

Paediatric critical care patient to be referred to



Consultant review before referral unless patient in extremis and consultant on route to

Referrer to complete NWTS referral documentation to include recent observations, blood results & gases.

NWTS consultant & referring consultant brought into EVERY referral call (unless actively resuscitating)

Advice

Follow-up calls as agreed with referring team If pt deteriorates both NWTS & paediatric consultants brought into conference call

If appropriate: NWTS team will mobilise and transfer to the tertiary centre

NWTS are only commissioned to move PCC L2 & L1 patients who need to go to the tertiary centre for uplift in care, we can not move these patients due to capacity of staffing issues.

Transfer request

Planned PCC transfer (L2 & L1 to tertiary centre)

Local team to find / confirm appropriate bed and team to accept in tertiary centre

If not appropriate for NWTS team to transfer. Local team to Move

PCC Transfer (L3, L2 & L1)

NWTS transfer Agreed NWTS mobilise in 30mins

If time critical transfer NWTS will give advice but local team to transfer

If local team transfer use STOPP document on NWTS website