NHS CATS
Children's Acute Transport Service

Clinical Guidelines

Facilitating Withdrawal of Life Sustaining Therapies (LST) outside the Intensive Care Environment

Document Control Information

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Applicable to	All CATS employees		

This document provides a structured approach to facilitate transport from the ICU to an alternative environment for withdrawal of life sustaining therapies (LST). *Early* communication with the CATS team is essential – an extra vehicle and clinical team will likely be required to undertake transport; all cases will be discussed but transport team availability is not guaranteed.

This document does not provide guidance on the decision-making process which remains the responsibility of the home unit (the PICU or inpatient clinical team under which the child is currently admitted). Withdrawal of LST outside of the ICU environment may be considered for children where technology dependence, resources and legalities permit transfer, and the following eligibility criteria have been achieved.

Each case should be assessed on an individual basis considering the guidance provided in this document.

Patient Eligibility Criteria

- Family and MDT agree to withdraw LST and transition to palliative care outside of the ICU.
- Meets the RCPCH (2015) criteria for treatment limitation as documented below:
  - When life is limited in quantity.
  - When life is limited in quality.
  - Informed competent refusal of treatment.
- DNAR and emergency care plan in place and review date specified.
- Organ/tissue donation teams have discussed options with family, and they are aware transport to hospice or home will preclude donation. Donation of tissues (heart valves and corneas) has taken place in a hospice setting previously. If the family wish to consider this the home team should discuss with the NHS Blood and Transplant team and have a plan in place prior to transport.

CATS Referral

- Standard referral process completed by CATS fellow /ANP and then discussed with on call CATS consultant.
- CATS consultant to evaluate resource requirements including:
  - Does referral meet eligibility criteria?
  - Team composition and availability - consider availability of CATS trained nurse from home unit.
  - Vehicle and ambulance technician availability via provider.
  - Time allocation - should be completed within standard shift times on planned date.

If accepted, then the following points should be considered.

Multi-disciplinary planning

Meeting / conference call to discuss transfer with MDT considering some or all the following points:

- Will a coroner's referral be required? If there is any expectation that this is required, the discussion should take place before the transport. This should be discussed with the coroner with jurisdiction for the location where the child is expected to die.
- Who will complete the medical certificate of Cause of Death (MCCD) and cremation forms – has proposed cause of death been identified?
- Which team will report the child's death to the CDOP panel and who has responsibility for the child death review meeting?
- Risk of deterioration / death on transfer discussed with family.
- The plan in the event of sudden deterioration on route.
- Do local police / ambulance services need to be notified?
- Symptom management plan established – including short- and long-term management.
- Infection control issues.
- Timeframe agreed with family regarding extubation and discontinuing life sustaining drugs.
- Who will remove invasive devices?
- Who will provide ongoing support following CATS team departure? Record their contact details.
- Formal risk assessment regarding high profile cases.
- Risk assessments of suitability of planned destination – is the property accessible? Consider steps and lifts etc.
- Resource availability at destination including oxygen / medical air, suction, enteral feeding supplies, nappies, and pharmacy – not all hospices can provide these.
- Ensure emergency care plan in place in the event the child survives longer than anticipated.
- Ensure named professional identified for follow-up/DNAR review/repeat prescriptions and contact details clearly documented.
- Ensure all decisions clearly documented and copies available for transport and receiving teams.

Family Discussions and Planning

If time and patient location permit the team should meet with the family prior to transport (either in person or via online meeting platform) to introduce themselves and to discuss:

- The transport process – provide realistic timeline.

- Who will travel with patient? The family should travel with patient whenever possible.
- The family's expectations and understanding.
- Discuss any memory making they may like to undertake prior to withdrawal of LST.
- The family's wishes following death and to facilitate the practicalities where possible.
- Availability of pastoral support if requested.
- Ensure the family are aware of who will provide support services after CATS team departure.

Home Unit Responsibilities Prior To Transport

- Treatment should not be escalated to facilitate transport.
- Rationalise medications, interventions, and monitoring.
- Ensure adequate sedation and analgesia.
- Consider discontinuing muscle relaxants.
- Ensure TTAs available – include minimum of three days' supply of all medications and feeds (five days if transporting on a weekend).
- To provide contact details of named palliative care team members.
- Ensure all documentation completed and available including the required copies for family.
- Trust bereavement packs ready for team and family.
- Provision of documented re-entry plan for patient in the event it is required.

The Transport

- The use of blue lights and sirens should be discussed with the CATS consultant and/ or service lead prior to departure.
- Ensure adequate availability of medical gases for the duration of transport.
- Should be managed as a conventional CATS transport – paperwork and checklists.
- Team should be in full CATS uniform for the transport.
- Team brief prior to departing office, ensuring all team members including SJA technician are aware of transport aims and plan for deterioration en route.
- On arrival at destination, it will be necessary to remove monitoring and the family should have been prepared for this.
- The CATS team may sit in a separate, nearby room/area leaving the intubated patient with the family to facilitate privacy and dignity.
- Facilitate memory making moments as appropriate.
- Complete gas calculations and swap cylinders as required if no piped gases available at location.

Withdrawal of Life-Sustaining Therapies

- All life sustaining therapies should be withdrawn prior to team departure.
- Any significant deviation from agreed plan should be discussed with CATS consultant.
- Prior to extubation, ensure all prescribed symptom management medications are available in the event of patient distress.
- Update CATS consultant following extubation, if not present.

Prior to CATS Team Departure

- Ensure family have home Trust bereavement pack – can be left with hospice or community team.
- Ensure family are aware of how to seek further support.
- Complete standard pre-departure checks.
- During return journey update the clinical teams that had requested the transport.
- Return to office and consider a team de-brief to all personnel on the transport.

This information is collated into a checklist on the next page.

Cats checklist for facilitating withdrawal of life sustaining therapies outside the ICU environment.

PLANNING				
	Yes	No	N/A	Details
Coroner referral required?				
Person completing MCCD confirmed?				
CDOP reporting responsibility agreed?				
Named professional identified for follow up / review / prescriptions				
Risk assessment undertaken for high profile cases +/- press team				
RESPECT form completed and copy for transport team				
LOGISTICS				
Team availability				
Planned destination risk assessment complete including access				
Resource availability at destination addressed – e.g. pumps / O_2				
Local police / ambulance notified				
CLINICAL				
Symptom management plan complete - Short term - Long term				
TTA drugs available – minimum 3 days?				
Feeding equipment and feed available for minimum of 3 days?				
Plan agreed regarding who will remove invasive devices				
Plan agreed in event of sudden deterioration on route				
HOLISTIC CARE				
Family has full understanding of transport process				
Is anyone travelling with patient?				
Memory making opportunities discussed				
Family wishes following death discussed				
Is pastoral support required				

TRANSFER				
	Yes	No	N/A	Details
Use of blue lights / sirens discussed with consultant / service lead				
Adequate medical gases for journey and time at destination				
Symptom management drugs drawn up if appropriate				
WITHDRAWAL OF LIFE SUSTAINING THERAPIES				
All LST should be withdrawn prior to team departures				
Any significant deviation should be discussed with CATS consultant				
Symptom management medications drawn up and available prior to extubation				
PRIOR TO TEAM DEPARTURE				
Ensure discharging team bereavement pack available				
Family aware how to seek further support				
Referring team updated during team journey				
Standard CATS documentation completed				
Team debrief required				