

STOPP (Safe Transfer of the Paediatric Patient) Tool

For use on ALL non PICU retrieval team 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.

Patient Details:		Weight: Kg True/Est	Age:
Family name:	First name:	Date of referral: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of Birth:	Age:	Time of referral: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
NHS No:	Hospital Number:	Call made by: <input type="text" value="(Name, signature, grade)"/>	
Address:			
Post code:			
GP Name:	GP Practice:		

Contact Details Referring Team:		Contact Details Receiving Team:	
Referring Consultant:	<input type="text"/>	Receiving Consultant:	<input type="text"/>
Referring Hospital:	<input type="text"/>	Destination Hospital:	<input type="text"/>
Ward/Location:	<input type="text"/>	Ward/Location:	<input type="text"/>
Ward Direct No:	mobile	Ward Direct No:	mobile

Please describe details of case including any discussion with SORT: (SBAR format can be used if wished)

Problem:

Indication for transfer: Escalation of treatment Investigations Repatriation Palliation Bed Status

For any bed status transfer you must follow internal escalation policy and prioritise transfer of a level 0 patient wherever possible. Please document any discussions in notes.

PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK RESULTS CATEGORY BELOW:
If Paediatric Consultant not aware: **STOP AND INFORM**

Consensus Risk assessment	Transfer Category:	Transfer Team:
	<input type="checkbox"/> Transfer no longer required <input type="checkbox"/> Ward level (level 0) <input type="checkbox"/> Basic critical care (HD1, level 1) <input type="checkbox"/> Intermediate critical care (level 2) <input type="checkbox"/> Advanced critical care (level 3) <input type="checkbox"/> AND/OR Time critical <input type="checkbox"/> Network Exception report completed?	DGH: <input type="checkbox"/> Parents <input type="checkbox"/> Paediatric <input type="checkbox"/> DGH Anaesthetics <input type="checkbox"/> DGH Hybrid Paediatric + Anaesthetist PICU Trained: <input type="checkbox"/> SORT <input type="checkbox"/> OTHER Ambulance Crew Requested: <input type="checkbox"/> Standard crew <input type="checkbox"/> Paramedic
	ASSESSMENT COMPLETED BY:	
	Nurse: (Name, Role, Signature) Doctor: (Name, Role, Signature)	

RISK ASSESSMENT PRIOR TO TRANSFER:

SYSTEM	OBSERVATION	ASSESSMENT
A	Stridor/Stertor or anticipated Airway Risk i.e. Foreign body	YES/NO
	Respiratory Rate = <input type="text"/> Is it outside normal age adjusted range?	YES/NO
B	Respiratory Distress of concern, i.e. marked retractions or early exhaustion	YES/NO
	O2 Need > 2L/min to maintain > 94% saturations, Emphyema in any oxygen, High Flow Oxygen, CPAP/BiPAP	YES/NO
	Intubated and Ventilated	YES/NO
C	Systolic BP = <input type="text"/> Is it outside normal age adjusted range?	YES/NO
	Capillary Refill > 2 sec Or HR outside normal range = <input type="text"/>	YES/NO
	Is Blood Gas lactate > 2 OR Base Deficit > 2	YES/NO
	Fluid boluses > 40mls/kg within 6 hours	YES/NO
D	Level of consciousness – AVPU (P or U) or falling/fluctuating level	YES/NO
	Risk of progressive intracranial event or signs of raised ICP i.e. bradycardia; hypertension; abnormal breathing; unequal, dilated or fixed pupils	YES/NO
	Newly Diagnosed inborn error of metabolism	YES/NO

ARE ANY OF **A B C D** TRIGGERED?

IF YES, ENSURE PAEDIATRIC CONSULTANT IS AWARE AND HAS AGREED TRANSFER COMPLETE TRANSFER RISK ASSESSMENT BELOW

IF INDICATED CONTACT PICU CONSULTANT VIA SORT: 02380 775502 FOR ADVICE BEFORE PROCEEDING

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED (examples only)	DISCUSS WITH SORT
Level 0 (ward Level) Children not requiring continuous monitoring	Non-anticipated	Parent/carer or Nurse or both Standard crew/transport	NO
Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy Or any PCCMDS Level 1 Care <i>Can be difficult transfer: Joint decision between senior Nurse and Consultant</i>	A- NO	Competent Nurse or doctor OR appropriately trained ambulance crew	POSSIBLY
	B- YES	Competent Nurse or doctor AND appropriately trained ambulance crew	PROBABLY (discuss empyemas)
	C- YES <u>And</u> High Flow Oxygen, Or potential for airway or other compromise	Nurse/ ODP <u>AND</u> Senior Airway and Paediatric resuscitation competent Doctor AND appropriately trained ambulance crew OR SORT transfer if agreed Jointly	YES
Level 2 (Intermediate critical care) Level 1 + single system support requirements (e.g. CPAP, NIV) Or any PCCMDS Level 2 care	YES/NO	Nurse/ ODP <u>AND</u> Senior Airway and Paediatric resuscitation competent Doctor AND appropriately trained ambulance crew OR SORT transfer if agreed Jointly	YES
Level 3 (Advanced critical care) Intubated and Ventilated	YES/NO	SORT transfer unless time critical (rare exception may be palliative care)	YES
Time Critical (Level 1-3) Traumatic Brain Injury, Ischaemic gut, Life or limb threatening diagnosis	YES/NO	Local Team: Anaesthetist, Nurse/ODP, and senior airway and Paediatric resuscitation competent Doctor AND appropriately trained ambulance crew	YES

TRANSFER DOCUMENTATION:

Personnel:

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

Equipment

- | | |
|---|---|
| <input type="checkbox"/> Appropriate drugs & Grab bag available | Drugs/Fluids: |
| <input type="checkbox"/> Suction unit available and batteries fully charged | <input type="checkbox"/> Analgesia |
| <input type="checkbox"/> Sufficient oxygen in portable cylinder available | <input type="checkbox"/> Intubation drugs |
| <input type="checkbox"/> Appropriate restraint device available | <input type="checkbox"/> Emergency drugs |
| <input type="checkbox"/> Batteries on monitor and/or infusion pumps fully charged | <input type="checkbox"/> IV Fluids |
| <input type="checkbox"/> Infusion devices rationalised and secured | <input type="checkbox"/> Blood |

Communication

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

Transport:

- Time ambulance service called:
- Ambulance reference no.:
- Ambulance arrival at referring hospital:
- Transfer mobile phone available
- Money/cards available for emergencies
- Return travel arrangements confirmed & Team have contact details e.g.: taxi/ward numbers

Paperwork for transfer (photocopy the following):

- Referral letter
- Recent clinic letter for long term patients
- Current medical and nursing notes with blood results
- Current drugs chart, PEWs chart and fluid charts
- 3 Copies Inter hospital Transfer form (for patient notes, referring and receiving hospitals and audit)
- Upload radiology onto EXOPACS

Patient Specific Instructions for transfer:

- Temperature monitoring
- Nil By Mouth/consider NG tube for surgical patients
- Blood glucose monitoring
- Maintenance IV fluids
- IV access x 2

Other:

OBSERVATIONS RECORDED ON TRANSFER:

- Observations completed and recorded just prior to departure
- Observations required during transfer: (circle) continuous / 15m / 30 m
- Observations completed and recorded on arrival

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
	5																				5
0																				0	
Neurological Assessment	AVPU																				
	Pupil R																				
	Pupil L																				
	Pre departure																				Transfer
Date																					
Time																					
O ₂ Sats																					
FiO ₂																					

Pain assessment:

Details of any treatments given or incidents en-route:

Time departed base:

Date:

Time handed over:

Signed: