STOPP Tool

Please use Safe Transfer of Paediatric Patient assessment tool for all inter-hospital transfers in North West England & North Wales

Once transfer is complete send a copy of STOPP form to Paediatric Critical Care Network for audit

Family name:	**First name:**
Date of Birth:	**Age:**
NHS No:	
Hospital Number:	
Address:	
Post code:	
GP Name:	**GP Practice:**

Weight: Kg Actual/Estimate	**Age:**
Date of referral:	D D M M Y Y Y Y
Time of referral:	H H M M
Call made by:	(Name, signature, grade)

CONTACT DETAILS			
Referring Consultant		**Receiving Consultant**	
Referring Hospital		**Destination Hospital**	
Ward / Area		**Ward / Area**	
Ward phone number:		**Ward phone number:**	
Mobile number:		**Mobile number:**	

Please describe details of case including any discussion with external specialists (SBAR format may be used if wished)

Problem:

INDICATION FOR TRANSFER (PLEASE INDICATE)	Escalation of treatment	Investigations	Repatriation	Bed Capacity	Palliation

For all bed capacity transfers you must follow your internal escalation policy and prioritise transfer of a level 0 patient wherever possible. Please document any discussion in patients' notes.

Consensus risk assessment

PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK RESULTS CATEGORY BELOW:

TRANSFER CATEGORY		TRANSFER TEAM	
Transfer no longer required		LOCAL HOSPITAL TEAM	
Ward level (level 0)		NWAS + Parents +/- nurse only	
Basic critical care (HDU / PCC level 1)		Paediatric: medic/ANP + nurse	
Intermediate critical care (PCC level 2)		Anaesthetics: medic + nurse/ODP	
Advanced critical care (PCC level 3)		Hybrid Paediatric + Anaesthetic team	
AND/OR Time Critical		OTHER	
ASSESSMENT COMPLETED BY (date / time)		NWTS	
Nurse: (Name, Role, Signature)		Other transport team	PIC / Neonatal
Doctor: (Name, Role, Signature)		AMBULANCE CREW REQUESTED	
		Standard crew	Paramedic crew

SYSTEM	RISK ASSESSMENT PRIOR TO TRANSFER	ASSESSMENT
A	Stridor / Stertor or anticipated AIRWAY RISK ie foreign body / difficult airway Airway or facial burns, smoke or gas inhalation?	YES / NO
B	Respiratory Rate = _____ Above or Below normal age adjusted range?	YES / NO
	Respiratory distress of concern ie marked recession / ↑WOB or early exhaustion	YES / NO
	Oxygen Need > 2L/min to maintain SpO_2 > 94% OR High Flow Humid. O_2 / CPAP / BiPAP	YES / NO
	Intubated & Ventilated	YES / NO
C	Systolic BP = _____ Is it outside normal age adjusted range?	YES / NO
	HR = _____ Is it outside normal range OR Capillary Refill > 2 secs?	YES / NO
	Is Blood Gas Lactate > 2 OR Base Deficit > 2	YES / NO
	Fluid boluses > 40 ml/kg within last 6 hours + / - inotrope infusion	YES / NO
	Risk of cardiovascular collapse: enlarged liver, oliguria, abnormal heart rhythm	YES / NO
D	Level of consciousness USING A V P U = P or U / GCS < 9 or falling / fluctuating level	YES / NO
	Risk of progressive intracranial event or signs of raised ICP ie bradycardia; hypertension; abnormal breathing; unequal, dilated or fixed pupils	YES / NO
	Prolonged hypoglycaemia (not correcting) AND / OR raised ammonia	YES / NO
	Unrecognised injury / trauma eg laceration / punctures OR Major Trauma	YES / NO
E	Inadequate ability to maintain normothermia (despite treatment / intervention)	YES / NO

ARE ANY | A | B | C | D | E | CRITERIA TRIGGERED?

IF YES, PAEDIATRIC + / - ANAESTHETIC CONSULTANT (S) SHOULD REVIEW PATIENT AND AGREE TRANSFER WITH SENIOR NURSE ON DUTY. USE TABLE BELOW TO DETERMINE APPROPRIATE TEAM REQUIRED TO TRANSFER PATIENT

