

Complications and Benefits of Intrahospital Transport of Adult Intensive Care Unit Patients

Sir,

We thank Sai Saran and Azim for their interest in our article and comments and queries raised by them.^[1] To briefly answer them, 82 (68.3%) patients were on mechanical ventilation, and all the ventilated patients were transported with dedicated portable transport ventilators. There were no statistically significant changes in PaCO₂ on arrival back to the Intensive Care Unit. Of the five pneumothoraces that occurred, two were related to procedures (one during mediastinal biopsy and one following pigtail insertion). The other three occurred spontaneously and led to cardiac arrest.

We would like to draw attention to Table 4 in our article while discussing the incidence of cardiopulmonary cerebral resuscitation (CPCR) in our patients, in particular to the high severity of illness indices, i.e., Acute Physiology and Chronic Health Evaluation II (APACHE II) and Sequential Organ Failure Assessment (SOFA).^[2] The need for CPCR was much higher in these patients as compared to the those with lower APACHE II and SOFA scores.

We agree with Sai Saran and Azim that the incidence of the complications has been shown to be inversely correlated with the experience of the accompanying personnel. However, we found that on logistic regression, there was no significant difference in the complications among junior or senior resident (JR or SR). Although we have not analyzed this separately, the higher incidence of complications with senior personnel may have been because the SRs transported sicker patients than those transported by JRs.

We agree that the transport should be undertaken after stabilizing patients, with experienced personnel and only if it is likely to lead to a change in management.

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Conflicts of interest

There are no conflicts of interest.

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