

INTRODUCTION

Safe transport of pediatric patients with tracheostomies or other respiratory support requires immediate access to complete and functional emergency equipment. At our children's hospital, frontline staff identified inconsistent preparation of emergency supplies during patient transports. Variability in staff experience, unclear expectations, and lack of standardized processes meant that some patients left their room without items critical for airway safety.

To address this safety risk, a nurse-led quality improvement initiative—**Go With SOAP**—was developed.

Go with SOAP represents the essential equipment required for safe transport:

Go Bag, **S**uction, **O**xygen, **A**irway (spare tracheostomy tubes), **A**mbu bag, and **P**ulse oximeter

OBJECTIVES

1. Standardize emergency travel equipment needs
2. Enhance safety and compliance measures for patients leaving their rooms

RESULTS

Baseline Equipment Readiness

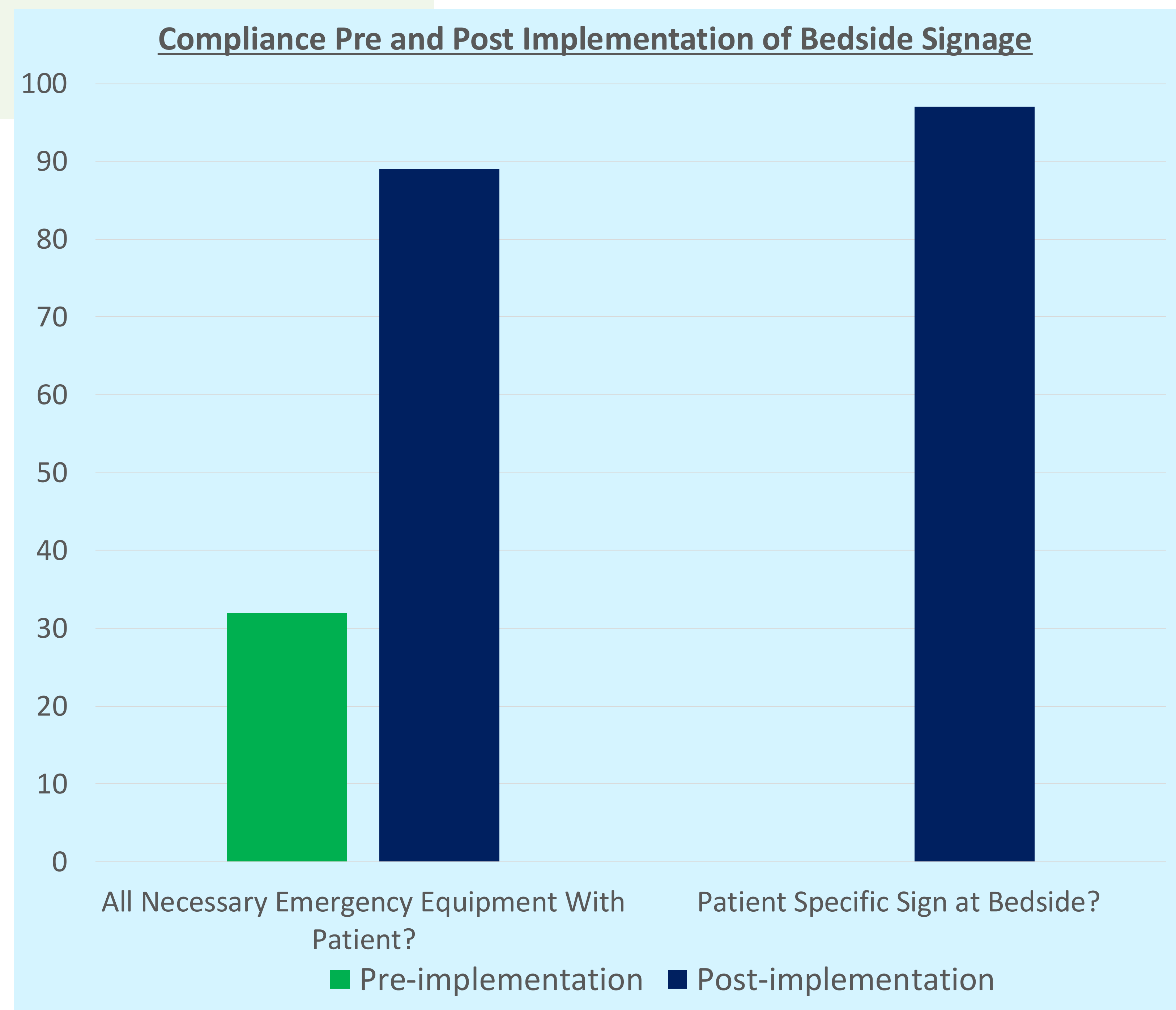
- Only **32%** of patients leaving their rooms had all necessary emergency equipment during baseline observational audits (June–October 2024).
- Variability in readiness was noted particularly among CNAs and newer staff.

Post-Intervention Compliance

- Following implementation of bedside signage and staff education in October 2024, audits as of September 2025 showed **89%** of patients now leave their rooms with required emergency equipment.
- Signage provided clarity and consistency for equipment needs including patients with tracheostomies, on non-invasive ventilation, nasal cannula, and with suction needs.

Staff Feedback and Impact

- Staff reported greater clarity and confidence regarding emergency equipment readiness.
- The initiative strengthened a culture of safety and improved communication.



CONCLUSIONS

The **Go With SOAP** initiative highlights the impact of nurse-driven quality improvement on enhancing safety for pediatric patients with airway and respiratory support needs. Standardizing expectations, integrating patient-specific visual tools, and reinforcing education improved compliance with emergency equipment readiness from 32% to 89%.

This practical model is sustainable, replicable, and adaptable to a wide range of pediatric settings. By empowering staff with clear tools and processes, hospitals can reduce safety risks during patient transport, improve communication, and strengthen a culture of reliability and preparedness.

The initiative demonstrates how thoughtful, structured QI strategies led by bedside nurses can drive measurable improvements in patient safety and support consistent, high-quality care.

REFERENCES

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3. Palumbo, K. L., Smith, D., Frankel, A., DiNoto, L., Wheaton, T., Buholtz, K., & Dadiz, R. (2025). Experiences and Educational Needs of Hospital Staff Providing Care to Tracheostomy-Dependent Pediatric Patients. *Children (Basel)*, 12(5), Article 552. <https://doi.org/10.3390/children12050552>

Patient Sticker

GO with SOAP

My respiratory support is:
(include both day/night support)

<input type="checkbox"/> Trach	<input type="checkbox"/> CPAP
<input type="checkbox"/> Low Flow Nasal Cannula	<input type="checkbox"/> BiPAP
<input type="checkbox"/> High Flow Nasal Cannula	<input type="checkbox"/> Room Air

When I am leaving my room, please make sure I have:

GO bag	★ Ensure bag is stocked with proper items <i>(Itemized list is in zipper pocket)</i>
Suction	★ Check battery life and functionality, include extra catheters
Oxygen	★ Tank needs to be turned on and full
Airway supplies	★ Current trach size and size below
Ambu bag	★ Confirm correct size and connection ★ Trach patients need back-up face mask, and peep valve for patients w/ peep >10
Pulse Oximeter	★ Check battery life and functionality

Date updated:
RN initials: