

significantly lower on Glasgow Coma Scale (median of 8 vs. 15,  $p = 0.014$ ), significantly higher on the LAMS LVO score (median 4 vs. 0,  $p = 0.021$ ) and significantly higher on the RACE LVO (median 4 vs. 0,  $p = 0.036$ ).

**Conclusion:** Acute ischemic stroke is a rare occurrence in pediatric patients. A standardized clinical practice guideline for transport can facilitate early recognition, appropriate management, and transport to a pediatric specific stroke care for timely diagnosis and intervention. LVO scores designed for adult population have not been validated for use in pediatric patients for suspected stroke, but may be useful in triage of pediatric patients with stroke-like symptoms to a stroke center with specialized care in pediatric stroke.

### Management of Pregnant Woman in their Third Trimester with SARS-COV-2 Symptoms in the Rural Setting

Gregory Proctor, NRP, CCEMTP, FP-C; John Moth; Lajuan Proctor, NRP; Ari Moth

**Objective:** Can a way forward be created to establish baseline criteria to better assist aeromedical transport crews with optimizing care and increasing the probability of survival of acutely distressed women in their third trimester of pregnancy with SARS-COV-2 symptoms? Information has been derived from a mixed methods research approach. Pregnant individuals with SARS-COV-2 are at increased risk of intensive care unit admission, mechanical ventilation, and death compared with both pregnant individuals without SARS-CoV-2 infection and nonpregnant adults with SARS-CoV-2 infection<sup>1</sup>. Hypertensive disorders of pregnancy affect up to 20% of pregnancies in the United States and are leading causes of serious obstetric morbidity<sup>1</sup>. The focus of this research included nearly 2,400 pregnant women infected with SARS-CoV-2 and found that those with moderate to severe infection were more likely to have a cesarean delivery, to deliver preterm, to die around the time of birth, or to experience serious illness from hypertensive disorders of pregnancy, postpartum hemorrhage, or from infection other than SARS-CoV-2. They were also more likely to lose the pregnancy or to have an infant die during the newborn period. Mild or asymptomatic infection was not associated with increased pregnancy risks.

**Methods:** We intend to develop an algorithm based on current guidelines to smooth the transition of care from prehospital to intrahospital. We will use the guidelines set forth by The American College of Obstetrics and Gynecology (ACOG). In addition, we will take an example of the policies and procedures from a prehospital care aeromedical flight service for inclusion in our proposed treatment recommendation(s).

**Results:** We will then use the guidelines to make an all-encompassing protocol to guide the whole trip from onset of symptoms to in hospital care. We believe that a protocol that encompasses the whole of both systems, prehospital flight and in hospital, will help to streamline patient care tasks and reduce the probabilities of morbidity and mortality.

**Conclusion:** The aeromedical community should seek out partnerships with the appropriate entities to provide invaluable information about a critical time of transitioning the patient from the point of access to the healthcare system to the appropriate definitive care facility. The aeromedical community has specialized paramedics, nurses, and physicians with knowledge and experience that cannot easily be quantified. These efforts could result in treatment modalities addressing acute management intra/inter hospital upon initial publication and equip air medical personnel with additional critical care education and knowledge to take back to their perceptive communities to enhance the probability of survival with pregnant women adversely affected by SARS-COV-2.

### EMS Crew Characteristics: The Providers' Perspective On Patient Impacts—A Pilot Study

Jonathan T. Baxter, BSN, RN, NREMT-B, CEN, TCRN, CFRN, CCRN; Sara Jones, PhD, APRN, PMHNP-BC

**Background/Purpose:** Patient care and health outcomes can be significantly impacted during prehospital processes and interfacility transfers. At these times, emergency medical services (EMS) are responsible for patient care, which is driven by various factors. However, we know little about which factors contribute to optimal patient care and outcomes. From perspectives of EMS personnel, this study aimed to identify characteristics of EMS providers and transport/services perceived as most important to deliver high quality and efficient patient care.

**Methods:** This descriptive pilot study was conducted using survey methodology to collect information directly from EMS providers that are currently involved in patient transportation in Arkansas. To address study aims, the PI distributed a 23-item survey to providers dropping off patients in hospital settings. The survey included questions about participant demographics and EMS career information. Participants then ranked characteristics of EMS providers (9) and EMS transport/services (9) that are most important when it comes to high quality and effectiveness of patient care, and finally listed the top three most important factors. This survey was developed by the PI and co-investigator based on current literature and personal and research expertise. Data will be analyzed using standard statistical techniques to explore distributions and model associations among variables.

**Results/Conclusion:** Data collection is currently in process and is expected to be completed for presentation. Preliminary data collection has resulted in 17 completed surveys. Preliminary results indicate that the license level of the provider, experience, education, and equipment were characteristics perceived as most important. Up to this point, factors such as speed and mode of transport have not been perceived as important. We have also detected trends in the data that suggest transport characteristics vary between demographics, such as age, gender, and service area (rural vs. metro). We anticipate that the final results will clearly demonstrate what characteristics of EMS care most impact patient care and, hence, should be optimized in order to improve outcomes. Findings will be used to guide a future study that will use qualitative methods to gain deeper insight and possible solutions to these issues.

### Analysis of High Flow Nasal Cannula Utilization During Pediatric Critical Care Transport

David Kemper, BHS, RRT, RRT-NPS, C-NPT; Jenifer Pannullo, MBA-HM, RRT-NPS; Stephanie Petersen, MPH, RRT, C-NPT; Brittney Montijo, CRT, RRT-NPS; Stephen Pfeiffer, MD, FAAP; Jennifer Flint, MD; Brian Lee, PhD, MPH

**Objective:** There are limited studies on the safety and efficacy of high flow nasal cannula (HFNC) utilization in pediatric critical care transport (CCT). This 15-month retrospective study was designed to describe HFNC utilization by our transport team and to track escalations in respiratory support within 24 hours of hospital admission including increased liter flow, non-invasive ventilation (NIV), or intubation.

**Methods:** This study was conducted at a large quaternary free standing children's hospital with a dedicated pediatric transport team that completes an average of 5,500 transports per year. Data was collected from January 1, 2019, to March 31, 2020. A total of 6,279 pediatric transports were completed during the study period. Inclusion criteria: >30 days and <18 years old, required HFNC  $\geq 4$  L/min during transport, and admitted to our pediatric facility. Our institutions