IV M	Year of publication	2016
1502	First Author (Last name, t	first intial) Jiang Xx
9/12-1/2015		9
111111111111111111111111111111111111111		1)
Randomized Interventional (eg, handover tool) Observational	Setting: Country/Countries:	Tertiary /Academic Center Community Center China Pediatric Hospital
Cross Sectional (all patients) Cohort Case series Single case report		Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown
	How data were obtained	Trained Observers
Neonates alone Children (all under 18y) Adults and children	Questionshire	Audit of electronic data Review of reported events
General ICU Surgical ICU Anesthesia	subjects included Disease subtype	Unable to determine Number:
liatric events: VNV.	Total Number of pediatric Percentage of pediatric e Comments / notes	\
liatric events:	Temporary Harm rate (se Total Number of pediatric Percentage of pediatric e Comments / notes	events:
liatric events:		
	Interventional (eg, handover tool) Observational Cross Sectional (all patients) Cohort Case series Single case report Neonates alone Children (all under 18y) Adults and children General ICU Surgical ICU Anesthesia	Randomized Interventional (eg, handover tool) Observational Cross Sectional (all patients) Cohort Case series Single case report Neonates alone Children (all under 18y) Adults and children General ICU Surgical ICU Anesthesia \(\frac{1}{2} \) Itatric events (blank if unsure): How data were obtained Wumber of pediatric subjects included Disease subtype (ie, trauma, postop): Death rate Total Number of pediatric ecomments / notes Temporary Harm rate (see below) Idiatric events (blank if unsure): Temporary Harm rate (see below) Idiatric events (blank if unsure): Temporary Harm rate (see below) Idiatric events (blank if unsure): Temporary Harm rate (see Comments / notes Temporary Harm rate (see Comments / notes) Temporary Harm rate (see Comments / notes) Temporary Harm rate (see Comments / notes) Total Number of pediatric ecomments / notes

Cardiovascular events	Airway/Respiratory events	
Total Number of pediatric events:	Total Number of pediatric events:	
ercentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure):		
Events collected, comments/notes:		
VBP 20/574	Events collected, comments/notes:	
V Dr 201319	V > POZ 13/3/1	
	J Spoten Wockse 13/574	
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Incidence of a visual to the t		
Incidence of equipment-related events	Medication Events	
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events:	
Total Number of pediatric events:	Percentage of pediatric events (blank if unsure):	
Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:	
Events collected, comments/notes:		
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02 interruption 15/5/9	,	
Handoff / Communication event	Other events:	
Total Number of pediatric events:	Total Number of pediatric events:	
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):	
Events collected, comments/notes: Sent to vions dyrathum 6/574 received & retice of potral 13/574	Events collected, comments/notes:	
Sent to vicons dyranting 6/579	Fall out of bed 7/574	
received & notice of roturn 13/574		
"Knowing nothing about diseases" 23/574		
Patient factors associated with events	Provider factors associated with events	
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Author recommendations for harm prevention		
Development & Research of Votice	t tosait Colland	
Verelopment to Wascolle or 1000	((m) por s/30000	
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Existing guidelines for intra-hospital transport mentioned	or included?	
	of included?	
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x / 1 / 1 / _		
References to null: Please include reference # from mon	uscript and nubmed ID or DOL if provided	
1711 o Man	usonpt and publified to or both it provided	
References to pull: Please include reference # from manuscript and pubmed ID or DOI if provided		
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/our comments / notes:
Bundle reduced waites true, Transport true, Inproved satisfaction
and aversing score (not defined) and reduced averse event
mpioses 17 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
From 19't to 11'1. "Successful rescue" (?morteling? Not defined)
Impaid = bundle from 69:177, to 9):601. 1=000)
Wo mention of the spent performing bundle tousles.

Rias assessment questions		Circle On-	
Bias assessment questions		Circle One	
Did the study address a clearly focused question / issue?	Yes	Can't tell	No
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No
Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No
Are the methods for collecting data clearly described?	Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Yes	Can't tell	No
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No
Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No
Are the conclusions drawn justified by the results?	Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No

Patient Population critically ill patients in Ell needing into-his pital transport, age 15gt
Intervention Burdle of mensures: gre transport assessment, education foliable mentaria, person day transport remain
Comparator wanters, gressors routine care
Outcome Wasting true, transport true, "Nursing Score", Patient stisfaction, accident rate

Your initials	TH	Year of publication	2012
Study Record #	- Vi	First Author (Last name,	
Study date	- H	Study duration	
(time period covered)	2010	5.	5 Months
Study type	71000	Location of study	
Prospective:	Randomized	Setting:	Tertiary /Academic Center
	(nterventional (eg, handover tool)		Community Center
pro a similar	Observational Chedia	Country/Countries:	Korera
	C very St	Setting:	Pediatric Hospital
Retrospective:	Cross Sectional (all patients)		Pediatric unit in a hospital
	Cohort		Ped patients in a mixed unit
	Case series		Unclear/Unknown
V-5'	Single case report	1 - 7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
		The second	The same of the same
Population:		How data were obtained	Trained Observers
Age:	Neonates alone		Audit of electronic data
12 200	Children (all under 18y)		Review of reported events
	Adults and children		
T	0	Number of pediatric	Unable to determine
Туре:	General ICU	subjects included	Number:
	Surgical ICU	Disease subtype	FR
A diverse a company sets	Anesthesia	(ie, trauma, postop):	U, C
Adverse event rate	40-6 f	Death rate Total Number of pediatric	a oventa:
Total Number of pediate	atric events: VACC ric events (blank if unsure):	Percentage of pediatric e	
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Comments / notes		Comments / notes	
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Severe Permanent H	arm rate (see below)	Temporary Harm rate (se	ee below)
Total Number of pedi	atric events: www	Total Number of pediatric	c events:
Percentage of pediate	ric events (blank if unsure):	Percentage of pediatric e	events (blank if unsure):
Comments / notes		Comments / notes	
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Additional Treatment			
Total Number of pedi	• • • • • • • • • • • • • • • • • • • •		
Comments / notes	ric events (blank if unsure):		
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Cardiovascular events	Airway/Respiratory events	
Total Number of pediatric events: Percentage of pediatric events (blank if unsure):	Total Number of pediatric events: Percentage of pediatric events (blank if unsure):	
Events collected, comments/notes:	Events collected, comments/notes:	
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Hypotenson (cgo) 13/772 Hypotenson (cgo) 5/771	02 tour 16/245 Desaturtion <904. 20/750 1 Dyspren 15/755	
, A	15/755	
Wico-	1 / //	
Incidence of equipment-related events	Medication Events	
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events:	
Total Number of pediatric events:	Percentage of pediatric events (blank if unsure):	
Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:	
Tave issues (02 Marter) 155 P. Vents in 245 pts	Vascactus drug disconneta 5%.	
Events collected, comments/notes: "que issues (Oz mater) 155 B Vents in 245 pts (mit events per it) rays from 25-37.87.	VASCACIVE 0105 NOCONVEICE 57.	
1V 1550B 231 evacts in 1249 pts (0-15%)		
Handoff / Communication event	Other events:	
Total Number of pediatric events:	Total Number of pediatric events:	
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):	
Events collected, comments/notes:	Events collected, comments/notes:	
h	Consent Missing 57/1041	
101	Mental status dune 7/680	
Patient factors associated with events	Provider factors associated with events	
	Checklist imposed complance.	
NR		
Author recommendations for harm prevention		
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Patient with investigate physic	ology who might agune acute	
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Existing guidelines for intra-hospital transport mentioned	or included?	
Yes-refts 19		
References to pull: Please include reference # from man	uscrint and nummed ID or DOL if provided	
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me physicians on transport for sicker petral

Your comments / notes: Daythe 9-68m	. 1	1,
Study of orderse transport events pre- and post-checky	ist impleme.	to Tan
Includes adult ER petitants taken to another part of	hospital	`
Your comments / notes: Study of ordresse transport events pre- and post-cleekels Includes adult ER pertiants taken to another part of Including floor, Ku, Cath lab, Surgers Reloscops or Radio	1085.	
Evals cilental were 10/consert 15500s) Or Supply; Monter 15500; SBPA:	200 \$90%	
3602 200)	A.	P=0.cos
	to 5.2%	
Bias assessment questions Circle One		
Did the study address a clearly focused question / Yes Can't tell	No	
2. Is the research method (study design) appropriate for Yes answering the research question?	No	1
3. Are both the setting and the subjects representative with regard to the population to which the findings will be Yes referred?	No	
4. Is the researcher's perspective clearly described and taken into account? Can't tell	No	
5. Are the methods for collecting data clearly described? Yes	No	
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	No	
7. Was the analysis repeated by more than one researcher to ensure reliability?	No	
8. Are the results credible, and if so, are they relevant Yes Can't tell for practice?	No	
9. Are the conclusions drawn justified by the results? Yes Can't tell	No	
10. Are the findings of the study transferable to other settings?	No	
Patient Population TR Patients age 15 y & Transporting to another part of the Intervention Checklist pre Transport and 4 hour course Comparator Pre-checklist Comparator Pre-checklist Comparator Pre-checklist Comparator Sign delargement, agripment 155 ves Call checklist Contains	the tresport	(

Systemat	
Your initials	Year of publication
Study Record # \o^	First Author (Last name, first intial)
Study date (time period covered) 12/13 - 3/14	Study duration ~ 4 Mo).
Prospective: Randomized Interventional (eg, handover tool) Observational Cross Sectional (all patients) Cohort Case series Single case report	Location of study Setting: Country/Countries: Setting: Pediatric Hospital Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown
Population: Age: Neonates alone Children (all under 18y) Adults and children	How data were obtained Trained Observers Audit of electronic data Review of reported events Number of pediatric Unable to determine
Type: General ICU Surgical ICU Anesthesia	subjects included Number: 5 % Disease subtype (ie, trauma, postop):
Adverse event rate 38 / 1000 Total Number of pediatric events: UNK. Percentage of pediatric events (blank if unsure): UNK. Comments / notes Work Stuff.	Death rate Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes
Severe Permanent Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes	Temporary Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes
Additional Treatment rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes	

Cardiovascular events \\ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Airway/Respiratory events \\ \\ \\ \(\(\(\(\(\) \) \) \\ \\ \(\(\) \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Total Number of pediatric events:	Total Number of pediatric events:	
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):	
Events collected, comments/notes:	Events collected, comments/notes:	
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Hypotenson & 11000 Dyschythm 311000 Morert 5/1000	Hypovene 9/1000 Hypratic 2/1000	
Mrest 5/1000		
& HTN		
Incidence of equipment-related events 11/1000	Medication Events	
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events:	
Total Number of pediatric events:	Percentage of pediatric events (blank if unsure):	
Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:	
Events collected, comments/notes:		
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Handoff / Communication event	Other events:	
Total Number of pediatric events:	Total Number of pediatric events:	
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):	
Events collected, comments/notes:	Events collected, comments/notes:	
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Patient factors associated with events Dyfne admission from ER higher Event now Aller	Provider factors associated with events	
Dythe admission Fin I'm I'm I'm	1	
The state of the s		
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then might the		
Author recommendations for harm prevention	. 4.	
"Controlling checulists before	transport	
CONTOURS OF COLOR		
11 Immobilizing they of the patons is	nd the mornous after	
appropriedy".		
Existing guidelines for intra-hospital transport mentioned or included?		
NHS adult grow.		
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References to pull: Please include reference # from man	uscript and nummed ID or DOL if provided	
	usonipi and publified to of both provided	
polled #5 Choi		
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Your comments / notes:		
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Bias assessment questions	Circle Or	ne
Did the study address a clearly focused question / Yes issue?	Can't tell	No
2. Is the research method (study design) appropriate for Yes answering the research question?	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be Yes referred?	Can't tell	No
4. Is the researcher's perspective clearly described and Yes taken into account?	Can't tell	No
Yes 5. Are the methods for collecting data clearly described?	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Can't tell	No
7. Was the analysis repeated by more than one Yes researcher to ensure reliability?	Can't tell	No
Are the results credible, and if so, are they relevant Yes for practice?	Can't tell	No
9. Are the conclusions drawn justified by the results? Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Can't tell	No
For interventional studies onl	ly:	
Patient Population Intervention		
Comparator		
Outcome		

17-3

	Systemat	ic Review	
Your initials	BM	Year of publication	1997
Study Record #	991	First Author (Last nam	e, first intial) Nollef MH
Study date	2/01/5/	Study duration	
(time period covered)	3176-1196	2	Moraly
Study type		Location of study	
Prospective:	Randomized	Setting:	Tertiary /Academic Center
	Interventional (eg, handover tool)		Community Center
	Observational	Country/Countries:	USA / MO
		Setting:	Pediatric Hospital
Retrospective:	Cross Sectional (all patients)	ļ.	Pediatric unit in a hospital
	Cohort	,	Ped patients in a mixed unit
	Case séries		Unclear/Unknown
	Single case report		
Population:		How data were obtains	ed (Trained Observers)
Age:	Neonates alone	Tow data were obtaine	Audit of electronic data
7 igc.	Children (all under 18y)		Review of reported events
1	Adults and children		review of reperiod events
- 1		Number of pediatric	Unable to determine
Туре:	General ICU WAR (COS)	subjects included	Number:
	Surgical ICU	Disease subtype	NI 1(1)
V	Anesthesia	(ie, trauma, postop):	All (CU
Adverse event rate	iatric events:	Death rate	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Number of pedi	iatric events:	Total Number of pedia	itric events:
	ric events (blank if unsure):		c events (blank if unsure):
Comments / notes		Comments / notes	
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Severe Permanent Harm rate (see below)		Temporary Harm rate	(see helow)
Total Number of pedi	,	Total Number of pediatric events:	
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Additional Treatment	,	1.	
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Percentage of pediatric events (blank if unsure):			
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Cardiovascular events	Aimus //Doomise to my overte	
Total Number of pediatric events:	Airway/Respiratory events	
Percentage of pediatric events (blank if unsure):	Total Number of pediatric events:	
Events collected, comments/notes:	Percentage of pediatric events (blank if unsure):	
	Events collected, comments/notes:	
NR	Mr	
Incidence of equipment-related events	Medication Events	
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events:	
Total Number of pediatric events:	Percentage of pediatric events (blank if unsure):	
Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:	
Events collected, comments/notes:		
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Handeff (Occurred to the Control of		
Handoff / Communication event	Other events:	
Total Number of pediatric events:	Total Number of pediatric events:	
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):	
Events collected, comments/notes:	Events collected, comments/notes:	
	~~	
Patient factors associated with events	Provider factors associated with events	
NI		
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Author recommendations for harm prevention		
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Existing guidelines for intra-hospital transport mentioned or included?		
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References to pull: Please include reference # from man	nuscript and pubmed ID or DOI if provided	
Now		
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Your comments / notes: Prospective observational Study on VAP looking at a variety of 173h feeters including transport. Inclusion criteria includes age >18y but				
Children were included. Logistiz regression showed an independent effection of transport 1 VAP rates (OR 3184). Due to Supine postion, colonizations seeding of ETT during manipolation, on				
Supine postion, colonization seeding	of ETT during	monipoletic	7,6	
just a marcher for worsened discu	se burden.			
Bias assessment questions		Circle One		
Did the study address a clearly focused question / issue?	Yes Can't	tell :	No	
2. Is the research method (study design) appropriate for answering the research question?	Yes Can't	tell	No	
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes Can't	tell	No	
Is the researcher's perspective clearly described and taken into account?	Yes Can't	tell	No	
5. Are the methods for collecting data clearly described	Yes Can't	tell	No	
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Yes Can't	tell	No	
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes Can't	tell	No	
Are the results credible, and if so, are they relevant for practice?	Ves Can't	tell	No	
9. Are the conclusions drawn justified by the results?	Yes Can't	tell	No	
10. Are the findings of the study transferable to other settings?	Yes Can't	tell	No	
For intervention	nal studies only:			
Patient Population Intervention Comparator	·			
Outcome				

10	Systemat	With the second	
Your initials	RH	Year of publication \ 9 🥱 🦠	
Study Record # 4	70	First Author (Last name, first intial) Stearley h	6
Study date	1 7/00	Study duration	
(time period covere	d) 1-7/96	Study duration 6 Monty	
Study type		Location of study	
Prospective:	Randomized	Setting: Tertiary /Academic Cent	er.
	Interventional (eg, handover tool)	Community Center	
j	Observational	Country/Countries:	
7	O S S S S S S S S S S S S S S S S S S S	Setting: Pediatric Hospital	
Retrospective:	Cross Sectional (all nationts)		
Netiospective.	Cross Sectional (all patients) Cohort	Pediatric unit in a hospit	
		Ped patients in a mixed	uriit
2	Case series	Unclear/Unknown	
	Single case report		
Population:		How data were obtained Trained Observers	
· _	Neonates alone		
Age:	Neonates alone	Audit of electronic data	
-,	Children (all under 18y)	Review of reported ever	itS
	Adults and children		
Type:	General ICU mitible trus	Number of pediatric Unable to determine	
Туре:		subjects included Number: \{	
	Surgical ICU	Disease subtype	2/1
	Anesthesia	(ie, trauma, postop): Hybrocaphelis (6), Seizure list Death rate	1.0 (1
Adverse event rate			
Total Number of pe		Total Number of pediatric events: &	
	atric events (blank if unsure): 🍳	Percentage of pediatric events (blank if unsure):	
Comments / notes		Comments / notes	
			700
	Harm rate (see below)	Temporary Harm rate (see below)	
Total Number of pe	diatric events:	Total Number of pediatric events:	
	atric events (blank if unsure):	Percentage of pediatric events (blank if unsure):	
Comments / notes		Comments / notes	
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Total Number of pe			
	atric events (blank if unsure):	/	
Comments / notes		· 1 - 200	
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Cardiovascular events 3 I	Airway/Respiratory events 🖒	
Total Number of pediatric events: 🍃	Total Number of pediatric events: 💍	
Percentage of pediatric events (blank if unsure): Of	Percentage of pediatric events (blank if unsure): 0/	
Events collected, comments/notes:	Events collected, comments/notes:	
Adultdata Rediatric .		
Adultdata 24 (1171) Vital sign 6 (371) reprofunds intrature evens		
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1 severe hypotensu		
Incidence of equipment-lelated events	Medication Events	
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events:	
Total Number of pediatric events:	Percentage of pediatric events (blank if unsure):	
Percentage of pediatric events (blank if unsure): 01	Events collected, comments/notes:	
Events collected, comments/notes:	,	
Handoff / Communication event	Other events:	
Total Number of pediatric events:	Total Number of pediatric events:	
Percentage of pediatric events (blank if unsure): 0	Percentage of pediatric events (blank if unsure):	
Events collected, comments/notes:	Events collected, comments/notes:	
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Patient factors associated with events	Provider factors associated with events	
ax In		
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Author recommendations for harm prevention	1 1 1 1	
use of speciallized trained, d	edicated (CU transport / Uses	
Existing guidelines for intra-hospital transport mentioned	or included?	
λ		
References to pull: Please include reference # from man	uscript and pubmed ID or DOI if provided	
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V			
Your comments / notes:	A 1 0	1	.1
All pediatric patients received 8	edition f	en transport,	r M
All pediatric patients received 8 had CT/MRI, only 3/12 Data on amplications not 11301	intobet	el prior to t	Josephol.
Data on complications not rigor	usly r	egarted.	
Bias assessment questions		Circle One	
Did the study address a clearly focused question / issue?	Yes	Can't tell	No
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No
Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No
5. Are the methods for collecting data clearly described?	Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Yes	Can't tell	No
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No
8. Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No
9. Are the conclusions drawn justified by the results?	Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No
For intervention	nal studies on	nly:	
Patient Population Intervention Comparator Outcome			

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Your comments / notes:	(CU patients;	
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transport as compares to school compart. He and duration of vitas the Dis ("insults") correlated.	well # ad dur	it in of makes
before and after the more.		
Pinjuy seventy score correlates won & Insult number	of	
At luding severily sent among as and		transport moult
transfer from ER-higher inselt ate then transfer from	(W ; higher port	the rate
Bias assessment questions	Circle One	
Did the study address a clearly focused question / issue?	Can't tell	No
2. Is the research method (study design) appropriate for yes answering the research question?	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be Yes referred?	Can't tell	No
4. Is the researcher's perspective clearly described and taken into account?	Can't tell	No
5. Are the methods for collecting data clearly described Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Cán't tell	No
7. Was the analysis repeated by more than one Yes researcher to ensure reliability?	Can't tell	No
8. Are the results credible, and if so, are they relevant for practice?	Can't tell	No
9. Are the conclusions drawn justified by the results? Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Can't tell	No
For interventional studies only	y:	
Patient Population Intervention		
Comparator		
Outcome		
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Page 1

Your initials	RU	Year of publication 1990
Study Record #	965 1093	First Author (Last name, first intial)
Study date (time period covered)	2/89-8/89	Study duration 6 mg
Study type Prospective:	Randomized Interventional (eg, handover tool) Observational	Location of study Setting: Tertiary /Academic Center Community Center Country/Countries: UK / Scitled Setting: Pediatric Hospital
Retrospective:	Cross Sectional (all patients) Cohort Case series Single case report	Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown
Population: Age:	Neonates alone Children (all under 18y) Adults and children	How data were obtained Trained Observers Audit of electronic data Review of reported events
Туре:	General ICU Surgical ICU Anesthesia	Number of pediatric subjects included Number: Disease subtype (ie, trauma, postop):
Adverse event rate Total Number of pedia Percentage of pediatr Comments / notes	ic events (blank if unsure):	Death rate Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes
Severe Permanent Ha Total Number of pedia Percentage of pediatr Comments / notes		Temporary Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes
Additional Treatment Total Number of pediat Percentage of pediatr Comments / notes		

Cardiovascular events	Airway/Respiratory events
Total Number of pediatric events:	Total Number of pediatric events:
Percentage of pediatric events (blank if unsure):	
	Percentage of pediatric events (blank if unsure):
Events collected, comments/notes:	Events collected, comments/notes:
Hypotensian 3 +2 (194)	Hyporian 3+4 (14%)
Hypotensian 3+1 (8-1) Hypotensian 3+1 (8-1)	· · · · · · · · · · · · · · · · · · ·
PHYPO CHISTON)	,
Incidence of equipment-related events	Medication Events
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events: 🛂 🍋
Total Number of pediatric events:	Percentage of pediatric events (blank if unsure):
Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:
Events collected, comments/notes:	Events collected, comments/notes.
Events conceted, comments/notes.	
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2.	
Handoff / Communication event	Other events:
Total Number of pediatric events:	Total Number of pediatric events: VM
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):
Events collected, comments/notes:	
Events collected, comments/notes.	Events collected, comments/notes:
, ,	1449 (16/)
N	11CP 6 (124.)
\	1 (1 6 (107.)
Patient factors associated with events	Provider factors associated with events
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Author recommendations for harm prevention	
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Adequate resuscitation and stabilization	before ranger went not not not
movement (stimulus can increase metabolic	Take and there fore Etting
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Existing guidelines for intra-hospital transport mentioned	or included?
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References to pull: Please include reference # from manu	uscript and pubmed ID or DOI if provided
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Your initials	1134	Year of publication 1988
Study Record #	BY	First Author (Last name, first intial) Indeck M
Study date time period covered	d) JnW,	Study duration 3 months
Study type Prospective:	Randomized Interventional (eg, handover tool) Observational	Location of study Setting: Community Center Country/Countries: Setting: Pediatric Hospital
Retrospective:	Cross Sectional (all patients) Cohort Case series Single case report	Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown
Population: Age: Type:	Neonates alone Children (all under 18y) Adults and children General ICU Surgical ICU	How data were obtained Trained Observers Audit of electronic data Review of reported events Lucion Number of pediatric subjects included Disease subtype (ie, trauma, postop):
Adverse event rate Total Number of per Percentage of pedia Comments / notes	Anesthesia diatric events: VNK atric events (blank if unsure):	(ie. trauma, postop): (ib. trauma, postop):
Total Number of pe	Harm rate (see below) diatric events: atric events (blank if unsure):	Temporary Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes
Additional Treatmer Total Number of pe Percentage of pedia Comments / notes	,	

at least	78.	
Cardiovascular events 40 (40 °). Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes:	Airway/Respiratory events Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes:	
BP \$ ≥20mnHs 46 (40r.) HR & ≥20 6pm 24(21%.)	Rupsp. Rete \$50 = 5 = 23 (20) 02 Sat \$\Delta = 5\land{2}. 20 (15\land{2})	
HR & = 20 sport of (211.)	d'Extentin	
Incidence of equipment-related events (incl. monitoring gaps or other monitoring events) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes:	Medication Events Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes:	
Handoff / Communication event Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes:	Other events: Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes:	
Patient factors associated with events	Provider factors associated with events	
MC	° M	
Author recommendations for harm prevention		
Nere		
Existing guidelines for intra-hospital transport mentioned	or included?	
None reference		
References to pull: Please include reference # from man	uscript and pubmed ID or DOI if provided	
No puls.		

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Your comments / notes: Study of wtol sign As	turing 100.	tayot.
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		0 /
76% of transports Call diagnostic imaga	a) didnot a	to management
Bias assessment questions	Circle One	
Did the study address a clearly focused question / Yes issue?	Can't tell	No
2. Is the research method (study design) appropriate for Yes answering the research question?	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be Yes referred?	Can't tell	No
4. Is the researcher's perspective clearly described and vestaken into account?	Can't tell	No
5. Are the methods for collecting data clearly described? Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Can't tell	Nŏ
7. Was the analysis repeated by more than one Yes researcher to ensure reliability?	Can't tell	No
8. Are the results credible, and if so, are they relevant Yes for practice?	Can't tell	No
9. Are the conclusions drawn justified by the results? Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Can't tell	No
For interventional studies of	only:	
Patient Population Intervention		
Comparator		
Outcome V V		

