

# STOPP! Safe Transfer of the Paediatric Patient Tool

For use on ALL transfers of children BETWEEN Hospitals. The referring Hospital is responsible for the completion of this form prior to and during transfer. It is recommended that on arrival at the receiving Hospital, a copy is made, the original returned to the local hospital for audit purposes and filed in the patient notes.

<b>PATIENT DETAILS</b>		<b>Weight (Kg)</b>	<b>True/Est</b>
First name		Date of birth	
Surname		Age	
Address		<b>ALLERGIES</b>	
Hospital number		GP Details	
NHS number			
<b>Date &amp; Time of referral</b>		<b>Call made by</b>	
<b>REFERRING Team Contact Details</b>		<b>RECEIVING Team Contact Details</b>	
Consultant		Consultant	
Hospital		Hospital	
Ward/Location		Ward/Location	
Contact no		Contact no	
<b>SUMMARISED CLINICAL DETAILS</b>			
Presenting Complaint			
Current problem + Reason for Transfer			
Organ support required			
Past Medical History			
Drug History			
<b>DISCUSSION/ADVICE FROM RETRIEVAL TEAM</b>			
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"/>			
<b>RISK ASSESSMENT RESULTS: PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK &amp; SIGN RESULTS CATEGORY IN TABLE BELOW. If Paediatric Consultant not aware: STOP AND INFORM NOW</b>			
<b>Transfer Category</b>		<b>Recommended Transfer Team</b>	
<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"/> <b>AND/OR Time critical</b>		<b>Referring Hospital Personnel:</b>	
		<input type="checkbox"/> Parents <input type="checkbox"/> Nurse/ODP <input type="checkbox"/> Anaesthetist/Paediatrician	
		<b>Ambulance Crew Requested:</b>	
		<input type="checkbox"/> Patient Transport Service <input type="checkbox"/> LAS/East of England Ambulance – standard crew <input type="checkbox"/> LAS/East of England Ambulance – paramedic crew	
<b>ASSESSMENT COMPLETED BY:</b>		<b>PICU Trained:</b>	
Nurse: (Name, Role, Signature)		<input type="checkbox"/> CATS <input type="checkbox"/> Other retrieval team	
Doctor: (Name, Role, Signature)			

### RISK ASSESSMENT PRIOR TO TRANSFER:

Category	Assessment	Trigger	
<b>A</b>	Is there any risk of Airway Compromise? (e.g. stridor, foreign body, burns)	YES/NO	
<b>B</b>	RR =	Is the RR outside the normal age-adjusted range?	YES/NO
		Any evidence of respiratory distress/increased work of breathing/prolonged apnoea's/exhaustion	YES/NO
	Sats =	> 2L/min O2 to maintain sats > 94%, Presence of Empyema, Use of High Flow Oxygen/CPAP/BIPAP	YES/NO
		Intubated and Ventilated?	YES/NO
<b>C</b>	BP =	Is the systolic BP or HR outside the normal age-adjusted range?	YES/NO
		Are there signs of poor peripheral perfusion, e.g. CRT > 2 secs?	YES/NO
	HR =	ABG: Lactate > 2 or BE > -2	YES/NO
		Fluid boluses: > 40mls/kg within 6 hours	YES/NO
<b>D</b>		GCS low <8/fluctuating or AVPU (P or U)	YES/NO
		Risk of progressive intracranial event or signs of raised ICP?	YES/NO
		Newly-diagnosed Inborn Error of Metabolism	YES/NO

### ARE ANY OF A B C D TRIGGERS YES?

1. ENSURE PAEDIATRIC CONSULTANT IS AWARE AND HAS AGREED THE TRANSFER
2. COMPLETE TRANSFER RISK ASSESSMENT BELOW
3. IF INDICATED CONTACT CATS (Tel: 0800 0850003) FOR ADVICE BEFORE PROCEEDING

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED	DISCUSS WITH CATS?
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) AND Appropriately trained ambulance crew OR CATS 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) AND Appropriately trained ambulance crew OR CATS Transfer (if agreed jointly)	YES
Level 3 (Advanced critical care) Intubated and Ventilated	YES	CATS Transfer - UNLESS time critical (SEE BELOW)	YES
<b>Time Critical (Level 1-3)</b>  e.g. ACUTE NEUROSURGICAL EMERGENCY, LIFE/LIMB-THREATENING PROBLEM, ACUTE ABDOMEN REQUIRING SURGERY, TESTICULAR TORSION	YES	Local Team: Nurse/ODP + Senior Doctor (airway + paed resus-trained) AND Appropriately trained ambulance crew  <i>Tell Ambulance operator: "this is a paediatric time critical transfer"</i>	YES

## TRANSFER DOCUMENTATION CHECKLIST: (please detail/tick as necessary)

### Personnel:

- Doctor 1 (name, speciality & grade)
- Doctor 2 (name, speciality & grade)
- Nurse/ODP (name, speciality & grade)
- Parent/guardian details (if accompanying)

### Communication:

- Bed in destination hospital identified and availability confirmed
- Consultant in destination hospital has agreed transfer
- Parents/Carers informed of transfer and any parental concerns discussed
- Parents/Carers invited to accompany child

### Equipment:

- Appropriate drugs & Grab bag available
- Suction unit available and batteries fully charged
- Sufficient oxygen in portable cylinder available
- Appropriate restraint device available
- Batteries on monitor and/or infusion pumps fully charged
- Infusion devices rationalised and secured

### Drugs/Fluids:

- Analgesia
- Intubation drugs
- Emergency drugs
- IV Fluids
- Blood

### 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 (tailor to needs): (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)
- TRANSFER DATIX Completed as per specific Trust policy

<b>TRANSFER OBSERVATIONS RECORD:</b> (Prior to departure, during transfer: (circle) continuous/15m/30m, and on arrival)		NORMAL AGE-ADJUSTED PHYSIOLOGICAL PARAMETERS (as per APLS)																				
		AGE	<1 yr	1-2	2-5	5-12	>12															
		RR	30-40	25-35	25-30	20-25	15-20															
		HR	110-160	100-150	95-140	80-120	60-100															
		Sys BP	80-90	85-95	85-100	90-110	100-120															
Temperature °C	39																				39	
	38																					38
	37																					37
	36																					36
	35																					35
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
	0																					0
O <sub>2</sub> Sats																						
FiO <sub>2</sub>																						
Neurological Assessment	AVPU																					
	Pupil R																					
	Pupil L																					
BM / glu																						
Vent. Settings																						
	Pre departure										Transfer											
Date																						
Time																						
Pain assessment:											Time departed base:					Time handed over:						
Details of any treatments given:											Date:											
Details of incidents (Please also complete Trust report):											Signed:											