

## Complications and benefits of intrahospital transport of adult Intensive Care Unit patients

Sir,

We read with immense interest the article titled "Complications and benefits of intrahospital transport of adult Intensive Care Unit patients" by Harish *et al.*<sup>[1]</sup> We appreciate this audit as this area requires a lot of improvement to enhance patient safety. Majority of the transportation-related complications are preventable with proper evaluation, preparation, and planning before transportation.<sup>[2]</sup> We have a few comments to the authors of this article:

- How many of these patients ( $n = 125$ ) were on ventilatory support and was the transportation done with manual ventilation or with portable ventilator. There is no mention of change in PaCO<sub>2</sub> values as hyperventilation, especially with manual ventilation is one of the most common reported complications in literature.<sup>[3,4]</sup> Five cases of pneumothorax are reported in this study, are these pneumothoraces attributed to procedure done in radiology suite or lung ventilation strategy?
- The incidence of cardiac arrest in this study is quite high ( $n = 22$ ) and conflicting with world literature around 0.34%–1.6%.<sup>[2]</sup>
- For the first time in literature, severity scores such

as Acute Physiology and Chronic Health Evaluation and Sequential Organ Failure Assessment have been correlated with complications that can occur during transportation. It again lays emphasis on the fact that transportations in sick patients should only be carried out if it is likely to change the management. In this study, authors show more complications associated with transportations done with senior resident doctors, and it is known that complications reduce with experienced personnel.<sup>[2]</sup>

With the Emergency Medicine and Labour Act (EMTALA) and the Consumer Protection Act (COPRA) implementation, medicolegal issues<sup>[5]</sup> can increase in this area, so we should be more prepared with bundles, checklists as in other areas of critical care medicine. We conclude that transportation is a clinical skill and should be done only by trained personnel.

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### Conflicts of interest

There are no conflicts of interest.

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