

STOPPTool

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

SYSTEM	RISK ASSESSMENT PRIOR TO TRANSFER		TRIGGERS
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 = <input type="text"/>	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 = <input type="text"/>	Is it outside normal age adjusted range?	YES / NO
	HR = <input type="text"/>	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
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 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
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 TRAUMA / NAI / Burns: REFER TRAUMA TEAM LEADER	FOR TRANSPORT ADVICE
Level 0 (ward level) Child not on continuous monitoring	Non-anticipated	Parent / carer or Nurse or both Request standard ambulance crew / EMT	NO
PCC Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy or any PCC Level 1 Care <i>Can be a difficult transfer: Joint decision / agreement between senior nurse & consultant essential before transfer</i>	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

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

Date of referral:

D	D	M	M	Y	Y	Y	Y
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 Time of referral:

H	H	M	M
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 Weight: _____ Kg
 Actual/Estimate
 Age: _____
 Call made

(Name, signature, grade)

CONTACT DETAILS			
Referring Consultant		Receiving Consultant	
Referring Hospital		Destination Hospital	
Ward / Area		Ward / Area	
Ward phone number:		Ward phone 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)	Specialist review/ treatment	Investigations	Repatriation	Bed Capacity	Palliation
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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	
	TIME CRITICAL		LOCAL HOSPITAL TEAM	
	Transfer no longer required		NWAS + Parents +/- nurse only	
	Ward level (level 0)		Paediatric: medic/ANP + nurse	
	Basic critical care (HDU / PCC level 1)		Anaesthetics: medic + nurse/ODP	
	Intermediate critical care (PCC level 2)		Hybrid Paediatric + Anaesthetic team	
	Advanced critical care (PCC level 3)		OTHER	
	ASSESSMENT COMPLETED BY (date / time)		NWTS	
	Nurse: (Name, Role, Signature)		Other transport team	PIC / Neonatal
Doctor: (Name, Role, Signature)				

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

Analgesia (as required)

Suction unit & batteries fully charged

Intubation drugs + equipment

Sufficient oxygen in portable cylinder available

Emergency / resuscitation drugs

Appropriate harness available eg ACR harness

IV Fluids (including maintenance + bolus)

Charged batteries for monitor and/or infusion pumps

Blood Products

Infusion devices rationalised and safely secured

Other eg anticonvulsants / antibiotics etc

PRE-DEPARTURE CHECKLIST

Bed in destination hospital identified and availability confirmed (with nursing team / bed manager):

Consultant in destination hospital has agreed transfer:

Parents / Carers informed of transfer and any parental concerns discussed:

Parents / Carers given map/postcode & ward contact number if not travelling with the team

Parents / Carers invited to accompany the child or separate transport arranged to receiving unit:

ALERTS eg allergies, safeguarding, CAMHS etc clearly documented AND verbally communicated to receiving team:

TRANSPORT

AMBULANCE reference number:

Time ambulance called

Patient secured using eg ACR harness

Time ambulance arrived (referring hospital):

All equipment appropriately secured in ambulance

Time transport team + patient left referring hospital:

Transfer /own mobile phone available

Time of arrival at receiving hospital:

Return travel organised / confirmed & team aware:

Time transport team arrived back at base hospital:

Money /cards for emergencies (transfer team):

PATIENT SPECIFIC INSTRUCTIONS FOR TRANSFER

Other:

MINIMUM monitoring: ECG, SpO₂, NIV BP:

If intubated & ventilated monitor ET CO₂ IV access x 2:

Nil by Mouth / consider NG tube for surgical patients :

Blood glucose, temp & pupils checked before +/- after transfer:

Maintenance IV fluids +/- iv anti-emetics (esp. older child):

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

Referral letter

Recent clinic letter / summary for all long term patients

Current medical & nursing notes including blood results, blood gases + copies ECG/rhythm strip (as approp.)

Current drugs chart, PEWs/observation chart and fluid charts

Request radiology uploaded onto PACS or CD of radiology to be transferred with patient

OBSERVATIONS RECORDED ON TRANSFER:

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

Pain assessment

Time last analgesia (drug / dose):

Date											Type/mode respiratory support:					
Time																
Temperature + site °C																
Heart Rate & Blood Pressure	200															200
	190															190
	180															180
	170															170
	160															160
	150															150
	140															140
	130															130
	120															120
	110															110
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	80															80
	70															70
	60															60
50															50	
40															40	
30															30	
20															20	
FiO ₂																
SpO ₂ +/- ET CO ₂																
PIP/PEEP/Flow																
Rate																
Tidal Volume																
Neurological Assessment	AVPU															
	Pupil R / L															

Drugs/Fluid bolus or infusions	Dose	Route	Total Volume	Over (duration)	Prescriber's Signature	Check	Admin	Time Administered

Details of any problem(s) 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 referring and receiving hospitals, & PCCN audit [Louise.King@mft.nhs.uk])

Patient documentation handed over:

All drugs/fluids/blood products handed over / disposed of: