

# STOPP Tool

Please use Safe Transfer of Paediatric Patient assessment tool for all inter-hospital transfers in Yorkshire & Humber  
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:				
Hospital Number:		Date of referral:	D D M M Y Y Y Y	
Address:		Time of referral:	H H M M	
Post code:		Call made by:	(Name, signature, grade)	
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 tick)	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.

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

<b>Consensus risk assessment</b>	<b>TRANSFER CATEGORY</b>		<b>TRANSFER TEAM</b>	
	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	
	<b>AND/OR Time Critical</b>		<b>OTHER</b>	
	<b>ASSESSMENT COMPLETED BY</b> (date / time)		Embrace	
	Nurse: (Name, Role, Signature)		Other transport team	PIC / Neonatal
	Doctor: (Name, Role, Signature)		<b>Ambulance crew requested</b>	
		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 =	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 <sub>2</sub> > 94% OR High Flow / CPAP / BiPAP		YES / NO
	Intubated & Ventilated		YES / NO
C	Systolic BP =	Is it outside normal age adjusted range?	YES / NO
	HR =	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 : 0845 147 2472 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 Standard ambulance crew / transport	NO
PCC Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy or any PCC Level 1 Care  <u>Can be a difficult transfer: Joint decision /agreement between senior nurse &amp; consultant essential before transfer</u>	1. No	Competent Nurse or Doctor (essential if on iv 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 & airway and paediatric resuscitation competent Doctor & Paramedic ambulance crew 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 & Paramedic ambulance crew 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 & Paramedic crew 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, SpO<sub>2</sub>, NIV BP: Yes / No

If intubated & ventilated monitor ET CO<sub>2</sub>      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														60
	50														50
	40														40
	30														30
	20														20
	15														15
	10														10
5														5	
0														0	
FiO <sub>2</sub>															
SpO <sub>2</sub> +/- ET CO <sub>2</sub>															
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: