

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:	Weight:	Kg	Age:								
Date of Birth:	Age:	Actual/Estimate										
NHS No:		Date of referral: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
Hospital Number:		Time of referral: <table border="1"><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>			H	H	M	M				
H	H	M	M									
Address:		Call made by: (Name, signature, grade)										
Post code:												
GP Name:	GP Practice:											

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.

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

Consensus risk assessment

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
Doctor: (Name, Role, Signature)	PIC / Neonatal
	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		YES / NO
	Airway or facial burns, smoke or gas inhalation?		
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
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 <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
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, SpO₂, NIV BP: Yes / No
- If intubated & ventilated monitor ET CO₂ 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: