Time Critical Transfers by Local District General Hospital (DGH) Teams

APPLIES TO: All staff involved in the transfer of critically ill child between local referring centres and tertiary paediatric services

Transfers that are described as 'time critical' are those where the benefits to the child of a rapid transfer to a tertiary centre by the local team outweigh the potential risks of a non-specialist transfer. The two most readily identifiable groups of children who fall into this category are those with acute neurosurgical emergencies and those with acute intra-abdominal emergencies requiring surgical intervention. There may however be other children for whom, after discussions between the WATCh Consultant, referring and receiving centre Consultants, local team transfer is deemed appropriate.

Remember to always involve WATCh from the time of seeking specialist advice in order to facilitate the most efficient and appropriate transfer for your patient – 0300 0300 789
Communication between responsible clinicians (referring / receiving) can all be co-ordinated through the WATCh service.

SOUTH WEST		WALES	
Trauma Calls	Major Trauma Hotline: **0300 0300 789**	**Trauma calls**	Via UHW Cardiff switchboard: **02920 747747** and ask for relevant clinical teams plus PIC Consultant
Neurosurgery	Via BRHC switchboard: **0117 923 0000** and ask for the Paediatric Neurosurgical Registrar	**Neurosurgery**	Via UHW Cardiff switchboard: **02920 747747** and ask for Neurosurgical Registrar on bleep 6464
General Paediatric Surgeons	Via BRHC switchboard: **0117 923 0000**	**General Paediatric Surgeons**	Via UHW Cardiff switchboard: **02920 747747**

Key Principles

- Staff most familiar with inter-hospital transfer and capable of managing the airway should perform the transfer. This will usually be a member of the anaesthetic team from the referring hospital.
- Initial stabilisation must be undertaken at the local centre prior to transfer.

Stabilisation Priorities: SAFE but SWIFT transfer: do not delay for unnecessary procedures

- Contact local ambulance service and inform them of 'time critical emergency patient transfer' and get an expected response time agreed.
- Update the parents on the child's condition and plan for transfer as soon as possible.
- Aim to transfer one parent / caregiver with the child.
- Welsh centres consider use of **EMRTS** to facilitate transfer to Cardiff / Swansea – call **0300 123 2301.**

STABILISATION / TRANSFER CHECKLIST (please print and use)

PLEASE DISCUSS CLINICAL CONCERNS WITH THE WATCh CONSULTANT – 0300 0300 789			
AIRWAY	Check ETT position on CXR (ideal position T2)		
	ETT securely fixed (Elastoplast tape / fixation device)		
	Oro/nasogastric tube in place – free drainage for transfer		
	Helicopter transfer – replace air in ETT cuff with 0.9% NaCl		
BREATHING	Established on transport ventilator with continuous $ETCO_2$ monitoring		
	Recent blood gas (cap / art) which demonstrates adequate gas exchange		
	Analgesia / sedative / muscle relaxant infusions running; standard infusions as per WATCh drug sheet (www.watch.nhs.uk) • Morphine 20-40mcg/kg/hour • Midazolam 100mcg/kg/hour • Rocuronium 600-1200mcg/kg/hour (or alternative e.g. Atracurium)		
CIRCULATION	Minimum 2 well secured points of working intravenous / intraosseous access +/- arterial access (**do not delay transfer to gain central venous / arterial access**)		
	If not already receiving inotropes prepare an infusion and have ready in a syringe pump for the journey (if unsure discuss with WATCh Consultant on 0300 0300 789)		
	Maintenance fluids running		
DOCUMENTATION	Ensure radiological imaging available via PACS (CD copy if not sure) Bring photocopies of most recent relevant notes and any safeguarding paperwork* with the child		
NEUROLOGY	Pupillary responses monitored and recorded regularly (15 minutes during transfer)		
	Blood glucose corrected / > 3.5mmol		
	Seizures controlled (if relevant)		
	Maintain low normothermia 36 – 36.5 ^{o}C (unless therapeutic cooling in place)		
MONITORING	Minimum standard of monitoring; • Continuous ECG / SpO_2 / $ETCO_2$* (*ventilated patients) • NIBP cycling every 5 minutes / Temperature Record vital signs every 10 minutes throughout the journey		
FAMILY	Fit to travel (consider travel sickness) Discuss required behaviours during transfer for team safety		
SAFETY / EMERGENCY KIT	**Airway**	Guedel airway, facemask, bagging circuit / Ambubag, spare ETTs, laryngoscope / blades (check light), stethoscope, tape, portable suction with suction catheters (ETT size x 2), yankaeur	
	Breathing	Full CD oxygen cylinder for transfer to / from ambulance Confirm ambulance gas supply with crew	
	Circulation	Fluid boluses / resuscitation drugs available	
	Neurological	Hypertonic saline (2.7% or 5%) / Mannitol available	