

SECTION 5: Transport of ill patients (see IMEESC Best Practice Protocol and WHO Pregnancy C-80)

Moving ill patients should follow the same principles whether the distance is long or short, within or between healthcare facilities.

All transfers pose potential risk and should only be undertaken if safe treatment cannot be given within the present facility.

Preparation and planning allow mitigation of risk to patients and personnel.

Stabilisation prior to transport is preferable as better quality transport benefits patient outcomes (Note: time critical pathologies may change the balance of risk benefit between time spent on stabilisation versus rapid transfer for definitive treatment). Personnel trained in transport provide better quality transfers

Never assume that resources and equipment will be available in transport vehicles – be self sufficient

Use the principles of ABCD to guide management of the patient for transport

Use a checklist (see below)

Pregnancy related emergencies involve two patients: pregnant woman or girl and baby.



Many obstetric emergencies require urgent, rapid, and safe transport from home to the nearest facility where there is comprehensive emergency obstetric care (EmOC). This is particularly relevant for emergencies such as massive obstetric haemorrhage, eclampsia, obstructed labour, shoulder dystocia and complicated breech delivery.

Ideally every pregnant woman or girl should have a local transport plan ready in advance for an unexpected emergency. This could consist of a village taxi or relative's car or other form of transport the fuel for which needs to be secured in advance.

Ideally an emergency transport system based in the nearest health facility with comprehensive EmOC and having a midwife on-call 24 hours a day who can go with an ambulance containing suitable emergency equipment and drugs to the home of the pregnant woman or girl, stabilise her and transport her back to the health facility.

<http://www.mcai.org.uk/assets/content/documents/SEC%20evaluation%20in%20Reproductive%20Health%281%29.pdf>

A/B		Yes/No
Airway safe?	Is there anything that can be done to improve the airway?	Yes/No
Oxygen required?	Pulse oximeter (battery operated with additional power from ambulance cigarette lighter) can help guide need for oxygen	Yes/No
Oxygen available?	Cylinders full and working – enough for the 2 x expected journey	Yes/No
Ventilatory support required?	Bag/Valve/Mask of the correct size available and working	Yes/No
Suction	Manual system and catheters available	Yes/No
C		Yes/No
IV access	Working and secured	Yes/No
Volume	Ringer-Lactate or Hartmann bags and delivery kits	Yes/No
Neurology		Yes/No
Temperature	Sufficient blankets available	Yes/No
Blood Sugar	Glucose for iv or gastric tube administration available	Yes/No
Other		Yes/No
Birth needs	Delivery kit, bag/valve/mask for neonate, towels, oxytocin, misoprostol, magnesium sulphate, condom-catheter	
Documentation	All relevant documentation with patient	Yes/No
Family members	Family members know what the plan is	Yes/No
Health care communication	Receiving site aware of patient and likely expected time of arrival	Yes/No