

STOPP Tool

Please use [Safe Transfer Of Paediatric Patient](#) assessment tool for all inter-hospital transfers in Yorkshire & Humber
Once transfer complete send a copy from an nhs.net email to Paediatric Critical Care ODN for audit: karen.perring@nhs.net

Family name:	First name:	Weight:	Kg	Age:
Date of Birth:	Age:	Actual/Estimate		
NHS No:		Date of referral:	D D M M Y Y Y Y	
Hospital Number:		Time of referral:	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 <small>(please tick)</small>	Escalation of 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
	Transfer no longer required		Local Hospital Team
	Ward level (level 0)		YAS/EMAS + Parents +/- nurse only
	Basic critical care (HDU / PCC level 1)		Paediatric: Doctor/ANP + nurse
	Intermediate critical care (PCC level 2)		Anaesthetics: Doctor + nurse/ODP
	Advanced critical care (PCC level 3)		Hybrid Paediatric + Anaesthetic team
	AND/OR Time Critical		OTHER
	ASSESSMENT COMPLETED BY (date / time)	Embrace	
	Nurse: (Name, Role, Signature)	Other transport team	PIC / Neonatal
Doctor: (Name, Role, Signature)	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 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 / 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** 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 and following consultant review contact Embrace : 0114 268 8180 for advice before transfer

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED (examples only)	D/W Embrace
Level 0 (ward level) Child not on continuous monitoring	Non-anticipated	Parent/carer or Nurse or both	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	Nurse or Doctor (essential if on iv fluids / drugs) OR paramedic ambulance crew	NO
	2. YES	Nurse &/or Doctor	PROBABLY
	3. YES AND High Flow Oxygen, OR potential for airway or other compromise	Nurse/ODP & airway and paediatric resuscitation competent Doctor OR Embrace transfer (if agreed jointly with referring consultant + Embrace consultant)	YES
PCC Level 2 (Intermediate critical care) PCC Level 1—acute intervention for more than 24 hours	YES / NO	Nurse/ODP & airway and paediatric resuscitation competent Doctor OR Embrace transfer (if agreed jointly with referring consultant + Embrace consultant)	YES
Level 3 (Advanced critical care) Intubated and Ventilated	Yes / No	Embrace transfer unless time critical	YES
Time Critical (Level 1-3) Major Trauma, Ischaemic gut, Life or Limb threatening diagnosis	Yes / No	Local Team: Nurse/ODP & airway and paediatric resuscitation competent Doctor REFER TO REGIONAL PAEDIATRIC TRAUMA GUIDELINE	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 weight appropriate harness:	Yes / No
Time ambulance arrived (referring hospital):		All equipment appropriately secured in ambulance:	Yes / No
Time transport team + patient left referring hospital:		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 appropriate): 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	
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: