inferential statistics.

Results

The result showed that 78% sample were having moderately adequate knowledge, and 2% sample were having inadequate knowledge and 20% of them had adequate knowledge.

The findings variable indicate such as Age ($X^2 = 0.39$), Gender ($X^2 = 1.25$), Income ($X^2 = 6.37$), Area of domicile ($X^2 = 0.017$), Year of experience ($X^2 = 1.38$), showed significance at 0.05 level of significance. Thus it can be interpreted that there is non-significance association between the knowledge regarding intra hospital transport of critically ill patient accept area of domicile is significant. H_1 is not accepted.

Conclusion

The study was undertaken to assess the knowledge regarding intra hospital transport of critically ill

patients among nursing staff working in critical area of DGH, Piparia and found that the majority of nursing staff are having moderately adequate knowledge of intra hospital transport of critically ill patient to nursing staff working in critical area.

Reference

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