

STOPP!

Safe Transfer of the Paediatric Patient Tool

For use on ALL transfers of children BETWEEN Hospitals. The referring Hospital is responsible for the completion of this form prior to and during transfer. It is recommended that on arrival at the receiving Hospital, a copy is made, the original returned to the local hospital for audit purposes and filed in the patient notes.

Patient Details First Name Surname Address Hospital Number NHS Number	Weight (KG) True Estimate Date of Birth Age Years Months ALLERGIES GP Details
Date & Time of referral	Call made by
REFERRING Team Contact Details Consultant Hospital Ward/Location Contact no	RECEIVING Team Contact Details Consultant Hospital Ward/Location Contact no
SUMMARISED CLINICAL DETAILS (Safeguarding concern, if yes add to patient summary) Yes <input type="checkbox"/> No <input type="checkbox"/> Presenting Complaint Current problem + Reason for Transfer Organ support required Past Medical History Drug History DISCUSSION/ADVICE FROM RETRIEVAL TEAM TRANSFER INDICATION: Escalation of treatment Investigations Repatriation Palliation Bed Status	
RISK ASSESSMENT RESULTS: PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK & SIGN RESULTS CATEGORY IN TABLE BELOW. If Paediatric Consultant not aware: STOP AND INFORM NOW	
Transfer Category Respiratory Screen Status Cubicle required Yes No Unknown <input type="checkbox"/> Transfer no longer required <input type="checkbox"/> Ward level (level 0) <input type="checkbox"/> Basic critical care (HDU, level 1) <input type="checkbox"/> Intermediate critical care (level 2) <input type="checkbox"/> Advanced critical care (level 3) <input type="checkbox"/> AND/OR Time critical	Recommended Transfer Team Referring Hospital Personnel: <input type="checkbox"/> Parents <input type="checkbox"/> Nurse/ODP <input type="checkbox"/> Anaesthetist/Paediatrician Ambulance Crew Requested: <input type="checkbox"/> Patient Transport Service <input type="checkbox"/> LAS/East of England Ambulance – standard crew <input type="checkbox"/> LAS/East of England Ambulance – paramedic crew PICU Trained: <input type="checkbox"/> PANDR <input type="checkbox"/> Other retrieval team
ASSESSMENT COMPLETED BY: Nurse: (Name, Role, Signature) Doctor: (Name, Role, Signature)	

RISK ASSESSMENT PRIOR TO TRANSFER:			
Trauma	Complete vital signs below	Are there concerns about the spine? Is this a major trauma? Burns?	YES / NO
A		Is there any risk of Airway Compromise? (e.g. stridor, foreign body, burns)	YES/NO
B	RR =	Is the RR outside the normal age-adjusted range?	YES/NO
		Any evidence of respiratory distress/increased work of breathing/prolonged apnoea's/exhaustion	YES/NO
	Sats =	> 2L/min O2 to maintain sats > 94%, Presence of Emyema, Use of High Flow Oxygen/CPAP/BIPAP	YES/NO
		Intubated and Ventilated?	YES/NO
C	BP =	Is the systolic BP or HR outside the normal age-adjusted range?	YES/NO
		Are there signs of poor peripheral perfusion, e.g. CRT > 2 secs?	YES/NO
	HR =	ABG: Lactate > 2 or BE > -2	YES/NO
		Fluid boluses: > 40mls/kg within 6 hours	YES/NO
D		GCS low <8/fluctuating or AVPU (P or U)	YES/NO
		Risk of progressive intracranial event or signs of raised ICP?	YES/NO
		Newly diagnosed Inborn Error of Metabolism	YES/NO

ARE ANY ABCD TRIGGERS YES?

1. ENSURE PAEDIATRIC CONSULTANT IS AWARE AND HAS AGREED THE TRANSFER
2. COMPLETE TRANSFER RISK ASSESSMENT BELOW
3. **IF INDICATED** CONTACT PANDR (Tel: 01223274274) FOR ADVICE BEFORE PROCEEDING

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED	DISCUSSWITH PaNDR?
Level 0 (ward Level) Children not requiring continuous monitoring	NO	Parent/carer + Nurse Ambulance: Standard crew/transport	NO
Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy Or any PCC Level 1 Care	NO	Competent Nurse or Doctor OR Appropriately trained ambulance crew	NO
	YES	Nurse/ ODP <u>AND</u> Senior Doctor (paeds resus-trained) <u>AND</u> Appropriately trained ambulance crew OR PANDR Transfer (if agreed jointly)	Discuss with your Consultant
Level 2 (Intermediate critical care) Level 1 + single system support requirements (e.g. CPAP, NIV)	YES	Nurse/ ODP <u>AND</u> Senior Doctor (airway + paeds resus-trained) <u>AND</u> Appropriately trained ambulance crew OR PANDR Transfer (if agreed jointly)	YES
Level 3 (Advanced critical care) Intubated and Ventilated	YES	PANDR Transfer - UNLESS time critical (SEE BELOW)	YES
Time Critical (Level 1-3) e.g. ACUTE NEUROSURGICAL EMERGENCY, LIFE/LIMB-THREATENING PROBLEM, ACUTE ABDOMEN REQUIRING SURGERY, TESTICULAR TORSION, MAJOR BURNS, TRAUMA	YES	Local Team: Nurse/ODP + Senior Doctor (airway + paeds resus-trained) <u>AND</u> Appropriately trained ambulance crew <i>Tell Ambulance operator: "this is a paediatric time critical transfer"</i>	YES

TRANSFER DOCUMENTATION CHECKLIST: (please detail/tick as necessary)

Personnel:

- Doctor 1 (name, speciality & grade)
- Doctor 2 (name, speciality & grade)
- Nurse/ODP (name, speciality & grade)
- Parent/guardian details (if accompanying)

Communication:

- Bed in destination hospital identified and availability confirmed
- Consultant in destination hospital has agreed transfer
- Parents/Carers informed of transfer and any parental concerns discussed. Mobile No:.....
- Parents/Carers invited to accompany child

Equipment:

- Appropriate drugs & Grab bag available
- Face mask and self-inflating bag
- Suction unit available and batteries fully charged
- Sufficient oxygen in portable cylinder available
- Appropriate restraint device available
- Batteries on monitor and/or infusion pumps fully charged
- Infusion devices rationalised and secured

Drugs/Fluids:

- Analgesia
- Intubation drugs
- Emergency drugs
- IV Fluids
- Blood

Transport:

- Time ambulance service called:
- Ambulance reference no:
- Ambulance arrival time at referring hospital:
- Transfer staff have a mobile phone available
- Money/cards available for emergencies
- Return travel arrangements confirmed & Team have contact details e.g.: taxi/ward numbers

Patient Specific Instructions for transfer (tailor to needs): (please tick)

- ETT secure and minimal leak
- SpO2 enabled
- End Tidal Co2 monitoring (if intubated)
- CXR reviewed (if intubated)
- NIBP in situ and set to an appropriate recording interval
- Nil by Mouth/consider NG tube for surgical patients
- Blood glucose monitoring
- Maintenance IV fluids
- Well-secured IV access (x 2 if required)
- ID bracelet x2
- Temperature monitoring

Other:**Paperwork for transfer (photocopy the following): (please tick)**

- Referral letter
- Copy of Current medical, nursing notes and investigations (recent clinic letter for long-term patients)
- Copy of Current drugs chart, PEWs chart and fluid charts
- Upload/transfer radiology onto relevant IT system
- 3 Copies STOPP Tool (for patient notes in referring and receiving hospitals and audit)
- TRANSFER DATIX Completed as per specific Trust policy

