





## STOPP! Perform patient risk assessment prior to transfer:

System	Observations (Fill in)	Triggers	Assessment Please circle
A		Is there any risk of airway compromise? (e.g. stridor, foreign body, burns).	Yes / No
B	RR	Is the RR outside the normal age-adjusted range?	Yes / No
	Sats	Any evidence of respiratory distress/increased work of breathing/prolonged apnoea/exhaustion/chest drain in situ?	Yes / No
	FiO2	O2 >2L/min to maintain saturations >94%, empyema in any oxygen, requiring high flow oxygen >40-50% FiO2?	Yes / No
	EtCO2	Intubated/ventilated?	Yes / No
C	BP	Is the BP/MAP outside age adjusted range?	Yes / No
	CRT	Are there signs of poor peripheral perfusion? Blood gas: lactate >3? <i>(To be done if indicated).</i>	Yes / No
	HR	Is the HR outside normal age-adjusted range?	Yes / No
	Fluid Bolus?	ml/Kg Fluid boluses >40ml/kg within 6 hours?	Yes / No
D	AVPU	P or U?	Yes / No
	GCS	GCS <8 or fluctuating.	Yes / No
	Pupils	Any recent seizure activity?	Yes / No
	BM	Recent, or at risk of hypoglycaemia?	Yes / No
	Neuro Concerns	Risk of progressive intracranial event or signs of raised ICP (e.g. bradycardia, hypertension, unequal, dilated or fixed pupils).	Yes / No
		Newly diagnosed inborn error of metabolism?	Yes / No
E	Pain	Are there ongoing issues with pain control?	Yes / No
	Temp	Is patient pyrexial >38.5C despite anti-pyretics?	Yes / No
		Is temperature unrecordable/warming required to maintain normothermia?	Yes / No
Additional considerations	Surgical <i>If applicable</i>	Is this a time critical surgical problem? (if yes, patient to leave within 30 mins).	Yes / No
	Trauma <i>If applicable</i>	Is the mechanism of injury high risk? Head, abdominal or spinal injury?	Yes / No
		Any fracture to pelvis?	Yes / No
		Burns partial thickness >2%, full thickness >1%, signs of inhalation injury?	Yes / No

Assessment completed by:

(Name, Role, Signature)

**Did you answer YES to any of the above triggers? Or do you have clinical concerns about any other aspects of the patient's assessment? If so, you must:**

- Treat immediate findings appropriately with senior involvement as required.
- If transfer due to capacity, consider the appropriateness of transferring another patient.
- If transfer still required, complete transfer risk assessment on following page.
- Ensure Paediatric Consultant is aware of triggers, the plan and transfer team choice.

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



## STOPP! Perform transfer risk assessment prior to transfer:

TRANSFER CATEGORY	ANY TRIGGERS	Is SORT DISCUSSION MANDATORY?	STAFF REQUIRED (examples only)
Level 0 (Ward Level) Children not requiring continuous monitoring.	None anticipated	No	Parent/carer* +/- or Nurse Ambulance standard crew/transport *Parent/carer can use own transport if deemed safe by clinical team.
Level 1 (Basic Critical Care) Children needing continuous monitoring or IV therapy.  Any PCC Level 1 Care.	No	No	Competent Nurse or Doctor <u>OR</u> appropriately trained ambulance crew.
	Yes	Consider Discuss all empyema	Competent Nurse or Doctor <u>AND</u> appropriately trained ambulance crew.
	Yes + potential airway compromise	Yes	Nurse/ODP <u>AND</u> senior airway and paediatric resuscitation competent Doctor <u>AND</u> appropriately trained ambulance crew <u>OR</u> SORT (if agreed jointly)
Level 2 (Intermediate Critical Care) Level 1 + single system support requirements (e.g. CPAP, NIV). Any PCC L2 Care.	Anticipated Yes	Yes	Nurse/ODP <u>AND</u> senior airway and paediatric resuscitation competent Doctor <u>AND</u> appropriately trained ambulance crew <u>OR</u> SORT transfer (if agreed jointly)
Level 3 (Advanced Critical Care) Intubated and ventilated.	Anticipated Yes	Yes	SORT transfer unless time critical (rare exception may be palliative care)
Time Critical - Level 0 or 1 Care (e.g. testicular torsion)	Anticipated Yes	No	Clinical team to assess whether appropriate for parent/care to transport
Time Critical – Level 2-3  Traumatic brain injury, ischaemic gut, life or limb threatening diagnosis.	Anticipated Yes	Yes	<u>Local team:</u> anaesthetist, Nurse/ODP, senior airway and paediatric resuscitation competent Doctor <u>AND</u> appropriately trained ambulance crew.

### RISK ASSESSMENT OUTCOME. If Paediatric Consultant not aware STOP & INFORM.

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

## TRANSFER DOCUMENTATION

### Personnel:

Do accompanying staff match as per risk assessment outcome? Y / N (circle) *If no, please expand:*

- Doctor 1 (name, speciality & grade):
- Doctor 2 (name, speciality & grade):
- Nurse/ODP (name, speciality & grade):
- Parent/guardian accompanying? Y / N



### 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

*SORT guidelines if required:  
Time critical transfer checklist ([sort.nhs.uk](http://sort.nhs.uk))*

### 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
- Child has 2 name bands on +/- allergy band

### 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

Location of IV Access:

Date Inserted:

VIP Score: \_\_\_\_\_

Anything else required:

### 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

### Details of any treatments given or incidents en-route:

Time departed base:

Date:

Time handed over:

Signed:

**Please photocopy this completed tool and return the original to the referring centre.**



# STOPP (Safe Transfer of the Paediatric Patient) **INTRA-HOSPITAL** transfers

This section of the STOPP tool is for use when transferring a seriously unwell child or young person **BETWEEN DEPARTMENTS WITHIN THE HOSPITAL** (for example to or from imaging). Please ensure a copy is placed in the notes following the transfer.

Patient name: <i>(attach sticker if available)</i>		Weight: Kg Actual/Est		Age:
Hospital Number:				
Date of Birth:		<b>ALLERGIES:</b>		
<b>STOPP! Perform patient assessment prior to transfer:</b>				
Date: Time:		Observations (fill in)		<b>Actions taken for stabilisation prior to transfer if required:</b>
		Transfer out	Transfer back	
A	Risk of compromise?			
B	Respiratory Rate			
	O2 Saturations			
	Work of breathing			
	Respiratory support (O2, high flow etc.)			
C	Heart Rate			
	Blood Pressure			
	CRT			
	Adequate vascular access			
D	AVPU			
	GCS			
	BM/Fluids			
	Pupils			
E	Temp			
<b>STOPP! Perform transfer risk assessment prior to transfer:</b>				
Recommendations are a guide; any Trust specific protocols must be followed if available. Staff requirements should be based on highest risk - NPEWS or PCC level of care.				
National PEWS Score	1-4	5-8	9-12	13+
Patient category		PCC L1 Care	PCC L2 Care	PCC L3 Care
Staff required (examples only)	Competent Nurse	Competent Nurse	EPALS/APLS <u>OR</u> Level 2 competent Nurse +/- Doctor	Nurse/ODP <u>AND</u> senior airway and paediatric resuscitation competent Doctor.
<b>STOPP! Pre-transfer checklist:</b>				<b>Equipment required (tick):</b>
Is the intended destination ready for the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Taken</b>
Does the patient have 2x name bands in situ? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Returned</b>
Have you updated parents/carer? Any safeguarding concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Portable monitoring <input type="checkbox"/>
Relevant paperwork incl. observation chart/consent forms etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Oxygen (cylinder sufficient) <input type="checkbox"/>
Is transfer equipment MRI compatible (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/> Portable suction <input type="checkbox"/>
Form completed by: (Name, role, signature)				<input type="checkbox"/> Relevant medications <input type="checkbox"/>
				<input type="checkbox"/> Emergency grab bag <input type="checkbox"/>
Transferring staff: (Name, role, signature)				<input type="checkbox"/> Emergency drug chart <input type="checkbox"/>
				Other:
				<b>Ensure sufficient charge and/or wall sockets available.</b>