

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, and the original returned to the local hospital for audit purposes and filing in the patient notes.

| | | | |
|---|--|---|--|
| Patient Details First Name: Surname: Address: Hospital Number: NHS Number: | | Weight (KG): True <input type="checkbox"/> Estimate <input type="checkbox"/> Date of Birth: Age: Years Months ALLERGIES: | |
| 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: Has this patient been d/w retrieval team: Yes, clinical support <input type="checkbox"/> Yes, bed finding <input type="checkbox"/> TRANSFER INDICATION: Escalation of treatment <input type="checkbox"/> Investigations <input type="checkbox"/> Repatriation <input type="checkbox"/> Palliation <input type="checkbox"/> Bed status <input type="checkbox"/> | | | |
| RISK ASSESSMENT: PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK APPROPRIATE TRANSFER CATEGORY IN TABLE BELOW AND SIGN ASSESSMENT. If Paediatric Consultant not aware: STOP AND INFORM NOW | | | |
| Transfer Category Respiratory Screen Status: Cubicle required? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> Transfer no longer required <input type="checkbox"/> Ward level (level 0) <input type="checkbox"/> Basic critical care (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 <input type="checkbox"/> Ambulance Crew <input type="checkbox"/> Requested: <input type="checkbox"/> Patient Transport Service <input type="checkbox"/> East of England Ambulance: standard crew <input type="checkbox"/> East of England Ambulance: paramedic crew | |
| ASSESSMENT COMPLETED BY: Doctor: (Name, Role, Signature) Nurse: (Name, Role, Signature) | | | |

| RISK ASSESSMENT PRIOR TO TRANSFER: | | | |
|------------------------------------|----------------------------|--|----------|
| TRAUMA | Complete vital signs below | Are there concerns about the spine? | YES / NO |
| | | Is this a major trauma? | YES / NO |
| | | Is this 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% | YES / NO |
| | | Use of High Flow oxygen | YES / NO |
| Use of CPAP/BIPAP | | YES / NO | |
| | Presence of Empyema | 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 |

IF ANSWERED YES TO ANY ABCD TRIGGERS

ENSURE PAEDIATRIC CONSULTANT IS AWARE AND HAS AGREED THE TRANSFER

COMPLETE TRANSFER RISK ASSESSMENT BELOW

IF INDICATED CONTACT PaNDR (Tel: 01223274274) FOR ADVICE BEFORE PROCEEDING

Consider risk of deterioration on route that may require airway/respiratory/cardiovascular support.

Consider skill set needed for the patients' needs

| TRANSFER CATEGORY | ANY TRIGGERS | STAFF REQUIRED | DISCUSS WITH PaNDR? |
|--|--------------|--|---|
| <u>Time Critical (Level 1 - 3)</u> 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 + paed's resus-trained) AND appropriately trained ambulance crew Tell Ambulance operator: <u>"this is a paediatric time critical transfer, there is immediate risk of death or life changing loss of limb"</u> | YES, BUT Anticipate Time Critical Transfer: Mobilise local team early and aim to leave within 30 minutes of decision to transfer |
| <u>Level 0 (ward Level)</u> Children not requiring continuous monitoring | NO | Parent/Carer* and/or nurse Ambulance: standard crew/transport *Parent can use own transport if deemed safe by clinical team | NO |
| <u>Level 1 (Basic critical care)</u> 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) | Discuss with your Consultant |
| <u>Level 2 (Intermediate critical care)</u> Level 1 + single system support requirements (e.g. CPAP, NIV) | YES | Nurse/ ODP <u>AND</u> Senior Doctor (airway + paed's resus-trained) <u>AND</u> appropriately trained ambulance crew OR PaNDR Transfer (if agreed) | YES |
| <u>Level 3 (Advanced critical care)</u> Intubated and ventilated | YES | PaNDR Transfer - UNLESS time critical (see box above) | YES |

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

Transfer Personnel:

Doctor 1 (name, speciality & grade):

Doctor 2 (name, speciality & grade):

Nurse/ODP (name, speciality & grade):

Parent/guardian name and number:

Communication:

- Bed in destination hospital identified and availability confirmed
- Senior medical handover has taken place and transfer agreed
- Paediatric referral for children with co-morbidities
- For surgical transfers, where medical input is also required, ensure senior handover to paediatric team
- Parents/Carers informed of transfer and any parental concerns discussed.
- 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/money
 - Return travel arrangements confirmed & Team have contact details e.g.: taxi/ward numbers

Interventions on Transfer:

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

- Receiving paediatric consultant notified (all specialities)
- 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

Paperwork for transfer (photocopy the following): (please tick when complete)

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

| TRANSFER OBSERVATIONS RECORD: (Prior to departure, during transfer: (circle) continuous/15m/30m, and on arrival) | | NORMAL AGE-ADJUSTED PHYSIOLOGICAL PARAMETERS (as per nPEWS) | | | | | | | | | | | | | | | | | | | | |
|--|---------------|---|-------------|--|--|---------------------|----------|--|--------|--|--|-------------------|--|--|--|--|--|--|--|--|----|-----|
| | | AGE | < 11 months | | | 1-4 | | | 5-12 | | | >13 | | | | | | | | | | |
| | | RR | 30-50 | | | 20-40 | | | 20-25 | | | 15-25 | | | | | | | | | | |
| | | HR | 110-150 | | | 90-140 | | | 80-120 | | | 70-100 | | | | | | | | | | |
| | | Sys BP | 70-90 | | | 85-100 | | | 90-110 | | | 100-120 | | | | | | | | | | |
| Temperature °C | TIME | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | 39 |
| | 38 | | | | | | | | | | | | | | | | | | | | | 38 |
| | 37 | | | | | | | | | | | | | | | | | | | | | 37 |
| | 36 | | | | | | | | | | | | | | | | | | | | | 36 |
| | 35 | | | | | | | | | | | | | | | | | | | | | 35 |
| Heart Rate & Blood Pressure | 240 | | | | | | | | | | | | | | | | | | | | | 240 |
| | 230 | | | | | | | | | | | | | | | | | | | | | 230 |
| | 220 | | | | | | | | | | | | | | | | | | | | | 220 |
| | 210 | | | | | | | | | | | | | | | | | | | | | 210 |
| | 200 | | | | | | | | | | | | | | | | | | | | | 200 |
| | 190 | | | | | | | | | | | | | | | | | | | | | 190 |
| | 180 | | | | | | | | | | | | | | | | | | | | | 180 |
| | 170 | | | | | | | | | | | | | | | | | | | | | 170 |
| | 160 | | | | | | | | | | | | | | | | | | | | | 160 |
| | 150 | | | | | | | | | | | | | | | | | | | | | 150 |
| | 140 | | | | | | | | | | | | | | | | | | | | | 140 |
| | 130 | | | | | | | | | | | | | | | | | | | | | 130 |
| | 120 | | | | | | | | | | | | | | | | | | | | | 120 |
| | 110 | | | | | | | | | | | | | | | | | | | | | 110 |
| | 100 | | | | | | | | | | | | | | | | | | | | | 100 |
| 90 | | | | | | | | | | | | | | | | | | | | | 90 | |
| 80 | | | | | | | | | | | | | | | | | | | | | 80 | |
| 70 | | | | | | | | | | | | | | | | | | | | | 70 | |
| Respiratory Rate | 60 | | | | | | | | | | | | | | | | | | | | | 60 |
| | 50 | | | | | | | | | | | | | | | | | | | | | 50 |
| | 40 | | | | | | | | | | | | | | | | | | | | | 40 |
| | 30 | | | | | | | | | | | | | | | | | | | | | 30 |
| | 20 | | | | | | | | | | | | | | | | | | | | | 20 |
| | 15 | | | | | | | | | | | | | | | | | | | | | 15 |
| | 10 | | | | | | | | | | | | | | | | | | | | | 10 |
| | 5 | | | | | | | | | | | | | | | | | | | | | 5 |
| 0 | | | | | | | | | | | | | | | | | | | | | 0 | |
| O ₂ Sats | | | | | | | | | | | | | | | | | | | | | | |
| FiO ₂ | | | | | | | | | | | | | | | | | | | | | | |
| Neurological Assessment | AVPU | | | | | | | | | | | | | | | | | | | | | |
| | Pupil R | | | | | | | | | | | | | | | | | | | | | |
| | Pupil L | | | | | | | | | | | | | | | | | | | | | |
| BM / glucose | | | | | | | | | | | | | | | | | | | | | | |
| Ventilator Settings | | | | | | | | | | | | | | | | | | | | | | |
| | Pre departure | | | | | | Transfer | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | |
| Pain assessment: | | | | | | Time departed base: | | | | | | Time handed over: | | | | | | | | | | |
| Details of any treatments given: | | | | | | Date: | | | | | | | | | | | | | | | | |
| Details of incidents (Please also complete Trust report): | | | | | | Signed: | | | | | | | | | | | | | | | | |