ONLY IF INDICATED FOLLOWING CONSULTANT REVIEW CONTACT NWTS : 08000 84 83 82 FOR ADVICE BEFORE TRANSFER

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED (examples only)	D/W NWTS
Level 0 (ward level) Child not on continuous monitoring	Non-anticipated	Parent / carer or Nurse or both Standard ambulance crew / transport	NO
PCC Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy or any PCC Level 1 Care *Can be a difficult transfer: Joint decision /agreement between senior nurse & consultant essential before transfer*	1. No	Competent nurse OR doctor (essential if on iv infusion fluids / drugs) OR paramedic ambulance crew	NO
	2. YES	Competent Nurse &/or Doctor + Paramedic crew	PROBABLY
	3. YES AND High Flow Oxygen, OR potential for airway or other compromise	Nurse/ODP AND Senior Airway and Paediatric resuscitation competent Doctor AND paramedic ambulance crew OR NWTS transfer only if agreed jointly with referring consultant + NWTS consultant	YES
PCC Level 2 (Intermediate critical care) PCC Level 1—acute intervention for more than 24 hours	YES / NO	Nurse/ODP AND Senior Airway and Paediatric Resuscitation competent Doctor AND paramedic ambulance crew OR NWTS transfer only if agreed jointly with referring consultant + NWTS consultant	YES
Level 3 (Advanced critical care) Intubated and Ventilated	Yes / No	NWTS transfer unless time critical (rare exception may be palliative care)	YES
Time Critical (Level 1-3) Traumatic Brain Injury, Ischaemic gut, Life or Limb threatening diagnosis	Yes / No	Local Team: Nurse/ODP + Senior Airway + Paediatric resuscitation competent Doctor + paramedic crew MAJOR TRAUMA: REFER TO TRAUMA TEAM LEADER	YES

TRANSFER DOCUMENTATION:

PERSONNEL

Doctor 1 (name, speciality & grade)

Doctor 2 (name, speciality & grade)

Nurse / ODP (name, speciality & grade)

Parent /guardian details (including mobile no) **In ambulance: Yes / No**

EQUIPMENT		**DRUGS/FLUIDS:**	
Appropriate drugs & equipment available	**Yes / No**	**Analgesia (as required)**	**Yes / No**
Suction unit & batteries fully charged	**Yes / No**	**Intubation drugs + equipment**	**Yes / No**
Sufficient oxygen in portable cylinder available	**Yes / No**	**Emergency / resuscitation drugs**	**Yes / No**
Appropriate harness available eg ACR harness	**Yes / No**	**IV Fluids (including maintenance + bolus)**	**Yes / No**
Charged batteries for monitor and/or infusion pumps	**Yes / No**	**Blood Products**	**Yes / No**
Infusion devices rationalised and safely secured	**Yes / No**	**Other eg anticonvulsants / antibiotics etc**	**Yes / No**

COMMUNICATION

Bed in destination hospital identified and availability confirmed (with nursing team / bed manager): **Yes / No**

Consultant in destination hospital has agreed transfer: **Yes / No**

Parents / Carers informed of transfer and any parental concerns discussed: **Yes / No**

Parents / Carers given map/postcode & ward contact number if not travelling with the team **Yes / No**

Parents / Carers invited to accompany the child or separate transport arranged to receiving unit: **Yes / No**

ALERTS eg allergies, safeguarding, CAMHS etc clearly documented AND verbally communicated to receiving team: **Yes / No**

TRANSPORT		**AMBULANCE reference number:**	
Time ambulance called		**Patient secured using eg ACR harness**	**Yes / No**
Time ambulance arrived (referring hospital):		**All equipment appropriately secured in ambulance**	**Yes / No**
Time transport team + patient left referring hospital:		**Transfer /own mobile phone available**	**Yes / No**
Time of arrival at receiving hospital:		**Return travel organised / confirmed & team aware:**	**Yes / No**
Time transport team arrived back at base hospital:		**Money /cards for emergencies (transfer team):**	**Yes / No**

PATIENT SPECIFIC INSTRUCTIONS FOR TRANSFER

MINIMUM monitoring: ECG, SpO_2, NIV BP: Yes / No

If intubated & ventilated monitor ET CO_2 **IV access x 2: Yes / No**

Nil by Mouth / consider NG tube for surgical patients : Yes / No

Blood glucose, temp & pupils checked before +/- after transfer: Yes / No

Maintenance IV fluids +/- iv anti-emetics (esp. older child): Yes / No

Other:

PAPERWORK FOR TRANSFER (PHOTOCOPY THE FOLLOWING TO TAKE WITH PATIENT):

Referral letter **Yes / No**

Recent clinic letter / summary for all long term patients **Yes / No**

Current medical & nursing notes including blood results, blood gases + copies ECG/rhythm strip (as approp.) **Yes / No**

Current drugs chart, PEWs/observation chart and fluid charts **Yes / No**

Request radiology uploaded onto PACS or CD of radiology to be transferred with patient **Yes / No**

OBSERVATIONS RECORDED ON TRANSFER:

☐ Observations completed and recorded just prior to departure

☐ Continuously monitor all observations during transfer & record (circle choice) every 15min / 30 mins

☐ Observations completed and recorded on arrival

Pain assessment

Time last analgesia (drug / dose):

Date	Pre Departure					Transfer								Arrival		
Time																
Temperature + site °C																
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
FiO_2																
SpO_2 +/- ET CO_2																
Type / mode Resp support																
PIP/PEEP																
Rate																
Tidal Volume																
Neurological Assessment	AVPU															
	Pupil R / L															
	Bld Glucose															

Details of any treatment(s) given or incident(s) en-route:

Care handed over to (name / grade): **Time handed over:**

Handover delivered by (name / grade): **Signed:**

3 Copies STOPP form (for patient notes at both referring and receiving hospitals, & PCCN audit) ☐

Patient documentation handed over: ☐ **All drugs/fluids/blood products handed over / disposed of:** ☐