

**SAFE TRANSFER OF PAEDIATRIC PATIENTS (STOPP)
TRANSFER DOCUMENTATION**

Please use the STOPP Tool for all inter-hospital transfers in South West England

ONCE TRANSFER IS COMPLETE, LEAVE A PHOTOCOPY OF STOPP FORM WITH THE RECEIVING TEAM AND SEND A COPY SECURELY (Start "Subject" with [secure]) TO WATCH FOR AUDIT (watch@uhbw.nhs.uk)

Family Name:	First Name:
Date of Birth:	Age:
NHS No:	
Hospital No:	
Address:	
Post Code:	
GP Name:	GP Practice:

Weight (kg):	<input type="text"/>	Actual / Estimated
IF transfer discussed with WATCH:		
Date of referral:	<input type="text"/>	
Time of referral:	<input type="text"/>	
Call made by:	<input type="text"/>	

CONTACT DETAILS			
Referring Consultant:	<input type="text"/>	Receiving Consultant:	<input type="text"/>
Referring Hospital:	<input type="text"/>	Destination Hospital:	<input type="text"/>
Ward / Area:	<input type="text"/>	Ward / Area:	<input type="text"/>
Ward phone number:	<input type="text"/>	Ward phone number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Mobile number:	<input type="text"/>

Please describe details of case, including specialist recommendations:

S
B
A
R

INDICATION FOR TRANSFER:	Escalation of treatment	Investigations	Repatriation	Bed Capacity	Palliative Care
--------------------------	-------------------------	----------------	--------------	--------------	-----------------

Consensus risk assessment	PERFORM RISK ASSESSMENT (Page 2), THEN TICK INDICATE CATEGORY BELOW			
	TRANSFER ASSESSMENT		TRANSFER TEAM	
	Transfer no longer required	<input type="checkbox"/>	Local Hospital Team	
	Ward Level (Level 0)	<input type="checkbox"/>	SWAST + Parents +/- Nurse Only	<input type="checkbox"/>
	Basic Critical Care (HDU / PCC Level 1)	<input type="checkbox"/>	Paediatric: Doctor/ANP + Nurse	<input type="checkbox"/>
	Intermediate Critical Care (PCC Level 2)	<input type="checkbox"/>	Anaesthetic: Doctor + Nurse/ODP	<input type="checkbox"/>
	Advanced Critical Care (PCC Level 3)	<input type="checkbox"/>	Hybrid Paediatric/Anaesthetic Team	<input type="checkbox"/>
	AND/OR Time Critical	<input type="checkbox"/>	TYPE OF AMBULANCE CREW REQUESTED	
	ASSESSMENT COMPLETED BY:		Standard Crew	Paramedic Crew
	NURSE: (Name, Role, Signature)		CENTRALISED TRANSPORT SERVICE	
DOCTOR: (Name, Role, Signature)		WATCH <input type="checkbox"/>		
		Other Transport Team	Please state	

**SAFE TRANSFER OF PAEDIATRIC PATIENTS (STOPP)
TRANSFER DOCUMENTATION**

SYSTEM	RISK ASSESSMENT PRIOR TO TRANSFER		ASSESSMENT
A	Stridor/Stertor or anticipated AIRWAY RISK (foreign body / difficult airway)		YES / NO
	Airway or facial burns, smoke or gas inhalation		
B	Respiratory Rate =	Outside normal age adjusted range?	YES / NO
	Respiratory distress (Recession, increased WOB, early exhaustion)		YES / NO
	Oxygen requirement >2L/min to maintain SpO ₂ > 94%		YES / NO
	High Flow / CPAP / BiPAP		YES / NO
	Intubated and Ventilated		YES / NO
C	Systolic BP =	Outside normal age adjusted range?	YES / NO
	Heart Rate =	Outside normal age adjusted range?	YES / NO
	Serum lactate > 2mmol/L OR Base Deficit > -2mmol/L		YES / NO
	Fluid boluses > 40ml/kg in past 6 hours		YES / NO
	Cardiac infusions (include inotropes AND/OR prostaglandin)		YES / NO
	Risk of cardiovascular collapse (ie: enlarged liver, oliguria, abnormal heart rhythm)		YES / NO
D	Level of consciousness: P or U (AVPU) / GCS < 9 / Falling or Fluctuating LOC		YES / NO
	Risk of progressive intracranial event or signs of raised ICP: Bradycardia / Hypertension / Abnormal Breathing / Unequal, Fixed or Dilated Pupils		YES / NO
	Prolonged Hypoglycaemia or Hyperammonaemia		YES / NO
	Major trauma		YES / NO
E	Inability to maintain normothermia (despite treatment / intervention)		YES / NO

ARE ANY **A B C D E** CRITERIA TRIGGERED?

If yes, Paediatric / Anaesthetic Consultants and Senior Nurse should review child and agree team membership.
Use table below to determine the appropriate team required to undertake transfer.
If indicated, and following consultant review, contact WATCH for transport advice: 0300 0300 789

TRANSFER CATEGORY	ANY TRIGGERS?	STAFF REQUIRED	D/W WATCH?
Level 0 (Ward Level) Child not on continuous monitoring	None Anticipated	Parent/Carer or Nurse (or both) Standard ambulance crew	NO
PCC Level 1 (Basic Critical Care) ie Continuous Monitoring / IV therapy / other PCC Level 1 care [Can be challenging: careful decision by senior nursing & medical staff essential before transfer]	No	Experienced nurse / doctor OR paramedic ambulance crew (Nurse/Doctor Essential if on iv fluids / drugs)	NO
	Yes	Experienced nurse / doctor (or both) AND paramedic ambulance crew OR WATCH transfer (where agreed)	YES
	Yes, <u>AND</u> High Flow	WATCH transfer	YES
PCC Level 1 Acute intervention for >24hr	Yes or No	Experienced nurse / doctor (or both) AND paramedic ambulance crew OR WATCH transfer (where agreed)	YES
PCC Level 2 Intermediate Critical Care	Yes or No	WATCH Transfer	YES
PCC Level 3 Advanced Critical Care Intubated and Ventilated	Yes (by definition)	WATCH Transfer (UNLESS Time Critical)	YES
Time Critical (Level 1 - 3)	Yes (by definition)	Experienced nurse AND doctor AND paramedic ambulance crew	YES (for advice)

**SAFE TRANSFER OF PAEDIATRIC PATIENTS (STOPP)
TRANSFER DOCUMENTATION**

PERSONNEL			
Doctor 1 (Name, Specialty, Grade)			
Doctor 2 (Name, Specialty, Grade)			
Nurse / Technician (Name, Specialty, Grade)			
Parent / Carer Details (including Mobile number)		In ambulance?	YES / NO
EQUIPMENT		INFUSIONS /FLUIDS	
Appropriate drugs & equipment available	<input type="checkbox"/>	Analgesia (as required)	<input type="checkbox"/>
Suction unit & batteries fully charged	<input type="checkbox"/>	Intubation drugs + equipment	<input type="checkbox"/>
Sufficient oxygen in portable cylinder available	<input type="checkbox"/>	Emergency / resuscitation drugs	<input type="checkbox"/>
Appropriate harness available (eg ACR harness)	<input type="checkbox"/>	IV Fluids (including maintenance + bolus)	<input type="checkbox"/>
Charged batteries for monitor and infusion pumps	<input type="checkbox"/>	Blood Products	<input type="checkbox"/>
Infusion devices rationalised and secured	<input type="checkbox"/>	Other eg anticonvulsants / antibiotics etc	<input type="checkbox"/>
COMMUNICATION			
Bed in destination hospital identified and availability confirmed (with nursing team / bed manager)			<input type="checkbox"/>
Consultant in destination hospital has agreed transfer			<input type="checkbox"/>
Parents / Carers informed of transfer and any parental concerns discussed			<input type="checkbox"/>
Parents / Carers given map/postcode & ward contact number if not travelling with the team			<input type="checkbox"/>
Parents / Carers invited to accompany the child or separate transport arranged to receiving unit			<input type="checkbox"/>
ALERTS - Allergies, safeguarding, CAMHS etc. Clearly documented AND verbally communicated to receiving team			<input type="checkbox"/>
TRANSPORT TIMES		AMBULANCE	
Time ambulance called	:	Patient secured using weight appropriate harness	<input type="checkbox"/>
Time ambulance arrived (referring hospital)	:	All equipment appropriately secured in ambulance	<input type="checkbox"/>
Time team + patient left referring hospital	:	Mobile phone available	<input type="checkbox"/>
Time of arrival at receiving hospital	:	Return travel organised / confirmed & team aware	<input type="checkbox"/>
Time transport team arrived back at base hospital	:	Money /cards for emergencies (transfer team):	<input type="checkbox"/>
PATIENT SPECIFIC INSTRUCTIONS FOR TRANSFER		OTHER	
If intubated & ventilated monitor ETCO ₂	<input type="checkbox"/>		
MINIMUM monitoring: ECG, SpO ₂ , Non-invasive BP	<input type="checkbox"/>		
IV access x 2	<input type="checkbox"/>		
Nil by Mouth / consider NG tube for surgical patients	<input type="checkbox"/>		
Blood glucose checked before and after transfer	<input type="checkbox"/>		
Temp & pupils checked before +/- after transfer	<input type="checkbox"/>		
Maintenance IV fluids +/- iv anti-emetics (esp. older child):	<input type="checkbox"/>		
PAPERWORK FOR TRANSFER (PHOTOCOPY THE FOLLOWING TO TAKE WITH PATIENT)			
Referral letter			<input type="checkbox"/>
Current medical & nursing notes including blood results, blood gases + copies ECG/rhythm strip (as appropriate)			<input type="checkbox"/>
Recent clinic letter / summary for all long term patients			<input type="checkbox"/>
PEWs/observation chart and fluid charts			<input type="checkbox"/>
Request radiology uploaded onto PACS or CD of radiology to be transferred with patient			<input type="checkbox"/>
Current drugs chart with all medications administered signed for			<input type="checkbox"/>

**SAFE TRANSFER OF PAEDIATRIC PATIENTS (STOPP)
TRANSFER DOCUMENTATION**

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											
50													50
40													40
30													30
20													20
15													15
10													10
5													5
0												0	
FiO ₂													
SpO ₂ +/- ET CO ₂													
Type / mode Resp support													
PIP/PEEP													
Rate													
Tidal Volume													
O ₂ Supply check													
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:			
Copy of STOPP form left with receiving centre													<input type="checkbox"/>
All drugs/fluids/blood products handed over / disposed of													<input type="checkbox"/>
Patient documentation handed over to receiving team													<input type="checkbox"/>