Clinical Guideline
WATCh - Time Critical Transfers by Local District General Hospital (DGH) Teams

SETTING
Wales and West Acute Transport for Children (WATCh) Service

FOR STAFF
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 discussion between the WATCh Consultant, referring and receiving centre Consultants, local team transfer is deemed appropriate.

GUIDANCE
Remember to 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.

<table>
<thead>
<tr>
<th>SOUTH WEST</th>
<th>WALES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma Calls</strong></td>
<td><strong>Trauma calls</strong></td>
</tr>
<tr>
<td>Major Trauma Hotline</td>
<td>Via the Welsh Trauma Desk</td>
</tr>
<tr>
<td>0300 0300 789</td>
<td>01633 293386</td>
</tr>
<tr>
<td>Includes neurosurgical and general surgical trauma</td>
<td></td>
</tr>
<tr>
<td><strong>Neurosurgery (non-trauma)</strong></td>
<td><strong>Neurosurgery</strong></td>
</tr>
<tr>
<td>Via BRHC switchboard</td>
<td>Via UHW Cardiff switchboard</td>
</tr>
<tr>
<td>0117 923 0000 and ask for the Paediatric Neurosurgical Registrar</td>
<td>02920 747747 and ask for Neurosurgical Registrar on bleep 6464</td>
</tr>
<tr>
<td><strong>General Paediatric Surgeons (non-trauma)</strong></td>
<td><strong>General Paediatric Surgeons</strong></td>
</tr>
<tr>
<td>Via BRHC switchboard</td>
<td>Via UHW Cardiff switchboard</td>
</tr>
<tr>
<td>0117 923 0000</td>
<td>02920 747747</td>
</tr>
</tbody>
</table>
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.

- Ensure stabilisation/transfer checklist completed (Appendix 1)

- 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 the Welsh Trauma Desk 01633 293386.

**RELATED DOCUMENTS**

- South West Paediatric Major Trauma Network and Major Trauma Centre – Acceptance, Transfer and Repatriation Policy

- Burns Care Delivery Plan – Wales

**SAFETY**

**QUERIES**

- Contact WATCH 0300 0300 789
### APPENDIX 1. STABILISATION / TRANSFER CHECKLIST (please print and use)

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AIRWAY</strong></td>
<td>Check ETT position on CXR (ideal position T2) &lt;br&gt; ETT securely fixed (Elastoplast tape / fixation device) &lt;br&gt; Oro/nasogastric tube in place – free drainage for transfer &lt;br&gt; Helicopter transfer – replace air in ETT cuff with 0.9% NaCl</td>
</tr>
</tbody>
</table>
| **BREATHING**     | Established on transport ventilator with continuous ETCO₂ monitoring <br> Recent blood gas (cap / art) which demonstrates adequate gas exchange <br> Analgesia / sedative / muscle relaxant infusions running; standard infusions as per WATCH drug sheet ([www.watch.nhs.uk](http://www.watch.nhs.uk)) <br>  <ul>  
|                   | - 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) <br> 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) <br> Maintenance fluids running  
| **DOCUMENTATION** | Ensure radiological imaging available via PACS (CD copy if not sure) <br> 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) <br> Blood glucose corrected / > 3.5mmol <br> Seizures controlled (if relevant) <br> Maintain low normothermia 36.0 – 36.5°C (unless therapeutic cooling in place)  
| **MONITORING**    | Minimum standard of monitoring; <br>  <ul>  
|                   | - Continuous ECG / SpO₂ / ETCO₂* (*ventilated patients)  
|                   | - NIBP cycling every 5 minutes / Temperature  
|                   | Record vital signs every 10 minutes throughout the journey  
| **FAMILY**        | Fit to travel (consider travel sickness) <br> Discuss required behaviours during transfer for team safety  
| **SAFETY / EMERGENCY KIT** | Guedel airway, facemask, bagging circuit / Ambubag, spare ETTs, laryngoscope / blades (check light), stethoscope, tape, portable suction with suction catheters (ETT size x 2), yankauer  
|                    | Full CD oxygen cylinder for transfer to / from ambulance <br> Confirm ambulance gas supply with crew  
|                    | Fluid boluses / resuscitation drugs available  
|                    | Hypertonic saline (2.7% or 5%) / Mannitol available  

*Please discuss clinical concerns with the WATCH Consultant – 0300 0300 789