

STOPP! Safe Transfer Of the Paediatric Patient!

For use on ALL non STRS transfers of children BETWEEN Hospitals. The referring Hospital is responsible for the completion of this form prior to and during transfer. **Please make 2 copies**- Original-remains at patient destination, 2nd returned to referring hospital patient notes, 3rd kept for audit at referring hospital.

PATIENT DETAILS: First name Surname Address Post Code Hospital number NHS number Parents/Carer Name & Contact	Weight (Kg) True/Est Date of birth Age ALLERGIES GP Details Social worker details Safeguarding concerns Yes/No
Date & Time of referral:	Call made by:
REFERRING Team Contact Details: Consultant Hospital Ward/Location Contact no	RECEIVING Team Contact Details: Consultant Hospital Ward/Location Contact no
SUMMARISED CLINICAL DETAILS: Presenting Complaint Current problem + Reason for Transfer Organ support required Past Medical History Drug History	
DISCUSSION/ADVICE FROM RETRIEVAL TEAM: TRANSFER INDICATION: Escalation of treatment <input type="checkbox"/> Investigations <input type="checkbox"/> Repatriation <input type="checkbox"/> Palliation <input type="checkbox"/> Bed Status <input type="checkbox"/>	
RISK ASSESSMENT RESULTS: Perform Patient risk assessment on page 2 and transfer risk assessment page 3. Document planned transfer.	
Transfer Category <input type="checkbox"/> Transfer no longer required <input type="checkbox"/> Ward level (level 0) <input type="checkbox"/> Basic critical care (HDU, level 1) <input type="checkbox"/> Intermediate critical care (level 2) <input type="checkbox"/> Advanced critical care (level 3) <input type="checkbox"/> AND/OR Time critical	Recommended Transfer Team Referring Hospital Personnel: <input type="checkbox"/> Parents <input type="checkbox"/> Nurse/ODP <input type="checkbox"/> Anaesthetist/Paediatrician Ambulance Crew Requested: <input type="checkbox"/> Patient Transport Service <input type="checkbox"/> LAS/South East Coast Amb – standard crew <input type="checkbox"/> LAS/South East Coast Amb – paramedic crew PICU Trained: <input type="checkbox"/> STRS <input type="checkbox"/> Other retrieval team (NETS, CATS, SORT etc)
ASSESSMENT COMPLETED BY: Nurse: (Name, Role & Signature) Doctor: (Name, Role & Signature)	

STOPP! Perform Patient Risk Assessment prior to transfer:

Category	Assess	Triggers	Circle	
A	Sounds=	Is there any risk of Airway Compromise? (e.g. stridor, foreign body, burns)	Y	N
B	RR =	Is the Respiratory Rate outside the normal age-adjusted range?	Y	N
	Sats =	Any evidence of respiratory distress/increased work of breathing/prolonged apnoeas /exhaustion	Y	N
	O ₂ =	> 2L/min O ₂ to maintain sats > 94%, Presence of Empyema, Use of High Flow Oxygen / CPAP / BIPAP	Y	N
	EtCo2=	Intubated and Ventilated?	Y	N
C	BP =	Is the systolic BP or HR outside the normal age-adjusted range?	Y	N
		Are there signs of poor peripheral perfusion, e.g. CRT > 2 secs?	Y	N
	HR =	ABG: Lactate > 2 or BE > -2 Fluid boluses: > 40mls/kg within 6 hours	Y	N
D	GCS = AVPU= PEARL=	GCS low <8/fluctuating or AVPU (P or U)	Y	N
		Signs of raised ICP?	Y	N
		Newly-diagnosed Inborn Error of Metabolism	Y	N
E	Temp=	Is patient pyrexial>38.5 despite intervention?	Y	N
		Is temperature unrecordable/ warming required to maintain normothermia?	Y	N
Additional for Surg	Pain score=	Is the patient shocked/inadequately resuscitated or actively bleeding?	Y	N
		Does pain control remain an issue?	Y	N
		Does the child have communication difficulties impairing assessment?	Y	N
		Is this Time critical? (Ischemic gut or testicular torsion)	Y	N
Additional for Neuro		Risk of progressive intracranial event?	Y	N
		Is there suspicion of a blocked ventricular shunt?	Y	N
		Mechanism of injury high risk? (e.g. High velocity, LOC)	Y	N
Additional for Trau		Is the mechanism of injury high risk: - head, abdominal or spinal injury?	Y	N
		Fracture to Pelvis or femur?	Y	N
		Burns partial thickness>2%, Full thickness>1%, Inhalation injury signs?	Y	N

Did you answer YES to any of the above triggers or find any other elements of the assessment concerning? If so...

1. Treat immediate findings appropriately with support of Paediatric registrar and re-assess
2. If transfer is due to capacity consider transferring an alternative patient
3. If transfer is still required perform Transfer risk assessment over page
4. Ensure Paediatric consultant is aware of the triggers, the plan and the transfer team choice
5. **IF INDICATED CONTACT STRS (Tel: 0207 188 5000) FOR ADVICE BEFORE PROCEEDING**

Summarize clinical plan to respond to triggers and/or reduce patient risk associated with triggers:

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STOPP!

 Perform Transfer Risk Assessment prior to transfer:

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED	DISCUSS WITH STRS
Level 0 (Ward Level) Children not requiring continuous monitoring	NO	Parent/Carer + Nurse Ambulance: Standard crew/transport	NO
Level 1 (Basic Critical Care) Children needing continuous monitoring or iv therapy Or any PCC Level 1 Care	NO	Competent Nurse or Doctor OR Appropriately trained ambulance crew	NO
	YES	Nurse/ ODP <u>AND</u> Senior Doctor (paeds resus-trained) <u>AND</u> appropriately trained ambulance crew OR STRS Transfer (if agreed jointly)	Discuss with your Consultant
Level 2 (Intermediate Critical Care) Level 1 + single system support requirements (e.g. CPAP, NIV)	YES	Nurse/ODP <u>AND</u> Senior Doctor (airway + paed resus- trained) <u>AND</u> Appropriately trained ambulance crew OR STRS Transfer (if agreed jointly)	YES
Level 3 (Advanced Critical Care) Intubated and Ventilated	YES	STRS Transfer - UNLESS time critical (SEE BELOW)	YES
Time Critical (Level 1-3) e.g. ACUTE NEUROSURGICAL EMERGENCY LIFE/LIMB-THREATENING PROBLEM ISCHEMIC GUT TESTICULAR TORSION Ensure receiving surgical team are aware	YES	Local Team: Nurse/ODP + Senior Doctor (airway + paed resus-trained) <u>AND</u> Appropriately trained ambulance crew Tell Ambulance operator: <i>"this is a paediatric time critical transfer"</i> <u>patient must leave within 30mins</u> please note that time critical general surgical procedures such as testicular torsion may be 'time critical' without the need for airway trained Doctor if otherwise stable	YES

STOPP!

 Communicate and equip:

Personnel:

- Doctor 1 (name, specialty & grade) _____
- Doctor 2 (name, specialty & grade) _____
- Nurse/ODP (name, specialty & grade) _____
- Parent/Carer details (if accompanying) _____

Communication:

- Bed in destination hospital identified and availability confirmed _____
- Consultant in destination hospital has agreed transfer (Name) _____
- Referral made to receiving surgical team if required (Name) _____
- Parent/Carer informed of transfer and any parental concerns discussed
- Parent/Carer invited to accompany child (Name) _____

Equipment:

- Hospital Grab bag available with size appropriate emergency equipment
- Suction unit available and batteries fully charged
- Sufficient oxygen in portable cylinder available and mask for delivery
- Appropriate restraint device available
- Batteries on monitor and/or infusion pumps fully charged
- Infusion devices rationalized and secured

Drugs/Fluids:

- Analgesia
- Intubation drugs
- Emergency drugs
- IV Fluids
- Blood
- 3% Saline

STOPP!

Plan ahead:

Transport:

- Time ambulance service called: _____
- Ambulance reference no: _____
- Ambulance arrival time at referring hospital: _____
- Transfer staff have a mobile phone available
- Money/cards available for emergencies
- Return travel arrangements confirmed & Team have contact details e.g.: taxi/ward numbers

Patient Specific Instructions for transfer: (please tick)

- Temperature monitoring
- Nil by Mouth/consider NG tube for surgical patients
- Blood glucose monitoring
- Maintenance IV fluids
- Well-secured IV access (x 2 if required)
- ID bracelet x2

Other:

Paperwork for transfer (photocopy the following): (please tick)

- Referral letter
- Copy of Current medical, nursing notes and investigations (recent clinic letter for long-term patients)
- Copy of Current drugs chart, PEWs chart and fluid charts
- Upload/transfer radiology onto relevant IT system
- 3 Copies STOPP Tool (for patient notes in referring and receiving hospitals and audit in referring hospital)
- Local Observation chart/PEWS chart to be used for transfer for familiarity**

STOPP!

Monitor and document:

Patient monitoring, assessment and intervention on transfer

Use local Observation and PEWS chart to document findings on transfer. Any additional findings, concerns, interventions, actions to be documented here:

Summary of transfer

Transfer team

Name:	Role	Signature	Date/Time
Name:	Role	Signature	Date/Time

Receiving team

Name:	Role	Signature	Date/Time
Name:	Role	Signature	Date/Time