



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. Please also attach a transfer summary.

PATIENT DETAILS		Weight (Kg) <input type="text"/> <input type="radio"/> True <input type="radio"/> Estimate
First name	<input type="text"/>	Date of birth <input type="text"/>
Surname	<input type="text"/>	Age <input type="text"/> years <input type="text"/> months
Address	<input type="text"/>	ALLERGIES <input type="text"/>
Hospital number	<input type="text"/>	GP Details <input type="text"/>
NHS number	<input type="text"/>	

Date of referral <input type="text"/>	Call made by <input type="text"/>
Time of referral <input type="text"/>	

REFERRING Team Contact Details	RECEIVING Team Contact Details
Consultant <input type="text"/>	Consultant <input type="text"/>
Hospital <input type="text"/>	Hospital <input type="text"/>
Ward/Location <input type="text"/>	Ward/Location <input type="text"/>
Contact no <input type="text"/>	Contact no <input type="text"/>

SUMMARISED CLINICAL DETAILS (Safeguarding or confidential information in transfer summary?) Yes No

Presenting Complaint

Current problem + Reason for Transfer

Organ support required

Past Medical History (Include infection control on risk assessment below. Detail can be added in pg.3)

Drug History

DISCUSSION/ADVICE FROM TRANSPORT TEAM, MAJOR TRAUMA OR BURNS CENTRE

TRANSFER INDICATION: Escalation of treatment Investigations Repatriation Palliation Bed Status

RISK ASSESSMENT RESULTS: PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK & SIGN RESULTS CATEGORY IN TABLE BELOW. If Paediatric Consultant not aware: STOP AND INFORM NOW

<p>SARS-CoV-2 Status: <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unknown</p> <p>Transfer Category</p> <p><input type="checkbox"/> Transfer no longer required</p> <p><input type="checkbox"/> Ward level (level 0)</p> <p><input type="checkbox"/> Basic critical care (HDU, level 1)</p> <p><input type="checkbox"/> Intermediate critical care (level 2)</p> <p><input type="checkbox"/> Advanced critical care (level 3)</p> <p><input type="checkbox"/> AND/OR Time critical</p>	<p>Recommended Transfer Team</p> <p>Referring Hospital Personnel:</p> <p><input type="checkbox"/> Parents</p> <p><input type="checkbox"/> Nurse/ODP</p> <p><input type="checkbox"/> Anaesthetist/Paediatrician</p> <p>Ambulance Crew Requested:</p> <p><input type="checkbox"/> Patient Transport Service</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> LAS/East of England Ambulance – standard crew</p> <p><input type="checkbox"/> LAS/East of England Ambulance – paramedic crew</p> <p>PICU Trained:</p> <p><input type="checkbox"/> CATS</p> <p><input type="checkbox"/> Other retrieval team <input type="text"/></p>
<p>ASSESSMENT COMPLETED BY:</p> <p>Nurse: <input type="text"/></p> <p>Doctor: <input type="text"/></p>	



RISK ASSESSMENT PRIOR TO TRANSFER:

Category	Assessment	Trigger	
Trauma	Are there concerns about the spine? Is this a major trauma? Burns?	<input type="radio"/> Yes <input type="radio"/> No	
A	Is there any risk of Airway Compromise? (e.g. stridor, foreign body, burns)	<input type="radio"/> Yes <input type="radio"/> No	
B	RR = <input type="text"/>	Is the RR outside the normal age-adjusted range?	<input type="radio"/> Yes <input type="radio"/> No
		Any evidence of respiratory distress/increased work of breathing/prolonged apnoea's/exhaustion, chest drain in situ	<input type="radio"/> Yes <input type="radio"/> No
	Sats = <input type="text"/>	> 2L/min O2 to maintain sats > 94%, Presence of Empyema, Use of High Flow Oxygen/CPAP/BIPAP	<input type="radio"/> Yes <input type="radio"/> No
		Intubated and Ventilated?	<input type="radio"/> Yes <input type="radio"/> No
C	BP = <input type="text"/>	Is the systolic BP or HR outside the normal age-adjusted range?	<input type="radio"/> Yes <input type="radio"/> No
		Are there signs of poor peripheral perfusion, e.g. CRT > 2 secs?	<input type="radio"/> Yes <input type="radio"/> No
	HR = <input type="text"/>	ABG: Lactate > 2 or BE > -2	<input type="radio"/> Yes <input type="radio"/> No
		Fluid boluses: > 40mls/kg within 6 hours	<input type="radio"/> Yes <input type="radio"/> No
D		GCS low <8/fluctuating or AVPU (P or U)	<input type="radio"/> Yes <input type="radio"/> No
		Risk of progressive intracranial event or signs of raised ICP?	<input type="radio"/> Yes <input type="radio"/> No
		Newly-diagnosed Inborn Error of Metabolism	<input type="radio"/> Yes <input type="radio"/> 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
4. ALL TRAUMA SHOULD BE DISCUSSED WITH MAJOR TRAUMA CENTER BEFORE TRANSFER

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED	DISCUSS WITH CATS?
Level 0 (ward Level) Children not requiring continuous monitoring	NO	Parent or carer Only / Nurse Only / Both Ambulance: Standard crew/transport/taxi (discuss with ambulance service)	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, Airway concerns)	YES	Nurse/ ODP <u>AND</u> Senior Doctor (airway + paeds resus-trained as appropriate) AND Appropriately trained ambulance crew OR CATS Transfer (if agreed jointly)	YES Local discussion case by case basis
Level 3 (Advanced critical care) Intubated and Ventilated	YES	CATS Transfer - UNLESS time critical (SEE BELOW)	YES
Time Critical (Level 1-3) e.g. ACUTE NEUROSURGICAL EMERGENCY, LIFE/LIMB-THREATENING PROBLEM, ACUTE ABDOMEN REQUIRING SURGERY, TESTICULAR TORSION, MAJOR BURNS, TRAUMA	YES	Local Team: Nurse/ODP + Senior Doctor (airway + paeds resus-trained) AND appropriately trained ambulance crew Please tell Ambulance operator: "This is a paediatric time critical transfer"	YES





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

Personnel:

- Doctor 1
- Doctor 2
- Nurse/ODP
- Parent/guardian details (if accompanying)

Communication:

- Bed in destination hospital identified and availability confirmed
- Consultant to consultant handover has taken place
- Consultant in destination hospital has agreed transfer
- Call to receiving hospital to inform them that the patient has left the transferring hospital
- 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
- Patient own medication

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
- Patient & Parental infection control e.g., coronavirus s
- 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

Past Medical History:



TRANSFER OBSERVATIONS RECORD:
(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																			
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	
O ₂ Sats																					
FiO ₂																					
Neurological Assessment	AVPU																				
	Pupil R																				
	Pupil L																				
BM (glucose)																					
	Pre departure																				
	Transfer																				
Date																					
Time																					

Pain assessment:

Details of any treatments given:

Details of incidents (Please also complete Trust report):

Time departed base:

Time handed over:

Date:

Signed: