Guideline for the Intra-Hospital Transfer of Children within the Hospital Trust

A clinical guideline recommended

For Use in:	All clinical areas involved in the transfer of children within the Trust.
By:	All staff involved in the transfer of children within the Trust
For:	All paediatric patients.
Division responsible for document:	Women and Children's Services
Key words:	Intra-hospital transfer, Transfer, Risk Assessment Tool, Monitoring, Escort, paediatric, safety, Registered Nurse.
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Assessed and approved by the:	Clinical Guidelines Assessment Panel (CGAP) If approved by committee or Governance Lead Chair's Action; tick here ✓
Date of approval:	13 October 2021
Ratified by or reported as approved to (if applicable)**:**	Clinical Safety and Effectiveness Sub-Board
To be reviewed before: This document remains current after this date but will be under review	13 October 2024
To be reviewed by:	Liz McDonnell, Laura Hall
Reference and / or Trust Docs ID No:	CA5117 Id 9618
Version No:	4
Compliance links: *(is there any NICE related to guidance)*	Cave J (2008) "NICE guideline enables better assessment of feverish children by GPs". Guidelines in Practice Feb; 11(2): 41-46
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

Version and Document Control:

Version Number	Date of Update	Change Description	Author
4	25/09/2021	Flowchart redesigned and definition section updated.	Liz McDonnell and Laura Hall

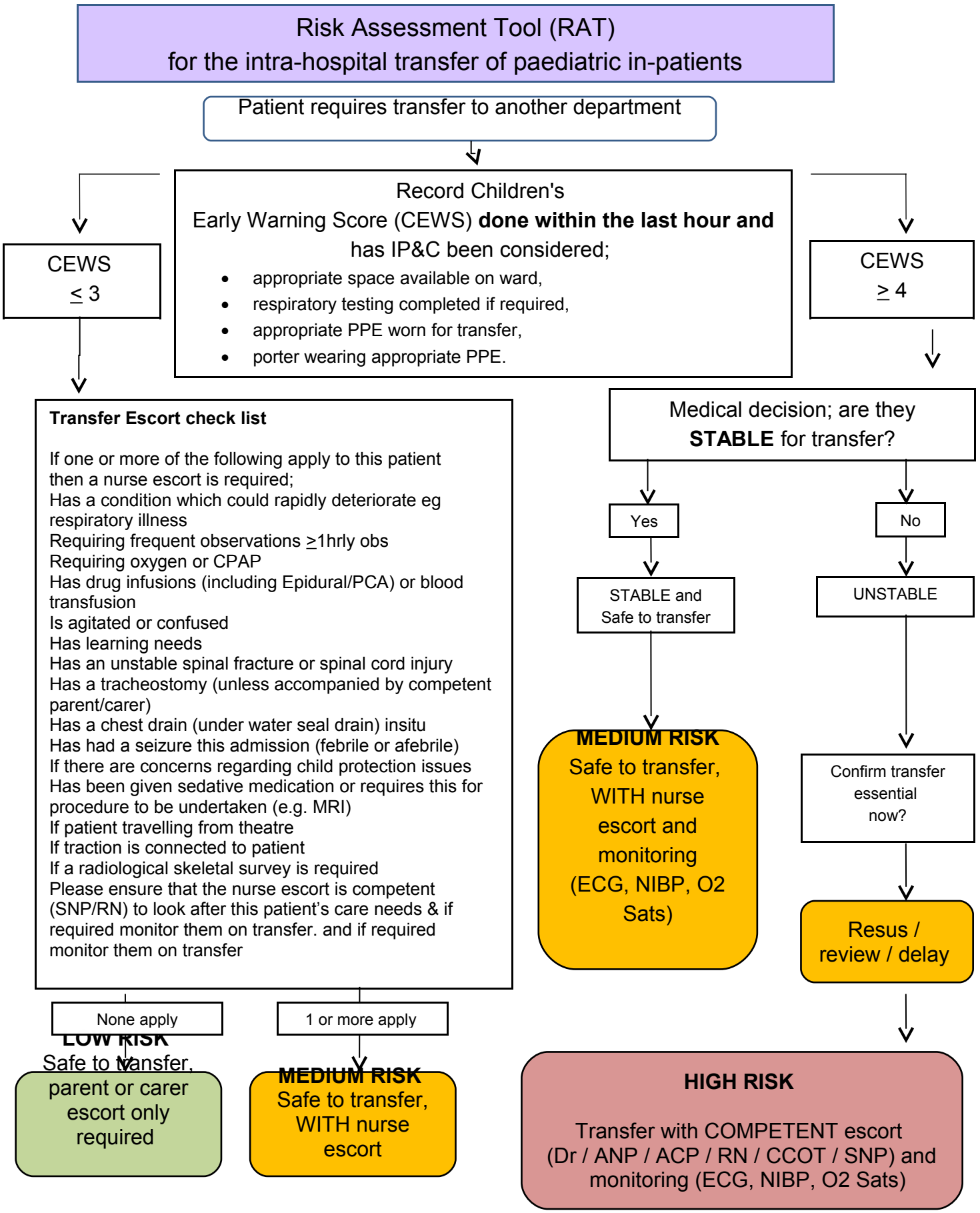
This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

Quick Reference Guide

Paediatric patients being transferred should be risk assessed using the risk assessment tool (RAT) below. Then a record of this risk assessment documented and either a transfer sticker (example below) placed into the patient's notes or the paediatric intra-hospital transfer icon completed on Symphony. The relevant documentation, dependent on the reason for transfer, (the medical notes, observation chart folder and drug chart) should accompany the patient on this transfer. The relevant boxes should be completed pre-transfer on Symphony and the patient discharged from one department and admitted to the receiving department.

See next page.


Risk Assessment Tool (RAT)
for the intra-hospital transfer of paediatric in-patients
Patient requires transfer to another department
Record Children's
Early Warning Score (CEWS) done within the last hour and has IP&C been considered;
appropriate space available on ward,
respiratory testing completed if required,
appropriate PPE worn for transfer,
porter wearing appropriate PPE.
CEWS ≤ 3
CEWS ≥ 4
Transfer Escort check list
If one or more of the following apply to this patient then a nurse escort is required;
Has a condition which could rapidly deteriorate eg respiratory illness
Requiring frequent observations ≥1hrly obs
Requiring oxygen or CPAP
Has drug infusions (including Epidural/PCA) or blood transfusion
Is agitated or confused
Has learning needs
Has an unstable spinal fracture or spinal cord injury
Has a tracheostomy (unless accompanied by competent parent/carer)
Has a chest drain (under water seal drain) insitu
Has had a seizure this admission (febrile or afebrile)
If there are concerns regarding child protection issues
Has been given sedative medication or requires this for procedure to be undertaken (e.g. MRI)
If patient travelling from theatre
If traction is connected to patient
If a radiological skeletal survey is required
Please ensure that the nurse escort is competent (SNP/RN) to look after this patient's care needs & if required monitor them on transfer. and if required monitor them on transfer
Medical decision; are they STABLE for transfer?
Yes
No
STABLE and Safe to transfer
UNSTABLE
MEDIUM RISK
Safe to transfer, WITH nurse escort and monitoring (ECG, NIBP, O2 Sats)
Confirm transfer essential now?
Resus / review / delay
None apply
1 or more apply
LOW RISK
Safe to transfer, parent or carer escort only required
MEDIUM RISK
Safe to transfer, WITH nurse escort
HIGH RISK
Transfer with COMPETENT escort (Dr / ANP / ACP / RN / CCOT / SNP) and monitoring (ECG, NIBP, O2 Sats)

Paediatric Hospital Transfer Sticker – see Appendix 2

PAEDIATRIC TRANSFER STICKER Date time
This patient was risk assessed prior to transfer as
LOW☐ MEDIUM☐ HIGH☐ RISK (tick one) **CEWS**
Escort sent; None, Carer, HCA, RN, DR, SNP (Circle one)
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

Glossary

Intra Hospital	Within hospital
Paediatric	Any child up to the day before their 16th birthday
CEWS	Children's Early Warning Score
SNP	Site Nurse Practitioner
RAT	Risk Assessment Tool
Out of Hours	Weekends, bank holidays and between 1700 and 0900 hrs Monday to Friday
CAU	Children's Assessment Unit
ED	Emergency Department
NIBP	Non-Invasive Blood Pressure
ECG	Electrocardiogram
RN	Registered Nurse
HCA	Health Care Assistant
CPAP	Continuous Positive Airway Pressure
Symphony	Real-time patient information in urgent and emergency care settings
TNA	Trainee Nursing Associate

Objectives

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.

The attached Risk Assessment Tool (RAT) utilises the Children's Early Warning Score (CEWS) to improve assessment of patients prior to intra hospital transfer.

Rationale

This guideline is written to assist staff in the decision making process for providing an escort during transfer of paediatric patients and demonstrates that there are specific actions which need to be addressed. It takes into account clinical risk to the patient, using the attached Risk Assessment Tool (RAT).

Transfer of patients has the potential to expose them and transferring staff to additional risk and may pose additional worry for carers and relatives (The Association of Anaesthetists of Great Britain and Ireland (AAGBI), 2009). The AAGBI (2009) also mention that there is little guidance on intra-hospital transfer but that the risks are similar to those posed on inter-hospital transfer.

Transfers require a collaborative, inter-professional approach to patient care and this relies on good communication between members of staff. It is essential that a systematic approach is taken to the process of patient transfer; starting with the decision to transfer, through the pre-transfer stabilisation, and then the management of the transfer itself.

Where escorts are referred to, this means escorts by appropriate nursing, allied health professional staff or medical escorts. It may be deemed appropriate for the child/young person to be escorted by the parent/carer alone, with an HCA, TNA or Student Nurse; however this will need to be appropriately decided upon by the nurse responsible for the patient. 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 SNP.

Broad recommendation

- It is the duty of the Registered Nurse caring for each child/young person to assess their physical and mental health condition prior to any transfer within the hospital premises and to determine the need for an escort using the RAT. The appropriate sections on Symphony must be completed prior to transfer and the patient discharged off the system or where Symphony is not available a transfer sticker must be placed in each patients notes prior to transfer.
- Patients with CEWS ≥4 require review by the Doctor / Advanced Practitioner and the assessment documented in the notes or on Symphony. Where possible the patient must be stabilised prior to transfer and stability recorded as part of the RAT. Those patients requiring transfer prior to stabilisation will be deemed as high risk as part of the RAT and relevant trained escort/s provided.
- Where possible, departments must liaise with each other on approximate times for transfer of patients to ensure timely release from the ward and identification of an escort if required. Communication between departments must be adequate to ensure the receiving department is aware of the patients' condition and CEWS.

- It must be considered whether it is safe to transfer a patient with the parent/carer, taking into consideration whether there are any safeguarding concerns or the parent has/is suspected of having unmanaged drug/alcohol abuse concerns.
- Any baby/young child being transferred should not be carried in arms whilst walking, and should be transferred appropriately in a cot, bassinet, securely fastened in a car seat, or sitting securely on a carer's lap whilst being pushed in a wheelchair or bed.

This document needs to be read in conjunction with the Trust Policy for Chaperoning in Adults and Children Trustdocs Id: 1098

Patient escorts

- The competency of the member of staff required to act as an escort must be equal with the needs of the patient, as in conjunction with the RAT, and the RN responsible for the patient must perform and document on the transfer sticker and place in the patient notes or on Symphony, a risk assessment for each patient.
- 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 CEWS of ≤3 have any of the criteria set out in the RAT under 'Transfer Escort check list' or other risk factors not mentioned, such as safeguarding concerns, an appropriate escort is required e.g. SNP or RN. An HCA/TNA/Student Nurse 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 CEWS of ≤3 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. 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 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 if appropriate.
- The RN 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 or Student Nurse, or face to face with the RN 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.

Duties and Responsibilities

It is the duty of the Registered Nurse to risk assess all transfers and to consider:

1. The nature of the patient's medications, any monitoring required, the safe transfer of patient medication and whether relevant medications have been prescribed on EPMA.
2. The likely duration of the transfer and any procedure being undertaken e.g. MRI under sedation.
3. Equipment which has to be transferred with the patient e.g. IV fluids, catheter bags, wound drains, monitors should be attached to the bedside/wheelchair where possible and batteries need to be fully charged.
4. All central lines/cannulas and other lines which must be securely fastened prior to transfer.
5. Ensure that sufficient fluid remains to last the duration of the planned transfer/procedure where IV fluids or other infusions are in progress.
6. Be aware that it is the responsibility of the RN to connect and disconnect any equipment e.g. where a patient is transferred on oxygen.
7. Be aware that it is the responsibility of the RN to ensure all documentation required is transferred with the patient e.g. patient's health records (secure in an envelope if transferred with parents/carers only).
8. The time the transfer takes place, e.g. out of hour's periods, radiology will have reduced staffing levels and the child or young person and families will need to be escorted.
9. Ensure the patient transfer is noted on Patient Administration System (PAS) where necessary and Symphony has been completed appropriately and patient discharged off the system if not returning to the department.
10. Ensure that all transfers adhere to the Trust infection control policy and advice sought from the infection control team if guidance required.

Definition of patient groups applicable to this guideline

Those patient groups applicable to this guideline are those who are aged 0-16 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 exception to this is those patients being transferred from Children's ED to x-ray or another area within the ED footprint.

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 2).

Process for transfer out of hours

- Out of hours 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 the patient is risk assessed as being low risk and suitable for transfer without an escort, an escort must be provided anyway.

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.

Documentation to accompany patient when being transferred

- When transferring a child or young person to ED following attendance to CAU without a referral, an Emergency Assessment Form Trustdocs Id: 9617 (see Appendix 1) 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 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.
- 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.
- In circumstances in which a patient may require transfer from NICU to Buxton Ward ensure the discharge summary is completed via SEND.

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.

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 bleep 0544 or DECT phone 6537.

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

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, bleep the SNP on bleep 0544 or DECT phone 6537, to ensure no further detrimental effect to the patient and, as soon as possible after the incident, complete a Trust incident form.

Process for Monitoring Compliance with this Policy/Guideline

The methods of auditing compliance with the requirements within this Policy are detailed in the Monitoring Compliance Table - Appendix 3.

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this guideline on behalf of the protocol, Policy and Guideline Group who has agreed the final content. During its development it has been circulated for comment to: Radiology, Paediatric Ward Sister/Charge Nurses, Departmental Heads, SNP's. Comments received were addressed.

This version has been endorsed by the Professional Protocols, Policies and Guidelines Committee and the Clinical Guideline Assessment Panel.

Distribution list / dissemination method

Trust Intranet.
Trust Nursing Policies and Guidelines Folders.
Practice Development and Education Department.

References / source 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

Guideline for the Intra-Hospital Transfer of Children within the Hospital Trust

A Standard Operating Procedure for Internal and External Transfers of Paediatric HDU Patients. Guideline yet to be approved.

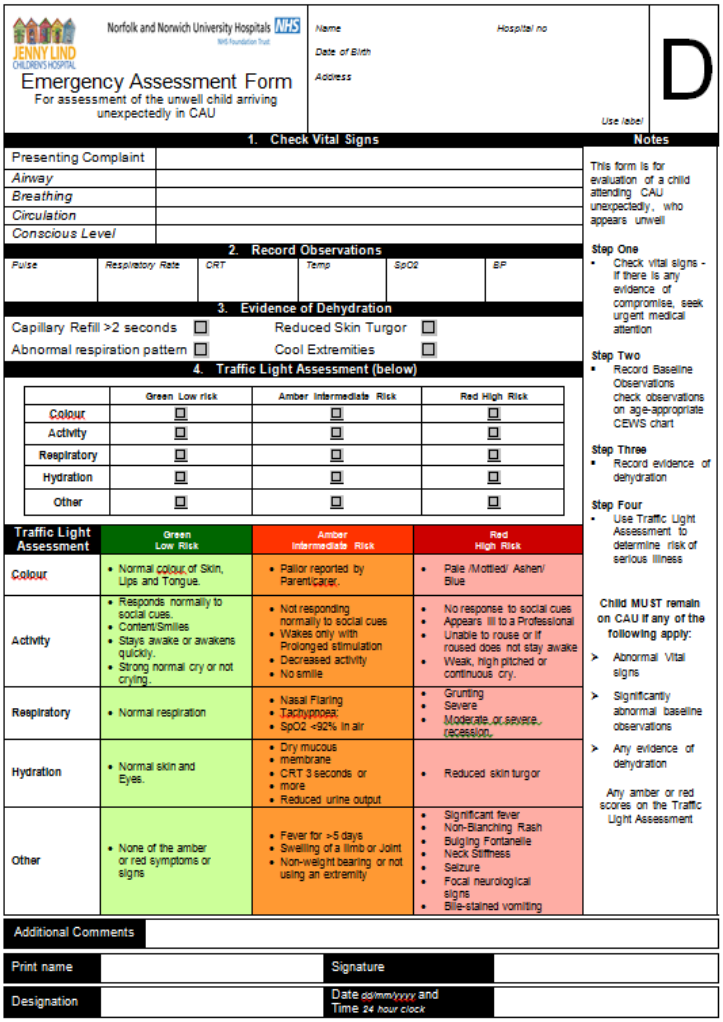
Policy for chaperoning both adults and children.

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

Appendix 1

Specimen only – form is available separately click here Emergency Assessment Form Trustdocs Id: 9617



Norfolk and Norwich University Hospitals NHS

JENNY LIND CHILDREN'S HOSPITAL

Emergency Assessment Form

For assessment of the unwell child arriving unexpectedly in CAU

Name | Hospital no | Date of Birth | Address | Use label | D

1. Check Vital Signs

Presenting Complaint	
Airway	
Breathing	
Circulation	
Conscious Level	

2. Record Observations

Pulse	Respiratory Rate	CRT	Temp	SpO2	BP

3. Evidence of Dehydration

Capillary Refill >2 seconds ☐ Reduced Skin Turgor ☐

Abnormal respiration pattern ☐ Cool Extremities ☐

4. Traffic Light Assessment (below)

	Green Low risk	Amber Intermediate Risk	Red High Risk
Colour	☐	☐	☐
Activity	☐	☐	☐
Respiratory	☐	☐	☐
Hydration	☐	☐	☐
Other	☐	☐	☐

Traffic Light Assessment	Green Low Risk	Amber Intermediate Risk	Red High Risk
Colour	• Normal colour of Skin, Lips and Tongue.	• Pallor reported by Parent/carer.	• Pale /Mottled/ Ashen/ Blue
Activity	• Responds normally to social cues. • Content/Smiles • Stays awake or awakens quickly. • Strong normal cry or not crying.	• Not responding normally to social cues • Wakes only with Prolonged stimulation • Decreased activity • No smile	• No response to social cues • Appears Ill to a Professional • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry.
Respiratory	• Normal respiration	• Nasal Flaring • Tachypnoea: • SpO2 <92% in air	• Grunting • Severe • Moderate or severe recession.
Hydration	• Normal skin and Eyes.	• Dry mucous membrane • CRT 3 seconds or more • Reduced urine output	• Reduced skin turgor
Other	• None of the amber or red symptoms or signs	• Fever for >5 days • Swelling of a limb or Joint • Non-weight bearing or not using an extremity	• Significant fever • Non-Blanching Rash • Bulging Fontanelle • Neck Stiffness • Seizure • Focal neurological signs • Bile-stained vomiting

Notes

This form is for evaluation of a child attending CAU unexpectedly, who appears unwell

Step One
- Check vital signs - if there is any evidence of compromise, seek urgent medical attention

Step Two
- Record Baseline Observations check observations on age-appropriate CEWS chart

Step Three
- Record evidence of dehydration

Step Four
- Use Traffic Light Assessment to determine risk of serious illness

Child MUST remain on CAU if any of the following apply:

- Abnormal Vital signs
- Significantly abnormal baseline observations
- Any evidence of dehydration

Any amber or red scores on the Traffic Light Assessment

Additional Comments			
Print name		Signature	
Designation		Date dd/mm/yyyy and Time 24 hour clock	

Appendix 2

PAEDIATRIC TRANSFER STICKER Date time
This patient was risk assessed prior to transfer as
LOW ☐EDIUM ☐IGH ☐SK (tick one) **CEWS** ☐
Escort sent; None,Carer, HCA, RN, DR, SNP (Circle one)
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 ☐EDIUM ☐IGH ☐SK (tick one) **CEWS** ☐
Escort sent; None,Carer, HCA, RN, DR, SNP (Circle one)
Monitoring equipment taken ☐
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Nurses name /signature……………………………..………
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PAEDIATRIC TRANSFER STICKER Date time
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LOW MEDIUM HIGH RISK (tick one) **CEWS**
Escort sent; None,Carer, HCA, RN, DR, SNP (Circle one)
Monitoring equipment taken
Nurses name /signature……………………………..………
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Appendix 3

Document Name: Trust Guideline for the Management of the Intra-Hospital Transfer of Paediatric In-Patients.
Document Owner: Liz McDonnell and Laura Hall **NHSLA Standard: 4.9**

Element to be monitored	Lead Responsible for monitoring	Monitoring Tool / Method of monitoring	Frequency of monitoring	Lead Responsible for developing action plan & acting on recommendations	Reporting arrangements	Sharing and disseminating lessons learned and recommended changes in practice as a result of monitoring compliance with this document
Safe and appropriate transfer with appropriate documentation as per the content of this Policy	Lucy Weavers	Audit of Health records, Symphony and review of incident reports	Annual	Departmental Ward Sisters/Lead for Paediatrics	Children's Board	The Lead responsible for developing the action plans will disseminate lessons learned via the most appropriate committee e.g. Clinical Effectiveness; Clinical Governance, Patient Safety and relevant Compliance Monitoring Sub Group Lead.