

Guideline for the Transfer of Infants Children and Young People 0-16 years Within and Between Hospitals (excluding NICU)

Document Control:

| | | | |
|-----------------------------|---|--|------------|
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| Document Author: | Kirstin Skinner, PHDU Lead Alice Cook, Children's Emergency Matron | | |
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| V4.0 | 25.09.21 | Liz McDonnell and Laura Hall | Flowchart redesigned and definition section updated. |
| V5.0 | 21.04.23 | Liz McDonnell and Laura Hall | Change from CEWS to PEWS and changed scores to trigger due to this change. Added Trainee Nursing Associates and Nursing Associate Registered. Added in APLS / EPALS provider if high risk transfer with no medical escort. Added the transfer sticker to the SBAR handover and updated policy to reflect this. Transfer stickers updated to include Trainee Nurse Associate and Nursing Associate Registered. |

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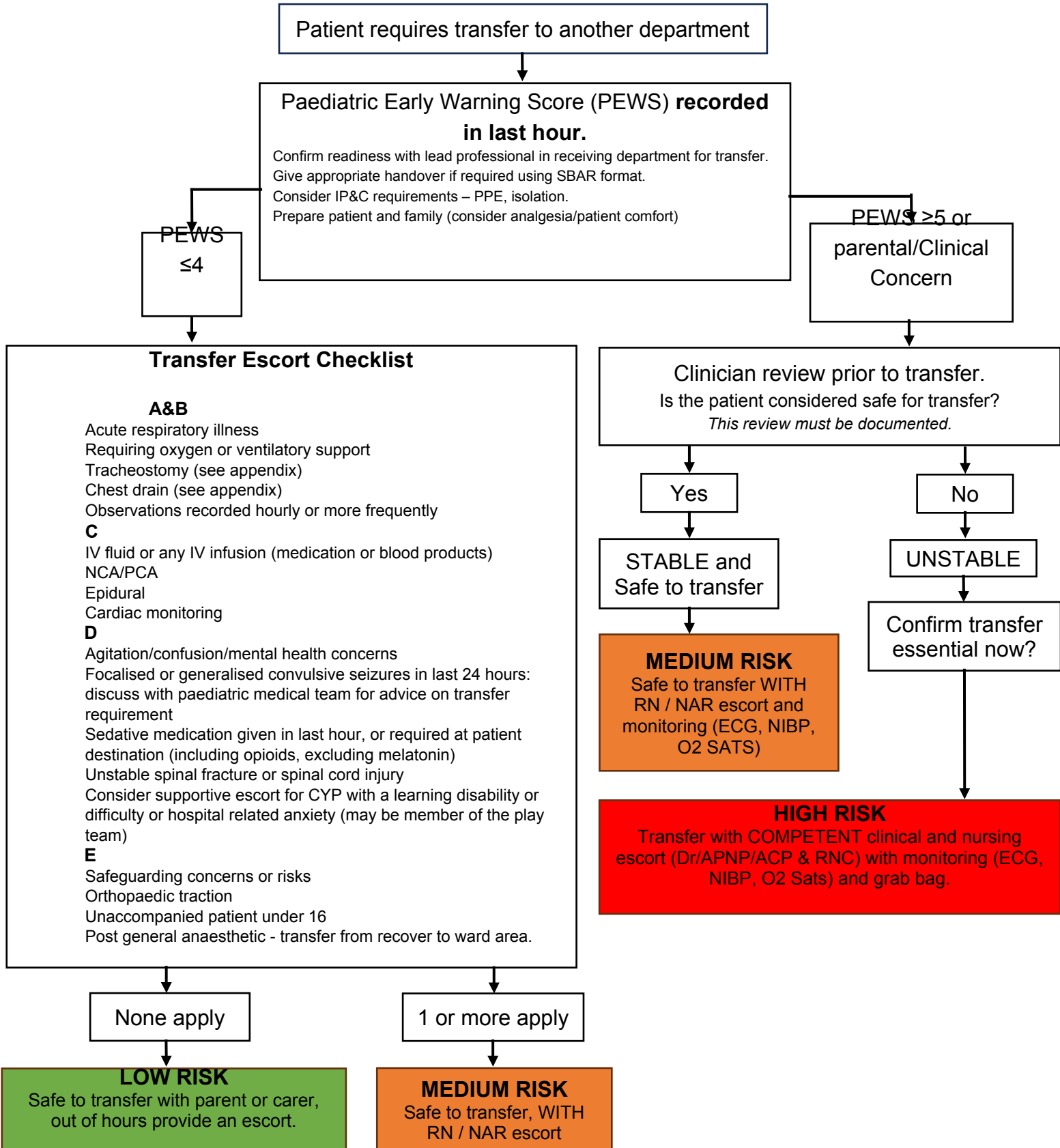
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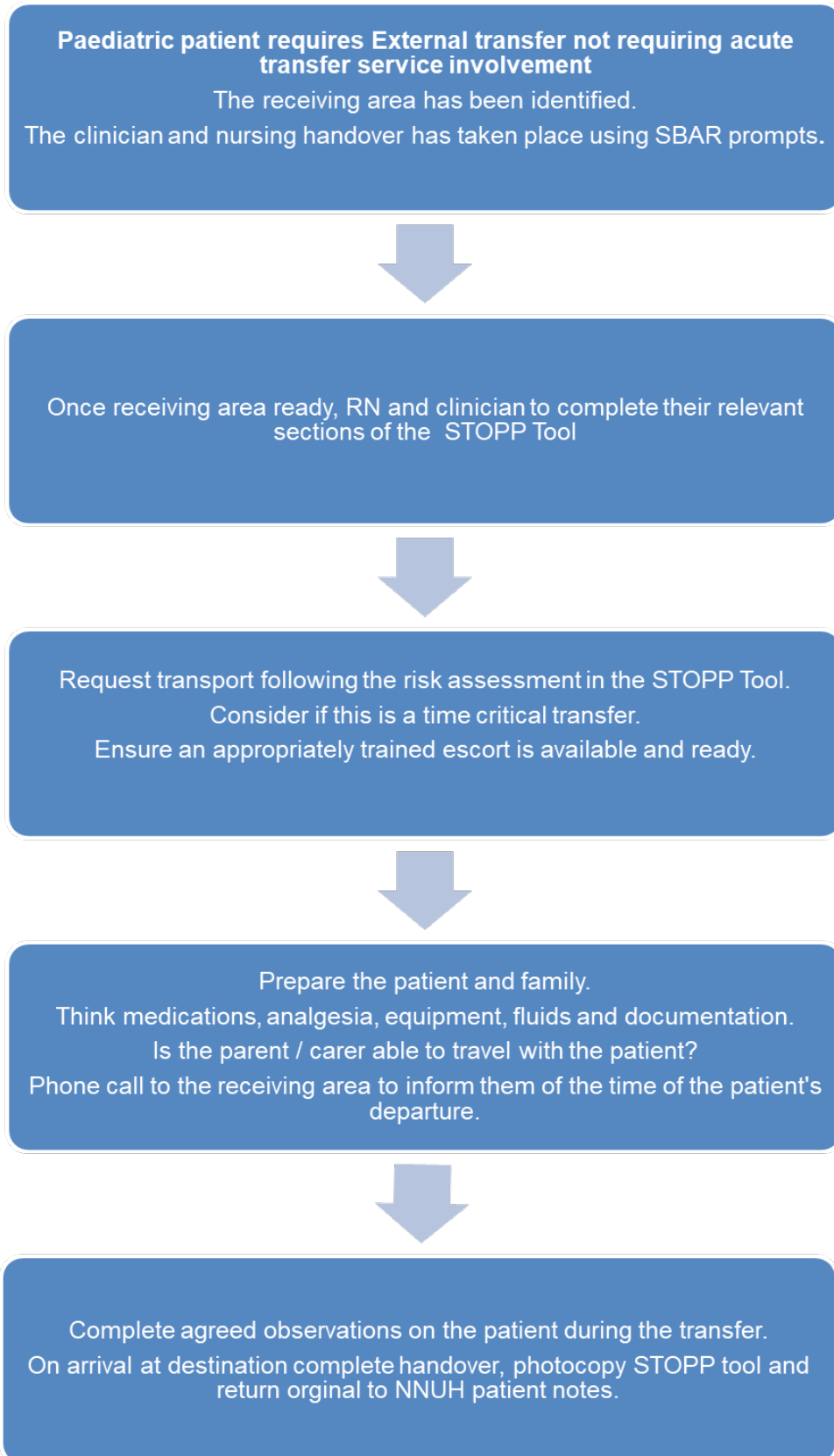
Quick reference (Internal transfer)

Risk Assessment Tool (RAT) for within hospital transfer of paediatric in-patients



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Quick reference: External transfer without acute transfer service involvement



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Quick reference: External transfer with acute transfer service involvement

HDU patient requiring acute transfer service transfer.
All PaNDR referrals from Norfolk will go through 01223 274274

A specialist paediatric retrieval team will be available 7 days a week
with a dedicated team, ambulance, crew and specialist kit.
PaNDR@addenbrookes.nhs.uk

Additional support will be provided by the Children's Acute Transport
Service (CATS) as required via the PaNDR team to minimise the
impact on local paediatric services.

The PaNDR /CATS consultant and the responsible DGH
consultant must perform an individual risk assessment to
determine if the transfer is time critical.
As well as offering telephone advice PaNDR / CATS primary role
is to transport children required

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1. Introduction

1.1. Rationale

The guideline was written to ensure the risk of harm to paediatric patients during all intra and inter hospital transfers is minimised, the process formally risk assessed and care is standardised.

It is to also assist staff in the decision-making process for providing an escort during transfer of patients and considers:

- Dignity, respect and individuality of the patient and their family.
- Clinical need of the patient.
- Clinical risk to patient.
- Clinical risk to Trust.
- Clinical risk to staff

Where escorts are referred to this means escorts by unregistered or registered, medical or Allied Health Professional staff or students who are considered appropriate to be able to safely transfer a patient and meet their care needs. It is the role of the nurse in charge on the transferring area to ensure an appropriate escort is identified using the RAT.

The minimum standard of monitoring for high-risk patients (identified on the Risk Assessment Tool (RAT)) is continuous ECG, pulse oximetry and intermittent non-invasive blood pressure (NIBP) as recommended according to guidelines endorsed by the Society of Critical Care Medicine for critically ill patients, [Warren 2004].

It may not be deemed safe for a member of staff to leave their department, e.g., out of hours when staff numbers are reduced, so it may be appropriate to request the assistance of the ACP/APNP team.

1.2. Objective

To reduce the risk of harm to paediatric patients during their transfer within the hospital.

To ensure that paediatric patients in transition between wards and departments across the trust are suitably escorted and risk to the patient is minimised and appropriate handover of care given to maintain the quality of patient care and experience.

The attached Risk Assessment Tool (RAT) or STOPP tool utilises the Paediatric Early Warning Score (PEWS) to improve assessment of patients prior to intra or inter hospital transfer.

1.3. Scope

Those patient groups applicable to this guideline are those who are aged 0-15 years who require transfer to other ward areas, ED, radiology or theatres, or those requiring transfer from ED to other departments within the hospital including CT. The

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exception to this is those patients being transferred from Children's ED to x-ray or another area within the ED footprint or those children seen at the ED front door and deemed by the ED front door clinician to be safe for transfer to CAU without an escort if not clinical concern. Any concern a set of observations must be completed prior to transfer.

This document does not cover the transfer of patients under the NICU team.

This document does not cover the transfer of CYP attending hospital with parents/carers for planned outpatient appointments.

1.4. Glossary

The following terms and abbreviations have been used within this document:

| Term | Definition |
|----------------|--|
| ACP | Advanced Clinical Practitioner |
| APLS | Advanced Paediatric Life Support |
| ApNP | Advanced Paediatric Nurse Practitioner |
| BadgerNet | Electronic documentation system NICU |
| BP | Blood Pressure |
| CATS | Children's Acute Transfer Service |
| CAU | Children's Assessment Unit |
| CPAP | Continuous Positive Airway Pressure |
| CYP | Children and Young People |
| ECG | Electrocardiogram |
| ED | Emergency Department |
| EPALS | European Paediatric Advanced Life Support |
| HCA | Health Care Assistant |
| HCP | Health Care Professional |
| HHNC | Humidified high flow nasal cannula therapy |
| Intra Hospital | Within hospital |
| Inter hospital | Between hospitals |
| JLCH | Jenny Lind Children's Hospital |
| MRI | Magnetic Resonance Imaging |
| NAR | Nursing Associate Registered |
| NIBP | Non-Invasive Blood Pressure |
| NICU | Neonatal Intensive Care Unit |
| NNUH | Norfolk and Norwich University Hospital |
| Out of hours | Weekends, bank holidays and between 20:00 and 08:00 hrs Monday to Friday |
| PaNDR | Paediatric and Neonatal Decision Support and Retrieval Team |
| Paediatric | Any child up to the day before their 16 th birthday |
| PCA/NCA | Patient Controlled Analgesia/Nurse Controlled Analgesia |
| PEWS | Paediatric Early Warning Score |
| PHDU | Paediatric High Dependency Unit |
| RAT | Risk Assessment Tool |
| RN/RNC | Registered Nurse/ Registered Nurse Child |

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| | |
|----------|---|
| SBAR | Situation, Background, Assessment, Recommendation |
| SNP | Site Nurse Practitioner |
| SpO2 | Saturation monitoring |
| STOPP | Safe Transfer of the Paediatric Patient |
| Symphony | Real-time patient information in urgent and emergency care settings |
| TNA | Trainee Nursing Associate |

2. Responsibilities

In order to ensure the safety of patients during transfer nursing staff must ensure that the following steps have been undertaken:

- Familiarise themselves with this policy and associated documents
- Familiarise themselves with emergency procedures
- Familiarise themselves with emergency contacts for the transferring and receiving departments or hospitals
- Consider the need for emergency safety equipment such as the transfer grab bag, ensuring it is sealed, it has been checked within the past week and they are familiar with its contents.
- Determine the nature of the patient's medications, any monitoring required due to that medication, and the safe transfer of patient medication.
- Consider the likely duration of the transfer and any procedure being undertaken e.g. MRI under sedation or extended length of time in transport.
- Identify equipment which must be transferred with the patient e.g. IV fluids, catheter bags, wound drains, epidurals, PCAs. These should be securely attached to the bedside/cot where possible. All device batteries must be fully charged.
- Identify appropriate monitoring equipment, ensuring relevant sized accessories travel with the patient. This should include monitors with the capacity to monitor SpO2, ECG and BP and fully charged batteries.
- Ensure all central lines/cannulas and other lines which must be securely fastened prior to transfer.
- Ensure that sufficient fluid remains to last the duration of the planned transfer/procedure where Intravenous fluids or other infusions are in progress.
- Be aware that it is the responsibility of the Registered Nurse to connect and disconnect any equipment e.g. where a patient is transferred on oxygen.
- Be aware that it is the responsibility of the Registered Nurse to ensure all documentation required is transferred with the patient e.g. patient's health records for internal transfers including a recent set of observations and a PEWS score from within the past hour and a completed STOPP Tool for external transfers.
- Consider the time the transfer takes place and appropriately trained staff's availability.

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- The escort must be familiar with the care required by the patient and any supporting equipment e.g. pumps, tracheostomy safety equipment, thus able to initiate basic management of potential hazards.
- If patients with a PEWS of ≤ 5 have any of the criteria set out in the RAT under 'Transfer Escort check list' or other risk factors including safeguarding concerns, an appropriate escort is required as indicated in RAT. An HCA/TNA/Student Nurse/Play Specialist could be considered as an escort if the patient does not require oxygen, have IV fluids or medications infusing and is considered an appropriate escort by the RN responsible for the patient.
- If patients have a PEWS of ≤ 5 and score as low risk on the RAT then they are safe for transfer with their parents/carers depending upon the patient condition and the time that the transfer takes place. 08:00 – 19:00 is an in hours transfer, 19:01-07:59 counts as out of hours transfer. This includes patients being transferred to theatre from any paediatric area. If there is no parent or carer present, the patient must be escorted by an appropriate member of staff (see above).
- The escort must be aware of what action to take should the condition of the patient deteriorate during transfer including emergency telephone numbers.
- Where a social, religious or mental health assessment shows a possible need for an escort to act as a chaperone this should be considered.
- Before the patient is transferred the RN / NAR must ensure that the patient's comfort, privacy and dignity can be maintained.
- The parents/carers should be aware of the nature and purpose of the transfer and the child or young person informed in an age appropriate way.
- The RN / NAR must ensure an adequate patient handover is given, either via telephone if it is deemed safe to transfer the patient without an escort or with the parent/carer, HCA, TNA or Student Nurse, or face to face with the RN / NAR taking over the patient care. A handover may not be deemed necessary in some cases e.g. when a patient is transferred from CAU to x-ray.

3.3. Oxygen Requirements for Transfer

- Personnel should be able to use and check that there is an adequate oxygen supply, and that any additional equipment essential for the patient is available, e.g. ventilatory support devices with an adequate battery life for the duration of the transfer.

| Oxygen Flow rate (L/min) | Appropriate duration if Oxygen cylinder is full |
|---------------------------------|--|
| 2 | 4 hours |
| 4 | 2 hours |
| 8 | 1 hour |
| 10 | 45 minutes |
| 15 | 30 minutes |

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*****Always take double the oxygen requirement you need*****

3.4. Transfer requirements which are specific to each patient group

The transfer requirements which are specific to each patient group are detailed with the RAT (page 4).

3.5. Process for transfer out of hours

- Out of hours (19:01-07:59) the patient's own teams may not be available and so the on-call registrar is available to help determine whether the patient is medically stable for transfer. If not in the hospital, please discuss with the on-call paediatric registrar.
- Out of hours, if the patient is risk assessed as being low risk and suitable for transfer without an escort, an escort must be provided anyway. This can be an unregistered HCP if suitable according to flow chart.

3.6. Inability of receiving department to accept patient for transfer

- If an occasion should arise where the receiving department are unable to receive the patient, then it is the responsibility of the team who have accepted the patient to assess the patient in the department they are being held in, within a reasonable timeframe. For example, if CAU have no free beds so are unable to receive a transfer from ED or a patient is not safe for transfer, the CAU medical team should review the patient in ED. Should the receiving team not have the capacity to assess a patient in another department due to a heavy workload, the on-call consultant should be informed and an appropriate plan made.

3.7. Documentation to accompany patient when being transferred within NNUH

- When transferring a child or young person to ED following attendance to CAU without a referral, an [Emergency Assessment Form Trustdocs Id: 9617](#) should be completed using the Traffic Light Assessment system (Cave, 2008) to assess the safety/appropriateness of the transfer. This assessment system may be used in conjunction with the RAT if necessary or as a standalone assessment tool. It should be photocopied and one copy given to the parents/carers to take to ED and the other kept in CAU.
- Prior to the transfer of all patients the transfer sticker (Appendix 2) or the appropriate sections within Symphony or Paediatric SBAR form (Appendix 3) must be completed. If the RAT is not followed then the reason/s must be clearly stated on Symphony, on the transfer sticker within the patient notes and signed by the RN / NAR. Exclusion for this is those children seen at the front door and streamed direct to CAU by the ED front door clinician.
- Dependent on the reason for transfer, the patient's medical notes, observation charts and drug chart should accompany the patient on transfer as instructed and determined in the RAT.

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- In circumstances in which a patient may require transfer from NICU to Buxton Ward ensure the discharge summary is completed via BadgerNet.

3.8. Manual Handling and Infection Control

The following Trust policies must be adhered to:

- Infection control (Trust Infection Control Manual).
- Health and Safety Management Systems policies and guidelines.
- Manual Handling Operations: Moving and Handling (HSMS/2008). Staff must assess the total load to be moved (bed/patient/equipment), where required an escort should be provided to assist in the moving of the bed to reduce the risk of injury. This is particularly important when moving patients with equipment and obese patients.

All of which can be accessed via the Trust Intranet.

3.9. Inability to provide an escort

If at any time an escort is required and cannot be provided a discussion should take place between the departments, to arrange a more suitable time.

Where there is a disagreement over the need for an escort, or over the designation of the escort, further advice should be sought from the line manager or from the SNP out-of-hours on Alertive or DECT phone 6604.

If a satisfactory resolution is not reached a Trust incident form may need to be completed.

3.10. Responding to requests by other departments to provide an escort

Where an escort is requested by another department e.g. to return a patient to the ward area, this should be provided in a timely manner.

In the event of an unforeseen emergency when the patient is in a non-clinical area the ward should be informed and respond as soon as possible.

If any ward or department considers that patient safety has been compromised by no provision for an escort, they should, in the first instance, contact the Nurse in Charge of the transferring area, to ensure no further detrimental effect to the patient and, as soon as possible after the incident, complete a Trust incident form. If there is an emergency call 2222 and ask for the appropriate team.

4. Broad recommendations External Transfer

- When transferring a paediatric patient out of the hospital the STOPP tool must be completed before they are transferred and travel with the CYP to their destination.

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- Once the patient has arrived at their destination a copy of the completed tool must be made. The original STOPP tool must then be returned to the NNUH to be filed in the notes.
- The full system review of the CYP on STOPP tool to be completed in collaboration with the transferring clinician.
- Following a system review, the STOPP tool advises on transfer categories and escorts required for transfer. This STOPP tool will be undertaken by the registered nurse from the transferring area to establish the most suitable form of transport required to safely transfer the patient.
- It is the responsibility of the transferring area to arrange the transport for the transfer to take place. It is the responsibility of the transferring area to inform all involved in the transfer or any IP&C risks, or any special requirements or child protection concerns.
- Transfer documentation to be completed by transferring registered nurse and clinician.
- Frequency of observations to be recorded on transfer, to be discussed prior to transfer and the frequency required documented.
- The patient and their relatives/carers should be involved in the discussion and decision regarding transfer and kept up to date throughout the transfer process.
- Consent to treatment and care is to be sought and documented in the notes from both the nursing and clinician teams. [Consent policy 19165](#).
- During the transfer, it is the responsibility of the referring clinician to ensure that the receiving clinician has the necessary information prior to transfer to enable appropriate and timely management of the patient on their arrival. This is paramount to both internal and external transfers.

For all types of transfer referred to in this standard operating procedure, a clear and accurate verbal handover using the SBAR approach must be given by a registered nurse from the transferring area to a registered nurse in the receiving area. This is to include an up-to-date assessment of any physical or mental risks, any safeguarding concerns, a current PEWS score and current management plan.

5. Related Documents

Trust Transfer Policy/Guideline for Intra-hospital (within hospital), Inter-hospital (between hospitals) and other supervised care settings for the Transfer of Adult In-Patients [Trustdocs Id: 1091](#)

[Consent](#)

[Chaperoning](#) of patients (Version 9)

[Tracheostomy](#)

[Epidural](#)

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[PCA/NCA](#)

6. References

The Association of Anaesthetists of Great Britain and Ireland, 2009 Inter-hospital transfer of the critically-ill patient in the Republic of Ireland -Guidelines for Anaesthetists in referring units London.

Cave J (2008) "NICE guideline enables better assessment of feverish children by GPs". Guidelines in Practice Feb; 11(2): 41-46

RCN Vital Signs in Children

7. Monitoring Compliance

Compliance with the process will be monitored through the following:

| Key elements | Process for Monitoring | By Whom (Individual / group /committee) | Responsible Governance Committee /dept | Frequency of monitoring |
|--|--|--|--|-------------------------|
| Safe and appropriate transfer with appropriate documentation as per the content of this Policy | Audit of Health records, Symphony and review of incident reports | Departmental Ward Sisters/Lead for Paediatrics | Paediatric Governance | Annual |

The audit results are to be discussed at relevant governance meetings to review the results and recommendations for further action. Then sent to Paediatric Governance will ensure that the actions and recommendations are suitable and sufficient.

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8. Appendices

Appendix 1: PANDR Safe Transfer of the Paediatric Patient Tool

Paediatric and Neonatal Decision Support and Retrieval
PANDR referral hotline: **01223 274274**



| STOPP! Safe Transfer of the Paediatric Patient Tool | | | |
|---|--|---------------|--------------------|
| For use on ALL 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 First Name Surname Address Hospital Number NHS Number | Weight (KG) Date of Birth Age ALLERGIES GP Details | True Years | Estimate Months |
| Date & Time of referral | Call made by | | |
| REFERRING Team Contact Details Consultant Hospital Ward/Location Contact no | RECEIVING Team Contact Details Consultant Hospital Ward/Location Contact no | | |
| SUMMARISED CLINICAL DETAILS (Safeguarding concern, if yes add to patient summary) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Presenting Complaint | | | |
| Current problem + Reason for Transfer | | | |
| Organ support required | | | |
| Past Medical History | | | |
| Drug History | | | |
| DISCUSSION/ADVICE FROM RETRIEVAL TEAM | | | |
| TRANSFER INDICATION: Escalation of treatment Investigations Repatriation Palliation Bed Status | | | |
| RISK ASSESSMENT RESULTS: PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK & SIGN RESULTS CATEGORY IN TABLE BELOW. If Paediatric Consultant not aware: STOP AND INFORM NOW | | | |
| Transfer Category Respiratory Screen Status Cubicle required Yes No Unknown <input type="checkbox"/> Transfer no longer required <input type="checkbox"/> Ward level (level 0) <input type="checkbox"/> Basic critical care (HDU, 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 | Recommended Transfer Team <u>Referring Hospital Personnel:</u> <input type="checkbox"/> Parents <input type="checkbox"/> Nurse/ODP <input type="checkbox"/> Anaesthetist/Paediatrician <u>Ambulance Crew Requested:</u> <input type="checkbox"/> Patient Transport Service <input type="checkbox"/> LAS/East of England Ambulance – standard crew <input type="checkbox"/> LAS/East of England Ambulance – paramedic <u>crew/PICU Trained:</u> <input type="checkbox"/> PANDR <input type="checkbox"/> Other retrieval team | | |
| ASSESSMENT COMPLETED BY: Nurse: (Name, Role, Signature) Doctor: (Name, Role, Signature) | | | |



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| RISK ASSESSMENT PRIOR TO TRANSFER: | | | |
|------------------------------------|----------------------------|--|----------|
| Trauma | Complete vital signs below | Are there concerns about the spine? Is this a major trauma? Burns? | YES / NO |
| 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 |
| | | Any evidence of respiratory distress/increased work of breathing/prolonged apnoea's/exhaustion | YES/NO |
| | Sats = | > 2L/min O2 to maintain sats > 94%, Presence of Emphyema, Use of High Flow Oxygen/CPAP/BIPAP | YES/NO |
| | | Intubated and Ventilated? | YES/NO |
| C | BP = | Is the systolic BP or HR outside the normal age-adjusted range? | YES/NO |
| | | Are there signs of poor peripheral perfusion, e.g. CRT > 2 secs? | YES/NO |
| D | HR = | ABG: Lactate > 2 or BE > -2 | YES/NO |
| | | Fluid boluses: > 40mls/kg within 6 hours | YES/NO |
| | | GCS low <8/fluctuating or AVPU (P or U) | YES/NO |
| | | Risk of progressive intracranial event or signs of raised ICP? | YES/NO |
| | | Newly diagnosed Inborn Error of Metabolism | YES/NO |

ARE ANY ABCD TRIGGERS YES?

1. ENSURE PAEDIATRIC CONSULTANT IS AWARE AND HAS AGREED THE TRANSFER
2. COMPLETE TRANSFER RISK ASSESSMENT BELOW
3. **IF INDICATED CONTACT PANDR (Tel: 01223274274) FOR ADVICE BEFORE PROCEEDING**

| TRANSFER CATEGORY | ANY TRIGGERS | STAFF REQUIRED | DISCUSSWITH PaNDR? |
|---|--------------|--|------------------------------|
| Level 0 (ward Level) Children not requiring continuous monitoring | NO | Parent/carer + Nurse Ambulance: Standard crew/transport | NO |
| Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy Or any PCC Level 1 Care | NO | Competent Nurse or Doctor OR Appropriately trained ambulance crew | NO |
| | YES | Nurse/ ODP <u>AND</u> Senior Doctor (paeds resus-trained)AND Appropriately trained ambulance crew OR PANDR Transfer (if agreed jointly) | Discuss with your Consultant |
| Level 2 (Intermediate critical care) Level 1 + single system support requirements (e.g. CPAP, NIV) | YES | Nurse/ ODP <u>AND</u> Senior Doctor (airway + paeds resus-trained) AND Appropriately trained ambulance crewOR PANDR Transfer (if agreed jointly) | YES |
| Level 3 (Advanced critical care) Intubated and Ventilated | YES | PANDR Transfer - UNLESS time critical (SEE BELOW) | YES |
| Time Critical (Level 1-3) e.g. ACUTE NEUROSURGICAL EMERGENCY, LIFE/LIMB-THREATENING PROBLEM, ACUTE ABDOMEN REQUIRING SURGERY, TESTICULAR TORSION, MAJOR BURNS, TRAUMA | YES | Local Team: Nurse/ODP + Senior Doctor (airway + paedsresus-trained) AND Appropriately trained ambulance crew <i>Tell Ambulance operator: "this is a paediatric time critical transfer"</i> | YES |



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PANDR referral hotline: **01223 274274**



| TRANSFER DOCUMENTATION CHECKLIST: (please detail/tick as necessary) | |
|---|---|
| <p>Personnel:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doctor 1 (name, speciality & grade) <input type="checkbox"/> Doctor 2 (name, speciality & grade) <input type="checkbox"/> Nurse/ODP (name, speciality & grade) <input type="checkbox"/> Parent/guardian details (if accompanying) | |
| <p>Communication:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bed in destination hospital identified and availability confirmed <input type="checkbox"/> Consultant in destination hospital has agreed transfer <input type="checkbox"/> Parents/Carers informed of transfer and any parental concerns discussed. Mobile No:..... <input type="checkbox"/> Parents/Carers invited to accompany child | |
| <p>Equipment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate drugs & Grab bag available <input type="checkbox"/> Face mask and self-inflating bag <input type="checkbox"/> Suction unit available and batteries fully charged <input type="checkbox"/> Sufficient oxygen in portable cylinder available <input type="checkbox"/> Appropriate restraint device available <input type="checkbox"/> Batteries on monitor and/or infusion pumps fully charged <input type="checkbox"/> Infusion devices rationalised and secured | <p>Drugs/Fluids:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Analgesia <input type="checkbox"/> Intubation drugs <input type="checkbox"/> Emergency drugs <input type="checkbox"/> IV Fluids <input type="checkbox"/> Blood |
| <p>Transport:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Time ambulance service called: <input type="checkbox"/> Ambulance reference no: <input type="checkbox"/> Ambulance arrival time at referring hospital: <input type="checkbox"/> Transfer staff have a mobile phone available <input type="checkbox"/> Money/cards available for emergencies <input type="checkbox"/> Return travel arrangements confirmed & Team have contact details e.g.: taxi/ward numbers | |
| <p>Patient Specific Instructions for transfer (tailor to needs): (please tick)</p> <ul style="list-style-type: none"> <input type="checkbox"/> ETT secure and minimal leak <input type="checkbox"/> SpO2 enabled <input type="checkbox"/> End Tidal Co2 monitoring (if intubated) <input type="checkbox"/> CXR reviewed (if intubated) <input type="checkbox"/> NIBP in situ and set to an appropriate recording interval <input type="checkbox"/> Nil by Mouth/consider NG tube for surgical patients <input type="checkbox"/> Blood glucose monitoring <input type="checkbox"/> Maintenance IV fluids <input type="checkbox"/> Well-secured IV access (x 2 if required) <input type="checkbox"/> ID bracelet x2 <input type="checkbox"/> Temperature monitoring | <p>Other:</p> |
| <p>Paperwork for transfer (photocopy the following): (please tick)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral letter <input type="checkbox"/> Copy of Current medical, nursing notes and investigations (recent clinic letter for long-term patients) <input type="checkbox"/> Copy of Current drugs chart, PEWs chart and fluid charts <input type="checkbox"/> Upload/transfer radiology onto relevant IT system <input type="checkbox"/> 3 Copies STOPP Tool (for patient notes in referring and receiving hospitals and audit) <input type="checkbox"/> TRANSFER DATIX Completed as per specific Trust policy | |



Guideline for the Transfer of Infants, Children and Young People 0-16 years Within and Between hospitals (excluding NICU)

Paediatric and Neonatal Decision Support and Retrieval
PANDR referral hotline: **01223 274274**



| TRANSFER OBSERVATIONS RECORD: (Prior to departure, during transfer: (circle) continuous/15m/30m, and on arrival) | | NORMAL AGE-ADJUSTED PHYSIOLOGICAL PARAMETERS (as per APLS) | | | | | | | |
|--|---------------|--|---------|--|--------|---------|----------|--------------------------|--|
| | | AGE | <1 yr | 1-2 | 2-5 | 5-12 | >12 | | |
| | RR | 30-40 | 25-35 | 25-30 | 20-25 | 15-20 | | | |
| | HR | 110-160 | 100-150 | 95-140 | 80-120 | 60-100 | | | |
| | Sys BP | 80-90 | 85-95 | 85-100 | 90-110 | 100-120 | | | |
| 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 | | |
| Respiratory Rate | 90 | | | | | | 90 | | |
| | 80 | | | | | | 80 | | |
| | 70 | | | | | | 70 | | |
| | 60 | | | | | | 60 | | |
| | 50 | | | | | | 50 | | |
| | 40 | | | | | | 40 | | |
| | 30 | | | | | | 30 | | |
| | 20 | | | | | | 20 | | |
| O₂ Sats | 15 | | | | | | 15 | | |
| | 10 | | | | | | 10 | | |
| | 5 | | | | | | 5 | | |
| | 0 | | | | | | 0 | | |
| FiO ₂ | | | | | | | | | |
| Neurological Assessment | AVPU | | | | | | | | |
| | Pupil R | | | | | | | | |
| | Pupil L | | | | | | | | |
| BM / glu | | | | | | | | | |
| Vent. Settings | | | | | | | | | |
| Date | Pre departure | | | | | | Transfer | | |
| Time | | | | | | | | | |
| Pain assessment: Details of any treatments given: Details of incidents (Please also complete Trust report): | | | | Time departed base: Date: Signed: | | | | Time handed over: | |



Guideline for the Transfer of Infants, Children and Young People 0-16 years Within and Between hospitals (excluding NICU)

Appendix 2: Paediatric Transfer Sticker

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
 LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
 Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
 LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
 Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
 LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
SNP Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
 LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
 LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

PAEDIATRIC TRANSFER STICKER Date _____ time _____
This patient was risk assessed prior to transfer as
 LOW MEDIUM HIGH RISK (tick one) PEWS
Escort sent; None, Carer, HCA, TNA, NAR, RN, DR, SNP
Monitoring equipment taken
Nurses name /signature.....
If for a clinical reason you choose to deviate from the transfer guidelines,
please document your name and rationale in the patients notes

Guideline for the Transfer of Infants, Children and Young People 0-16 years Within and Between hospitals (excluding NICU)

Appendix 3: SBAR Paediatric Patient Handover



SBAR Paediatric Patient Handover

AFFIX PATIENT LABEL OR WRITE PATIENT
DETAILS HERE

Patient Name:

NHS Number:

Date:

Time:

| | |
|--|---|
| <p>Situation</p> | <p>Referring nurse: Sign: Nurse taking handover: Sign:</p> <p>Referring doctor/ACP (if applicable): Admitting team: Admitting Consultant if known:</p> <p>Discussed & agreed with NIC on BUXT/CAU: Y / N</p> |
| <p>Background</p> | <p>Presenting condition: Allergies: Weight:</p> <p>Safeguarding concerns/details: Mental Health Risk Assessment complete: Y / N</p> |
| <p>Assessment</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Escalation of Risk for patient:</p> <p>1:1 Care <input type="checkbox"/></p> <p>Safeguarding concerns <input type="checkbox"/></p> <p>Nil By Mouth <input type="checkbox"/></p> <p>High risk medications <input type="checkbox"/></p> </div> | <p>PEWS score: Observations in last 1 hour? Y / N</p> <p>Last review by doctor at:</p> <p>Drug Chart/EPMA complete? Y / N Cannula: Y / N Other IV access: Fluid Balance Chart: Y / N</p> <p>Pain score: Analgesia given: Y / N Time of last analgesia:</p> <p>Specimens / samples sent: Y / N Urine <input type="checkbox"/> Throat Swab <input type="checkbox"/> Stool <input type="checkbox"/> Other <input type="checkbox"/> (please specify)</p> <div style="border: 1px solid black; padding: 5px;"> <p>Pre-Transfer Visual Checklist: How does the patient look? (Tick appropriate box or document in "Other")</p> <p><input type="checkbox"/> Normal skin tone and well perfused</p> <p><input type="checkbox"/> Pale but looks well</p> <p><input type="checkbox"/> Pale and looks unwell</p> <p><input type="checkbox"/> Other</p> <p>.....</p> <p>Respiratory distress?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Severe</p> <p>Alertness: Circle one</p> <p>A V P U</p> </div> |
| <p>Recommendation</p> | <p>Working diagnosis: Immediate plan: Additional information:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>CADS referral? Y/N</p> <p>CAIST referral? Y/N</p> </div> <p>This patient was risk assessed prior to transfer as LOW MEDIUM HIGH (circle one) Escort sent: None, Carer, HCA, TNA, NAR, RN, DR, SNP (circle) Monitoring equipment taken: Y / N</p> |

Specimen only

Guideline for the Transfer of Infants, Children and Young People 0-16 years Within and Between hospitals (excluding NICU)

Appendix 4: Transferring patients with an Epidural or Patient/Nurse Controlled Analgesia

The Process

All patients should have the transfer RAT completed in line with a set of observations within one hour prior to transfer and associated PEWS score prior to transfer. Any other additional appropriate observations must also be completed prior to the patient transfer. Please refer to [Paediatric patients receiving Epidural Analgesia \(1218\)](#) and the [Patient Controlled Analgesia \(PCA\) or Nurse Controlled Analgesia \(NCA\) in Children \(9232\)](#) for reference on the observations required on the ward / clinical area.

If an issue with the PCA/NCA or epidural occurs on transfer the acute pain service are able to be contacted in hours on 3821 / 7544 or via Alertive 'Pain Team Referral' or the on-call or blackspot anaesthetist should a problem occur such as inadequate analgesia, disconnection, leg weakness, sedation or other concerns to assist the patient.

