

STOPP! Safe Transfer of Paediatric Patient Tool

For use on ALL transfers BETWEEN hospitals. The referring hospital is responsible for completion of this form prior to and during the transfer. It is recommended that on arrival at the receiving hospital, a copy is made and left with the patient (with transfer notes). The original should return to the referring hospital for audit purposes and filed in the patient notes.

SYSTEM	RISK ASSESSMENT PRIOR TO TRANSFER		TRIGGER
TRAUMA	Any spinal injury concerns? Major trauma including NAI eg head or abdominal injury, fractured pelvis or femur? Major burn, airway burns or smoke/gas inhalation?		YES / NO
A		Stridor / Stertor or anticipated AIRWAY RISK (foreign body / difficult airway)	YES / NO
B	RR =	Is RR outside normal age-adjusted range?	YES / NO
		Respiratory distress (Recession / Marked ↑WOB) / prolonged apnoea's / exhaustion	YES / NO
	SpO ₂ =	O ₂ > 2L/min to maintain SpO ₂ > 94% OR use of High Flow Humid. O ₂ /CPAP/BiPAP OR EMPYEMA	YES / NO
	ET CO ₂ =	Intubated & ventilated.	YES / NO
C	BP =	Systolic & mean BP outside normal age-adjusted range?	YES / NO
	HR =	Heart rate outside normal age-adjusted range? OR Capillary Refill ≥ 3 secs?	YES / NO
	Lactate =	Blood Gas Lactate > 2 mmol/L OR Base Excess/Deficit worse than -2	YES / NO
	Fluid bolus? =	Fluid boluses > 40 ml/kg within last 6 hours + / - inotrope +/- prostaglandin infusion	YES / NO
		Risk of cardiovascular collapse: enlarged liver, oliguria, abnormal heart rhythm	YES / NO
D	GCS =	Level of consciousness P or U (AVPU) / GCS ≤ 8 / Falling or Fluctuating LOC	YES / NO
	AVPU =	Prolonged Hypoglycaemia ie glucose ≤ 3 mmol/L OR Raised Ammonia ie ≥ 100 μmol/L	YES / NO
	Glucose:	Risk of progressive intracranial event OR signs of raised ICP: ↓HR / ↑BP / Abnormal Breathing / Unequal, Dilated, or Fixed pupils	YES / NO
	Ammonia:	Unrecognised trauma eg laceration/punctures OR probable NAI/BRUE/ALTE	YES / NO
	Toxicology sent? <input type="checkbox"/>	Suspicion of blocked ventricular shunt?	YES / NO
E	Temp:	Inadequate ability to maintain normothermia (despite treatment / intervention)	YES / NO
SURGICAL	Patient actively bleeding AND / OR shocked/inadequately resuscitated? Is this TIME CRITICAL ie ischaemic gut or testicular torsion? If YES leave within 30 mins		YES / NO

Did you answer YES to any of above OR are you concerned by any other elements?

- COMPLETE TRANSFER RISK ASSESSMENT** on page 2 as a team, to clarify the appropriate team for transfer.
- TRANSFER REQUIRED?** paediatric or emergency medicine +/- anaesthetic consultant(s) must review patient & agree on team composition for transfer with senior nurse / ODP on duty.
- TRANSFER DUE TO CAPACITY?** Consider transferring an alternative/more stable patient.
- D/W NWTS** if indicated **after consultant review** (ideally) TEL: 08000 84 83 82 for advice BEFORE transfer.

SUMMARISE THE CLINICAL PLAN below to respond to triggers &/or reduce patient risk associated with triggers:
NB RR/HR outside normal age adjusted range refers to AMBER/RED on NPEWS. Always consider context eg those with burn/fracture/torted testicle may have slightly ↑RR or ↑HR without this representing critical illness or transfer risk.

Name of consultant(s) that above plan discussed with:

TRANSFER ASSESSMENT

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED (examples only)	D/W NWTS
Level 0 (ward level) Child NOT on continuous monitoring	NONE Anticipated	Parent/carer or Nurse (or both) Standard ambulance crew / Transport	NO
PCC Level 1 (Basic critical care) IE continuous monitoring / IV therapy / other PCC Level 1 Care Can be challenging transfers: careful decision by senior nursing & medical staff before transfer	NO	Nurse OR doctor with appropriate experience OR appropriately trained ambulance crew (Nurse/Doctor or ANP essential if on IV infusions / drugs)	NO
	YES	Nurse / doctor with paediatric resus training (or both) AND appropriately trained ambulance crew OR NWTS transfer (where agreed)	YES
	YES AND High Flow Humidified Oxygen	Nurse / doctor with paediatric resus training (or both) AND appropriately trained ambulance crew <u>OR</u> NWTS transfer (where agreed)	YES
PCC Level 1 Need for any acute intervention for > 24 hours	YES / NO	Nurse / doctor with paediatric resus training (or both) AND appropriately trained ambulance crew	YES
PCC Level 2 (intermediate PCC) CPAP / BiPAP / Airway concerns	YES / NO	Refer to NWTS for triage and discussion Nurse + doctor with paediatric resus training AND appropriately trained ambulance crew OR NWTS transfer (unless time critical)	YES
PCC 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) Trauma / life-threatening injury Eg Head Injury (includes ?NAI) puncture wound, severe limb injury, burns/smoke inhalation, Surgical eg ischaemic gut; bilious vomiting; button battery ingestion	YES (by definition)	LOCAL TEAM: Nurse/ODP + Senior Doctor (airway + paediatric resus trained as appropriate) + paramedic crew TRAUMA / NAI / BURNS: REFER to TRAUMA TEAM LEADER (TTL) Category 2 ambulance (should arrive within 20 mins) STATE: 'this is a paediatric time critical transfer'	FOR TRANSPORT ADVICE or CONFERENCE CALL
TIME CRITICAL but Level 0 (Ward level) Eg Testicular torsion	YES (by definition)	Parent/carer or Nurse (or both) Appropriate ambulance crew / patient transport Aim to leave within 30 mins	NO

Summarise clinical plan for transfer (including any discussion with NWTS or specialist team(s)):

Name of local consultant(s) above plan discussed with:

PATIENT DETAILS

Family name:	WEIGHT: kg Actual / Estimate
First name:	Date of Birth: Age:
NHS No:	Hospital Number:
Address:	GP Name: GP Practice:
Post code:	
Date & Time of Referral:	Call made by: (name, role, signature, registration no.)

CONTACT DETAILS

REFERRING consultant		RECEIVING consultant	
REFERRING Hospital		DESTINATION Hospital	
Ward / area		Destination Ward / area	
Contact number:		Contact number:	

SUMMARISED CLINICAL DETAILS (safeguarding or confidential information in transfer summary? Yes No

Please describe details of case including any discussion with external specialists (consider using SBAR format)

Current problem include reason for transfer, organ support:

Discussion/advice from NWTs, major trauma or burns centre Yes No

ALLERGIES:	Immunisations:
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INDICATION FOR TRANSFER	Specialist review / Escalation of treatment	Investigation	Repatriation	Bed Capacity	Palliative Care
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FOR ALL BED CAPACITY TRANSFERS: follow your own internal escalation policy AND prioritise transfer of more stable eg level 0 patient wherever possible (NOT most recent admission if higher acuity). Please document any discussion in patients' notes.

Completed on: (date/time) CONSENSUS RISK ASSESSMENT	RISK ASSESSMENT RESULTS (page 1&2) THEN TICK & SIGN RESULTS CATEGORY IN TABLE BELOW. If Paediatric Consultant not aware: STOP AND INFORM NOW				
	VIRAL STATUS (SARS-CoV-2; Influenza; RSV): Yes / No / Unknown				
	TRANSFER CATEGORY		TRANSFER TEAM		
	Transfer no longer required		Parents +/- nurse		
	Ward level (level 0)		Referring Paediatric: Dr/ANP + nurse		
	Basic critical care (HDU / PCC level 1)		Referring Anaesthetics/ICM: Dr + nurse/ODP		
	Intermediate critical care (HDU / PCC level 2)		NWAS /Welsh ambulance: standard or paramedic crew		
	Advanced critical care (PCC level 3)		Patient Transport Service		
	AND/OR TIME CRITICAL		NWTS or another regional PCC / NIC team		
	Nurse/ODP: (name, role, signature, professional registration no.)			Doctor/ANP: (name, role, signature, professional registration no.)	

STOPP! PLAN AHEAD: (please detail/tick as necessary)**PERSONNEL:**

Doctor 1 / ANP (name, speciality & grade)

Doctor 2 / ANP (name, speciality & grade)

Nurse / ODP (name, speciality & grade)

Parent/Guardian details (name, relation, mobile number)

In ambulance? YES / NO

PRE-DEPARTURE COMMUNICATION:

Bed in destination hospital identified and availability confirmed: YES / NO

Consultant in destination hospital has agreed transfer: (NAME/SPECIALTY)

Consultant to consultant handover taken place: 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

Call receiving hospital to inform them patient has left referring hospital YES / NO

ALERTS: allergies, safeguarding, CAMHS etc clearly documented AND verbally communicated to receiving team YES / NO**EQUIPMENT CHECKLIST (check batteries fully charged)****DRUGS/FLUIDS CHECKLIST:**Intubation drugs + mask/Guedel/bagging circuit +
ETT/laryngoscope/bougie or stylet + method to secure

Nwts emergency drugs guide (wt based)

Suction unit + Yankeur / suction catheters (check sizes)

Appropriate drugs including analgesia (as required)

Full portable oxygen cylinder

Emergency / Resuscitation drugs / Dilute adrenaline etc

Ventilator, monitor & infusion pumps

IV maintenance + bolus +/- IV anti-emetics (esp older child)

Infusion devices rationalised & safely secured

Blood products (packaged by lab if not in use)

Weight-appropriate harness eg ACR (Paraid) / Babypod

Other eg anticonvulsants / antimicrobials / hypertonic saline

TRANSPORT:**AMBULANCE reference no:**

Time ambulance called

All equipment appropriately secured in ambulance

Time ambulance arrived at referring hospital

Mobile phone available

Time team + pt left referring hospital

Money/cards for emergencies (transfer team)

Time of arrival at receiving hospital

Return travel organised/confirmed eg taxi & team aware

Time transport team back at base hospital

Check pt has ID bracelet(s)**PATIENT SPECIFICS FOR TRANSFER (tailor to needs)****LINES / CATHETERS etc**MINIMUM monitoring: ECG, SpO₂, NIV BP

MIN: IV or IO access X 2 (ideally) & well secured

If intubated & ventilated monitor ET CO₂

Time placed Nil by Mouth:

Document (for each line)

NG tube for surgical patients + any on NIV / ventilated

Site/size/length:

Insertion date:

Check blood glucose, temp, pupils before +/- on arrival

PAPERWORK FOR TRANSFER (photocopy/printout the following to take with patient):

Referral letter / copy of discussions with specialist teams

Recent clinic letter / summary for all long-term patients

Current medical & nursing notes include ALL acute blood results, blood gases + copies ECG/rhythm strip (as appropriate)

Safeguarding concerns including ALTE/BRUE documentation. This should include social worker contact number; whether police informed & any passwords etc

Current drug & fluid charts (with all medications administered signed for); copy of PEWS/observation chart

Transferring team must **check ALL drugs and infusions including blood products & CDs** are prescribed, administered, transported & discarded/handed over as per the referring hospitals' policies & guidance.

Leave a copy of this documentation with the receiving team.

Request radiology uploaded / transferred via PACS to receiving hospital

OBSERVATIONS RECORDED ON TRANSFER:

Observations completed & recorded just prior to departure Continuously monitor all observations during transfer & record (circle choice) MIN every 15min/30 mins, including on arrival

Pain assessment/score: Time last analgesia (drug / dose):

Date											Type/mode respiratory support:			
Time	Pre-transfer											On arrival		
Temperature + site °C														
Heart Rate, Respiratory rate & Blood Pressure	210												210	
	200												200	
	190												190	
	180												180	
	170												170	
	160												160	
	150												150	
	140												140	
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	70												70	
	60												60	
	50												50	
	40												40	
30												30		
20												20		
10												10		
FiO ₂														
SpO ₂ +/- ET CO ₂														
PIP/PEEP/Flow														
Rate														
Tidal Volume														
NEUROLOGICAL ASSESSMENT	GCS or AVPU													
	Pupil R / L													

If intubated: ETT size / length / laryngoscopy grade:

USUAL MEDICATIONS:

Last dose (date & time) of antimicrobial / antiepileptic / paracetamol / analgesia / other regular medication

Details of any problem(s) or incident(s) on transfer:

Handed over to (name / grade): Handover by (name / grade):

Time handover:

Photocopy STOPP form: photocopy left at receiving hospital & always return original documentation to referring hospital **YES / NO**

Drug & fluid (including blood products & CDs) prescription & observation charts copied & handed over: **YES / NO**

ALL drugs & infusions (including blood products & CDs) need to be prescribed, administered, transported & handed over or discarded as per the referring hospitals' policy & guidance. Documentation copied & left with the receiving team. **YES / NO**