Your initials % FI.	Year of publication 199		
Study Record # ટ્રાપ્યું ઇ	First Author (Last name, first intial)		
Study date (time period covered)	Study duration		
Study type Prospective: Randomized Interventional (eg, handover tool) Observational Retrospective: Cross Sectional (all patients)	Location of study Setting: Community Center Country/Countries: Setting: Pediatric Hospital Pediatric unit in a hospital		
Cohort Case series Single case report	Ped patients in a mixed unit Unclear/Unknown		
Population: Age: Neonates alone Children (all under 18y) Adults and children	How data were obtained Trained Observers Audit of electronic data Review of reported events		
Type: General ICU	Number of pediatric Unable to determine subjects included Number:		
Surgical ICU Anesthesia	Disease subtype (ie, trauma, postop):		
Adverse event rate Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes Connot destance in fractions in fracting in fractions in fractions in fractions in fractions in fractio	Death rate Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes		
Severe Permanent Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes	Temporary Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes		
Additional Treatment rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes			

Predictors dr D's in Stuly	were sessifine !	vi not spaisi
Your comments / notes: 98 perficuls age 16+, both inta- and inter-hospital to Page / Fion ratio, created predictive model.	rengart. Redud.	at Din
Proz/Fioz ratio, created productive model. Patients with pre-transport Fioz CO. 5 were on Soil of the first of the first of them of	100% July to	onsport,
of plans had b in PF retion Tor. of them of other Study (Waydhas: 844. had & PF retion Ventilator type made no difference; duration Bias assessment questions	hed no impact Circle One	> he post tour.
Did the study address a clearly focused question / Yes issue?	Can't tell	No
Is the research method (study design) appropriate for Yes answering the research question?	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be Yes referred?	Can't tell	No
4. Is the researcher's perspective clearly described and ves taken into account?	Can't tell	No
Yes 5. Are the methods for collecting data clearly described?	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Can't tell	No
7. Was the analysis repeated by more than one researcher to ensure reliability?	Can't tell	No
8. Are the results credible, and if so, are they relevant Yes for practice? 9. Are the conclusions drawn justified by the results? Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Can't tell Can't tell	No No
For interventional studies Patient Population Intervention Comparator Outcome	only:	

Your initials	10 - 6- 15H	Year of publication	1975	
Study Record #	1338	First Author (Last name,	first intial) Uaddel G	
Study date		Study duration	0	
(time period covered) NR	5	mon	
Study type Prospective:	Randomized Interventional (eg, handover tool) Observational	Location of study Setting: Country/Countries: Setting:	Community Center UK Scot (and) Pediatric Hospital	
Retrospective:	Cross Sectional (all patients) Cohort Case series Single case report		Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown	
Population: Age:	Neonates alone Children (all under 18y) Adults and children	How data were obtained	Trained Observers Audit of electronic data Review of reported events	
Type:	General ICU	Number of pediatric subjects included	Unable to determine Number:	
	Surgical ICU Anesthesia	Disease subtype (ie, trauma, postop): U	NK.	
Adverse event rate 7/55 per ent 7/46 trayers Total Number of pediatric events: Percentage of pediatric events (blank if unsure): 17 Comments / notes		Death rate 3/65 peterts; 3/86 transports Total Number of pediatric events: 1 Percentage of pediatric events (blank if unsure): 7 Comments / notes Nyearolo with relate frate, has resked a settler transport from on to 100; died.		
Severe Permanent Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes		Temporary Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes		
Additional Treatmen Total Number of peo Percentage of pedia Comments / notes				

Cardiovascular events Airway/Respiratory events Total Number of pediatric events: 1 of \$6 trays 5 Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Events collected, comments/notes; Events collected, comments/notes: Cordiac arrort 1 Armos obstruction Hypotensin 2 Hypotensin 1 Hypotensin 1 Incidence of equipment-related events Medication Events (incl. monitoring gaps or other monitoring events) Total Number of pediatric events: Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Events collected, comments/notes: Events collected, comments/notes:

Dain fulled industraty 1/70 Handoff / Communication event Other events: Total Number of pediatric events: Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Events collected, comments/notes: Events collected, comments/notes: Viniting 2/70 Patient factors associated with events
Major chart muries must vulnerable Provider factors associated with events Author recommendations for harm prevention Existing guidelines for intra-hospital transport mentioned or included? References to pull: Please include reference # from manuscript and pubmed ID or DOI if provided None

Your comments / notes:

2 separate studes, 1 of recording all shirts abuse evals at 5 months; the second, looking at D in vital signs in post op patrats.

Bias assessment questions		Circle One		
Did the study address a clearly focused question / issue?	Yes	Can't tell	No	
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No	
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No	
4. Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No	
5. Are the methods for collecting data clearly described?	Yes	Can't tell	No	
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Yes	Can't tell	No	
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No	
8. Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No	
9. Are the conclusions drawn justified by the results?	Yes	Can't tel	No	
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No	
For interventional studies only:				
Patient Population				
Intervention ,				
Comparator				

Outcome

Your initials	BH	Year of publication 2007			
Study Record #	539	First Author (Last name, first intial) Lahner D			
Study date		Study duration			
(time period covere	a) not reordal	8 Mo			
Study type		Location of study			
Prospective:	Randomized	Setting: Tertiary /Academic Center			
	Interventional (eg, handover tool)	Community Center			
	Observational >	Country/Countries:			
		Setting: Pediatric Hospital			
Retrospective:	Cross Sectional (all patients)	Pediatric unit in a hospital			
	Cohort	Ped patients in a mixed unit			
	Case series	Unclear/Unknown			
	Single case report				
	9 ,				
Population:		How data were obtained Trained Observers			
Age:	Neonates alone	Audit of electronic data			
	Children (all under 18y)	Review of reported events			
	Adults and children	Un Knam.			
		Number of pediatric Unable to determine			
Туре:	General ICU	subjects included Number: 29			
	Surgical ICU	Disease subtype			
	Anesthesia 100	(ie, trauma, postop):			
Adverse event rate		Death rate			
Total Number of pe	ediatric events:	Total Number of pediatric events: Percentage of pediatric events (blank if unsure):			
Percentage of pedia	Stric events (blank it lingling)				
Comments / notes	60% retering	Comments / notes			
261. Physiologica	detenont	A CA			
10.4% Equipmer		(with a c ' that you gray			
4.2% Critic					
	Harm rate (see below)	Temporary Harm rate (see below)			
Total Number of pe	ediatric events:	Total Number of pediatric events:			
Percentage of pediatric events (blank if unsure):		Percentage of pediatric events (blank if unsure):			
Comments / notes	Ve.	Comments / notes			
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		4			
Additional Transfer	nt vote (acc helevi)				
Additional Treatme		portable verts of ser in adult-sized My			
Total Number of pediatric events:		portable verts used in adult-sized my march untileton for order 13 y			
Percentage of pediatric events (blank if unsure):					
Comments / notes					
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Cardiovascular events	Airway/Respiratory events			
Total Number of pediatric events:	Total Number of pediatric events:			
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):			
Events collected, comments/notes:	Events collected, comments/notes:			
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5 rescuscrations mel. 1 CPR				
Incidence of equipment-related events	Medication Events			
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events:			
Total Number of pediatric events:	Percentage of pediatric events (blank if unsure):			
Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:			
Events collected, comments/notes:				
I vert failure				
1 chert tobe los				
Handoff / Communication event	Other			
Total Number of pediatric events:	Other events:			
Percentage of pediatric events (blank if unsure):	Total Number of pediatric events:			
Events collected, comments/notes:	Percentage of pediatric events (blank if unsure):			
Events collected, comments/notes.	Events collected, comments/notes:			
	l			
Patient factors associated with events	Provider factors associated with events			
1 APACHETI Score	a differences between induidal			
Catcohds	provides			
Mech vart, esp. >5 cm 420 PEGP	of differences between induded providing of effects of the ofescory			
Emergency transport (us elective)	. 00			
ZMEISENCY NEWSPAN ((US EVER (VC)				
Author recommendations for harm prevention	111_ £			
Author recommendations for harm prevention Equipment and fre transport of Derson than for harm for Kr	69 (17e) V			
2 person team to	le Coach met ctel			
adding tean mense for the	1) (New or 3 of the say)			
Ver VI (C.)				
Existing guidelines for intro beenitel transport mentioned as incl. 1.10				
Existing guidelines for intra-bosnital transport montioned	or included?			
Existing guidelines for intra-hospital transport mentioned	or included?			
Existing guidelines for intra-hospital transport mentioned	or included?			
References to pull: Please include reference # from many PMID 1500 & 318? Bercault N CM (at Md 33)				

Your comments / notes:
16/19 crtical events due to physiologies sis. 3/19 due to equant

Bias assessment questions		Circle One	
Did the study address a clearly focused question / issue?	Yes	Can't tell	No
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No
4. Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No
5. Are the methods for collecting data clearly described?	Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Yes	Can't tell	No
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No
3. Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No
9. Are the conclusions drawn justified by the results?	Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No
For intervention	nal studie	es only:	
Patient Population			
ntervention			
Comparator Outcome			

Your initials	RU_	Year of publication	2007
Study Record #	555	First Author (Last name	
Study date (time period covered)	3/03-6/04	Study duration	5 mo
Study type Prospective:	Randomized Interventional (eg, handover tool) Observational	Location of study Setting: Country/Countries: Setting:	Tertiary /Academic Center Community Center Pediatric Hospital
Retrospective:	Cross Sectional (all patients) Cohort Case series Single case report		Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown
Population: Age:	Neonates alone Children (all under 18y) Adults and children	How data were obtained Number of pediatric	Audit of electronic data Review of reported events Audit of electronic data Review of reported events Unable to determine
Туре:	General ICU Surgical ICU Anesthesia	subjects included Disease subtype (ie, trauma, postop):	Number:
Adverse event rate Total Number of pediatr Percentage of pediatr Comments / notes	ric events (blank if unsure):	Death rate Total Number of pediatr Percentage of pediatric Comments / notes	ric events: events (blank if unsure):
Severe Permanent Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes		Temporary Harm rate (s Total Number of pediatr Percentage of pediatric Comments / notes	
Additional Treatment Total Number of pediatr Percentage of pediatr Comments / notes		Unexped events 604 events 478 (79.17	nts: 67.91. had a as. 1.) required intervent

\ <u>\</u>	Cardiovascular events Total Number of pediatric events (blank if unsure): Events collected, comments/notes: Hypotensin 33 (5.57.) - Severe 6 Hypotensin 32 (5.57.) - Severe 6 Hypotensin 33 (5.57.) - Severe 6 Hypotensin 32 (5.57.) - Severe 6 Hypotensin 33 (5.57.) - Severe 6 Hypotensin 34 (5.57.) - Severe 6 Hypotensin 35 (5.57.) - Severe 6 Hypotensin 35 (5.57.) - Severe 6 Hypotensin 36 (5.57.) - Severe 6 Hypotensin 36 (5.57.) - Severe 6 Hypotensin 36 (5.57.) - Severe 6 Hypotensin 37 (5.57.) -	Airway/Respiratory events Total Number of pediatric events (blank if unsure): Events collected, comments/notes: Coughing on ETT 18 (3.0%) Spoz 290%. 14 (2.3%) Spoz 290%. 14 (2.3%) Medication Events Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes: Secution was off 20 (3.3%) Parlym was off 16 (2.7%) Other events: Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes: Secution was off 20 (3.3%) Parlym was off 16 (2.7%)
Monitor Betts	Patient factors associated with events 70% of Serious events were live to patient matability. Author recommendations for harm prevention Consider Credentialing for transport North Authorized Actions Review existing gatheries guidelines Existing guidelines for intra-hospital transport mentioned Emers. Med 2003 15:202-4 Hurst JM J Traine 1992 33:582-3 References to pull: Please include reference # from man	Provider factors associated with events 30% due to praides— Extiliation desplacement Ventilation testre attention Higher Man event rate with trainees us attention Warra J Crit Care Med 2004 32:256— DUM MJ Emers Med 2007 24:40—

Your comments / notes:				
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		9		
Bias assessment questions	Circle One			
Did the study address a clearly focused question / Yes issue?	Can't tell	No		
Is the research method (study design) appropriate for Yes answering the research question?	Can't tell	No		
answering the research question:				
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Can't tell	Ν _ί ο		
4. Is the researcher's perspective clearly described and taken into account?	Can't tell	No		
5. Are the methods for collecting data clearly described?	Can't tell	No		
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Can't tell	No		
7. Was the analysis repeated by more than one researcher to ensure reliability?	Can't tell	No		
8. Are the results credible, and if so, are they relevant for practice?	Can't tell	No		
9. Are the conclusions drawn justified by the results?	Can't tell	No		
10. Are the findings of the study transferable to other yes settings?	Can't tell	No		
For interventional studies only:				
Patient Population				
Intervention Comparator				
Outcome				

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Transport Complications Study BH 5/2018

1230 Systematic Review Your initials Year of publication 2004 Study Record # First Author (Last name, first intial) Recknam Study date Study duration 993-1999 (time period covered) Study type Location of study Setting: Whit Cara Tertiary /Academic Center Prospective: Randomized Interventional (eg, handover tool) Community Center Austric Observational Country/Countries: Setting: Pediatric Hospital Retrospective: Cross Sectional (all patients) Pediatric unit in a hospital Cohort Ped patients in a mixed unit Case series Unclear/Unknown Single case report Population: How data were obtained **Trained Observers** Age: Neonates alone Audit of electronic data Review of reported events Children (all under 18y) Adults and children Unable to determine Number of pediatric Type: General ICU subjects included Number: Surgical ICU Disease subtype (ie, trauma, postop): All Anesthesia Adverse event rate UAVI. Death rate 4 reports (24. Total Number of pediatric events: 174 Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Comments / notes Comments / notes Severe Permanent Harm rate (see below) Temporary Harm rate (see below) Total Number of pediatric events: Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Comments / notes Comments / notes Major physiologic deanymore DE (15%) Physical Psychological inver" 34 Additional Treatment rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes Prodonged hosp. Stas 7 (44.)

	Cardiovascular events	Airway/Respiratory events
	Total Number of pediatric events:	Total Number of pediatric events: (
	Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):
	Events collected, comments/notes:	Events collected, comments/notes:
	Codin arrest 6 (31)	
	Cordiac arrest 6 (31.) Hypotension 5 (3 Y.)	Hypoxia/Hypovent, btm 21 Cicy Malposition Ett 10 , Extention 3
	Hypotensian 5(3 Y.)	Malaceton FTT 10 Extension 3
5/ puctur 18		Inaligate security army 6
Elevation 18 Bed J. H		unland rinteleton 4
		Medication Events
Batters	(incl. monitoring gaps or other monitoring events)	
Nomentitor	(inc. monitoring gaps of other monitoring events)	Total Number of pediatric events:
AUGIL 2		Percentage of pediatric events (blank if unsure):
~ ~ ~	Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:
to allow	Events collected, comments/notes:	Delay 14
VAV		intemption or Inform 4 Emerg: drugs uneval 2
Party ment		Emeral drugs unevel 2
, ,	POOT NEW DO MAREY, (WINNY ON YOLD!)	
Woof 9	Handoff / Communication event	Other events:
poorly Seised	Total Number of pediatric events:	Total Number of pediatric events: ?
10	Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):
Disconnector	Events collected, comments/notes:	Events collected, comments/notes:
2	Councillation problem 18	, ,
120g. 11	to notification of ormal 3	
MANUM		
h dito	Patient factors associated with events	Provider factors associated with events
	A.	54% had human-Section.
		Knowledge-based error 130 (224) Rule-based error 149 (164.)
		Knowledge-based error 130 CCLT)
		Rule-based error 149 (187.)
		smill-borders 76 (84.)
		Tedenical error 43 (64.)
**	Author recommendations for harm prevention & PUTT Reche ching equipment (35% of conce Rechelling patient (34%)	+6he 39.
	Parlacias a parione + 1351 or care	- vertex that him prevaited)
	LECTE COLLING COLORS ALL COLORS	, , ,
	Redrecting Patient (39%)	,
	Prot experie 291.	γ
		1.11 1 / 1/0
<u> </u>	vied total Use of Correct Potas	231. Skilled assistace 16.
)	Existing guidelines for intra-hospital transport mentioned	
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\	Deferences to multi Diagon include reference # form	110 0017
\	References to pull: Please include reference # from man	uscript and pubmed ID or DOI if provided
1	15 Pristas LR, Rausch T 1997 Critical Gre 1	ruse & do la-80
H	go beyer Aso mal 1892 1992 Crit Cre !	1a 20:761-966
1	26 De lesno 6 et al 1993 Eur 5 A	Mhes.
	1 All waste and	Market Company
	A HI transports should now seem some	in citial eve and airmen magner
	and unlego specific training	for potient Payor,

Your comments / notes:	1 0	/ /			
Your comments / notes: Unclear if productic		oded.			
Dr. Beckman emoiled - no resport					
Equip included: Elevator, Bettery/Pover	Supply Infusion	langes, latub	etien equip,		
Oz Supply, Montes.			·		
Most events multifactoral -900	root Care	sh the eve	wy. All	e Klist!	
Most events multifactored -900 91% of events - extent of event a	us limited	by recherly	6 poteds		
Bias assessment questions		Circle One	_		
Did the study address a clearly focused question / issue?	Yes	Can't tell	No		
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No		
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No		
Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No		
5. Are the methods for collecting data clearly described?		Can't tell	No		
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?		Can't tell			
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No		
8. Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No		
9. Are the conclusions drawn justified by the results?	Yes	Can't tell	No		
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No		
For intervention	nal studies only:				
Patient Population Intervention					
Comparator					
Outcome					

Your initials Y	Year of publication 2006
Study Record #	First Author (Last name, first intial) Gillna 1
Study date (time period covered)	Study duration 6 mo
Study type Prospective: Randomized Interventional (eg, handover tool) Observational	Location of study Setting: Tertiary /Academic Center Community Genter Country/Countries: Setting: Pediatric Hospital
Retrospective: Cross Sectional (all patients) Cohort Case series Single case report	Pediatric Hospital Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown
Population: Age: Neonates alone Children (all under 18y) Adults and children	How data were obtained Trained Observers Audit of electronic data Review of reported events
Type: General ICU Surgical ICU Anesthesia	Number of pediatric subjects included Number: Disease subtype (ie, trauma, postop):
Adverse event rate 22.21. Total Number of pediatric events: 3 Percentage of pediatric events (blank if unsure): Comments / notes	Death rate Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes
Severe Permanent Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes	Temporary Harm rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes
Additional Treatment rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes	
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Cardiovascular events	Airway/Respiratory events			
Total Number of pediatric events:	Total Number of pediatric events:			
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):			
Events collected, comments/notes:	Events collected, comments/notes:			
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of orlithmin 3-VE Agestale, AF (17)	(0.3%)			
Hypertension 3 (17.)				
Incidence of equipment-related events 26 (5 /)	Medication Events			
(incl. monitoring gaps or other monitoring events)	Total Number of pediatric events: $$			
Total Number of pediatric events: 7	Percentage of pediatric events (blank if unsure):			
Percentage of pediatric events (blank if unsure):	Events collected, comments/notes:			
Events collected, comments/notes:				
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Malforetion & oz gauge folier 1				
Ventilator of by accident 1 1055 of 10				
Handoff / Communication event	Other events:			
Total Number of pediatric events:	Total Number of pediatric events:			
Percentage of pediatric events (blank if unsure):	Percentage of pediatric events (blank if unsure):			
Events collected comments/notes:	Events collected comments/nates:			
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Patient factors associated with events	Wiend D			
ration factors associated with events	Provider factors associated with events			
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Author recommendations for harm prevention				
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Existing guidelines for intra-hospital transport mentioned	or included?			
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Your comments / notes:	experience a Soil in temperature
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O hels almos	of all adult data

Outcome

Bias assessment questions		Circle One	
Did the study address a clearly focused question / issue?	Yes	Can't tell	No
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No .
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No
4. Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No
5. Are the methods for collecting data clearly described?	Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Yes	Can't tell	No
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No
8. Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No
9. Are the conclusions drawn justified by the results?	Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No
For interventio	nal studies on	lly:	
Patient Population			
Intervention			
Comparator			
Outcome			

Your initials Year of publication 200 Study Record # First Author (Last name, first intial) Lovell Study date Study duration (time period covered) Study type Location of study Prospective: Setting: Tertiary /Academic Center Randomized Community Center Interventional (eg, handover tool) Australia Observational > Country/Countries: Setting: Pediatric Hospital Cross Sectional (all patients) Retrospective: Pediatric unit in a hospital Ped patients in a mixed unit Cohort Case series Unclear/Unknown Single case report Population: Trained Observers How data were obtained Age: Neonates alone Audit of electronic data Review of reported events Children (all under 18y) Adults and children Deta Checken Unable to determine Number of pediatric General ICU subjects included Number: Type: Surgical ICU Disease subtype Jot dares Anesthesia (ie, trauma, postop): Adverse event rate Death rate Total Number of pediatric events: Total Number of pediatric events: IMK. Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Comments / notes Comments / notes Severe Permanent Harm rate (see below) Temporary Harm rate (see below) Total Number of pediatric events: Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Comments / notes Comments / notes Additional Treatment rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes

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	Cardiovascular events Total Number of pediatric events: Vnc. Percentage of pediatric events (blank if unsure): Events collected, comments/notes: Hypotensia 6 (bl.) Hererythm 1 (1%) Hypotensia 10 (10%) Exa changes 1 (1%) Tachyana 7 (7%) Bleding 2 (2%) Bridgian 3 (3%)	Airway/Respiratory events Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Events collected, comments/notes: Destruction 5 (5%) Airway frespire 3 (3%) Ett plugging 2 (2%) Excess Coupling 1 (1%)
Lock of	Incidence of equipment-related events	Medication Events
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1000	Percentage of pediatric events (blank if unsure): Events collected, comments/notes:	Events collected, comments/notes:
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bour c2	Inadequate 1 access 1 CIV.) WASELANCE 4 CYY) Empty Office 1 CIV.) Menitor Melphotica 2 CZX) Better follow 7 CIV.) Independent 4 CYY)	
	Handoff / Communication event	Other events:
	Total Number of pediatric events:	Total Number of pediatric events:
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	Patient factors associated with events	Provider factors associated with events
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	Author recommendations for harm prevention use of self-inflators bag instead of Mapleson listling IV lives Crection of transport protocol.	crest.
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	Existing guidelines for intra-hospital transport mentioned	or included?
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Bias assessment questions		Circle One	
Did the study address a clearly focused question / issue?	Yes	Can't tell	No
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No
4. Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No
5. Are the methods for collecting data clearly described?	Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Ves	Can't tell	No
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No
8. Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No
9. Are the conclusions drawn justified by the results?	Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No
For intervention	and atuation only		
Patient Population Intervention Comparator Outcome	nal studies only		

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Your initials	TH Systematic	Year of publication	1987		
Study Record #	C		me, first intial) Melkeroh		
Study date	7	Study duration			
(time period covere	ed)	'	•		
Study type Prospective:	Randomized Interventional (eg, handover tool) Observational	Location of study Setting: Country/Countries: Setting:	Tertiary /Academic Center Community Center Pediatric Hospital		
Retrospective:	Cross Sectional (all patients) Cohort Case series Single case report		Pediatric unit in a hospital Ped patients in a mixed unit Unclear/Unknown		
Population: Age:	Neonates alone Children (all under 18y) Adults and children		Audit of electronic data Review of reported events		
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Cardiovascular events	Airway/Respiratory events
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Handoff / Communication event	Other events:
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Patient factors associated with events	Provider factors associated with events
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Existing guidelines for intra-hospital transport mentioned	or included?
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Your comments / notes: Observational study on patients polarise transport and were of incision record	st-anes	thesia and o	legree of
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Bias assessment questions		Circle One	
Did the study address a clearly focused question / issue?	Yes	Can't tell	No
2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No
3. Are both the setting and the subjects representative with regard to the population to which the findings will be referred?	Yes	Can't tell	No
4. Is the researcher's perspective clearly described and taken into account?	Yes	Can't tell	No
Are the methods for collecting data clearly described?	Yes	Can't tell	No
6. Are the methods for analyzing the data likely to be valid and reliable? Are quality control measures used?	Yes	Can't tell	No
7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No
8. Are the results credible, and if so, are they relevant for practice?	Yes	Can't tell	No
Are the conclusions drawn justified by the results?	Yes	Can't tell	No
10. Are the findings of the study transferable to other settings?	Yes	Can't tell	No
For interventio	nal studies on	ly:	
Patient Population Intervention			
Comparator			
Outcome			

Your initials Year of publication 1989 First Author (Last name, first intial) Study Record # Study date Study duration (time period covered) Study type Location of study Prospective: Tertiary /Academic Center Randomized Setting: Interventional (eg, handover tool) Community Center USA Observational Country/Countries: Setting: Pediatric Hospital Retrospective: Cross Sectional (all patients) Pediatric unit in a hospital Ped patients in a mixed unit Cohort Unclear/Unknown Case series Single case report Population: How data were obtained Trained Observers Age: Neonates alone Audit of electronic data Children (all under 18y) Review of reported events Adults and children Number of pediatric Unable to determine General ICU Type: subjects included Number: \ Surgical ICU Disease subtype 100 Anesthesia (ie, trauma, postop): Adverse event rate Q \(\int_0 \) (\(\text{Total Number of pediatric events:} \) Adverse event rate Death rate Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Comments / notes Comments / notes adverse evert. Severe Permanent Harm rate (see below) Temporary Harm rate (see below) Total Number of pediatric events: Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Percentage of pediatric events (blank if unsure): Comments / notes Comments / notes Additional Treatment rate (see below) Total Number of pediatric events: Percentage of pediatric events (blank if unsure): Comments / notes

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Existing guidelines for intra-hospital transport mentioned or included?				
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Bias assessment questions		Circle One		
1. Did the study address a clearly focused question /	Yes	Can't tell	No	
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2. Is the research method (study design) appropriate for answering the research question?	Yes	Can't tell	No	
answering the research question:				
3. Are both the setting and the subjects representative	,			
with regard to the population to which the findings will be	Yes	Can't tell	No	
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4. Is the researcher's perspective clearly described and (taken into account?	Yes	Can't tell	No	
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5. Are the methods for collecting data clearly described	Yes	Can't tell	No	
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7. Was the analysis repeated by more than one researcher to ensure reliability?	Yes	Can't tell	No	
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10. Are the findings of the study transferable to other	\sim		0	
settings?	Yes	Can't tell	No	
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