

Transfer of Paediatric Patients within and outside of WAHT

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Approved by:	Paediatric Quality Improvement meeting	
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Date of review: This is the most current version and should be used until a revised document is in place	9 th February 2027	

Key Amendments

Date	Amendment	Approved by
12/09/2018	New Document	Paediatric QIM
19 th Nov 2020	Document extended for 1 year	Paediatric QIM/Dr J West
26th March 2021	Approved with no amendments	Paediatric QIM
9 th February 2024	Document approved	Paediatric Guideline Review Day

Children and Young people (CYP) who are admitted to hospital may require transfer to another department within the hospital, or transfer to another hospital to continue with treatment or for diagnostic purposes.

Safety is paramount for all parties involved in transfer.

The aim of this document is to highlight the level of escort required, type of transfer required (including method of transfer) following appropriate assessment of the CYP stability, also taking into consideration any emotional support required by CYP and family.

CYP covered in this document will include the following:

1. Well Child – attending for outpatient investigation(s) (i.e. Sedated MRI/GA MRI)
2. Well Child – attending ward for day case procedure (e.g. ENT surgery)
3. Stable child – requiring inpatient investigations within the hospital
4. Unstable child – requiring inpatient investigations within the hospital
5. Stable Child – requiring transfer from theatre recovery
6. Stable Child – requiring further investigation/treatment at other hospital requiring no nursing intervention
7. Stable Child – requiring further investigation/Treatment at other hospital requiring nursing intervention
8. Unstable Child requiring further treatment/treatment at other hospital requiring nursing and medical intervention (ie treatment for uncontrolled seizures)
9. Unstable Child requiring further treatment at other hospital requiring Anaesthetic support (i.e. advanced airway management)

Off Site Transfer

Each child or young person that requires transfer to another hospital needs individual assessment to achieve safety at all times. Appendix 1 details the requirements of transfer. Complete for all off site transfers and file in inpatient notes once completed

Each child or young person should be clinically assessed prior to transfer. The clinical assessment should be carried out by the person accompanying the child and agreed with the Consultant in charge. (Appendix 2 – Patient Transfer Stability Assessment Tool)

Once the Patient Transfer Stability tool has been completed the method of transport needs to be considered – Appendix 3 – Transport vehicle and escort requirements

The CYP should have a nursing transfer letter to go the accepting hospital. This can be in the form of the EDS (electronic discharge summary). When using the EDS as a transfer letter it must be completed in full including all care received to date. A photocopy of the inpatient notes and nursing charts must also accompany the child on transfer.

NB. Paediatric Department will not provide cover for transfers from the Alexandra ED to Worcester Hospital

Interdepartmental transfer

The CYP should be clinically assessed by the nurse caring for the patient before transferring to another department. Please see appendix 4. Complete form and file in patients notes.

NB: Exemption from this form would be those patients who are attending for day case surgery and or who are otherwise well and have had no form of sedation.

Safety equipment such as transfer bags, grab bags, Oxygen and Suction is readily available. If a Nurse is required to transfer patient within the hospital they should carry with them at a minimum the interdepartmental transfer bag. These are available and located on Riverbank in rooms 8 and 9.

Transfer Escort Requirements –For all transfers on and off site

When being transferred off site and no nursing, medical or anaesthetic intervention is required, the child may be transferred by ambulance without escort or by family car if Stable on “Patient Transfer Stability Assessment Tool”.

When transferring patients within the hospital and no nursing, medical or anaesthetic intervention is required, the CYP may be escorted by appropriate adult/family member/ward HCA/Play specialist/Porter

The following principles should be applied when deciding escort(s) requirements

Intervention	Examples	Escort
Nurse intervention possible	IV infusion device care Bronchiolitis in 30-40% oxygen Improving Asthma requiring no more than hourly inhalers	Nurse
Medical Intervention possible	Bronchiolitis in >40% oxygen or with apnoeas Asthma requiring IV infusion and hourly inhalers Seizure requiring treatment	Paediatrician/ Advanced Clinician
May require airway intervention	Intubation possible Clinical instability Time critical problem	Anaesthetist or KIDS Retrieval service

Escort training requirements/experience are set out in Appendix 6.

Monitoring and Compliance

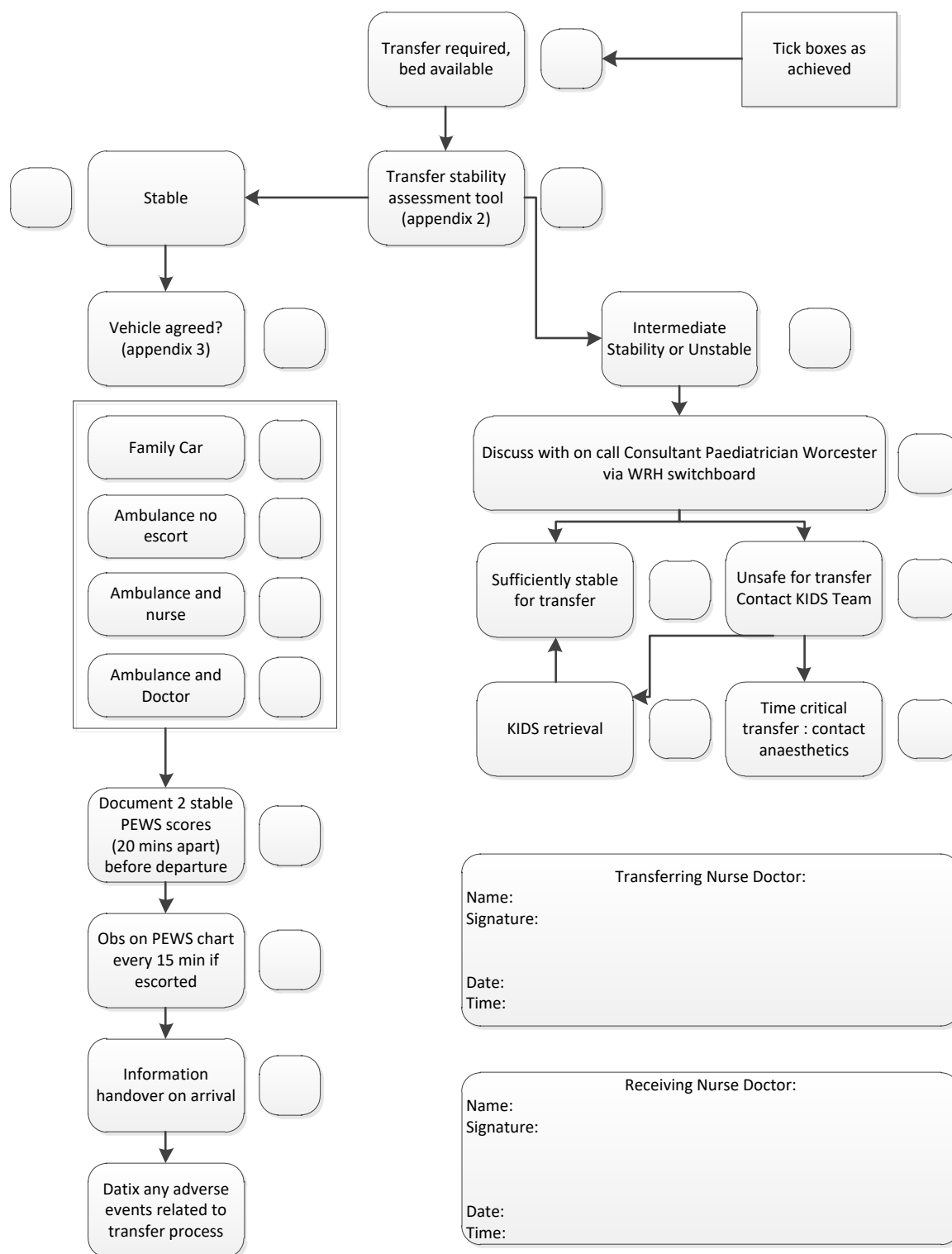
This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

WHAT?	HOW?	WHO?	WHERE?	WHEN?
<i>These are the 'key' parts of the process that we are relying on to manage risk.</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed?</i>	<i>Who is responsible for the check?</i>	<i>Who will receive the monitoring results?</i>	<i>Set achievable frequencies.</i>
	Through regular review of the paediatric dashboard at Quality Review meetings	Lead for Risk Management		
Oral rehydration salts Against NICE recommendations	Local audit	Dr Bindal	Results presented at Paediatric Audit Meeting	Annual
Childrens collaborative advance care plan	Audit	Carol Farrell (Paediatric Community nursing team-Orchard)	Research project- In conjunction with University of Birmingham	2018
Childrens Advance care plan	Audit	Carol Farrell (Paediatric Community nursing team-Orchard)	Research project- In conjunction with University of Birmingham	2018
Inpatient full capacity Portocol	Datix form completed when policy is initiated	Lara Greenway	Riverbank ward	Ad hoc as and when needed
Recorded supervision of temporary and locum junior doctors in Paediatrics at WAHNSHST.	Meeting documentation recorded and stored on shared M: Drive in individual staff folders.	Temporary or Locum staff meet consultant supervisors within 2 weeks of start of post and then every 4 months in line with policy. Relevant documents to be completed and stored	Results to be given to Clinical Director	When requested

Please note that clinical key documents are not designed to be printed, but to be viewed on-line. This is to ensure that the correct and most up to date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours

Responsibility of the consultant paediatrician on call Audit of transfers out to PICU and NICU	Through regular review of the paediatric dashboard at Quality Review meetings	Lead for Risk Management	Perinatal and Paediatric Mortality and Morbidity meetings	Meetings held regularly through the year
Guideline for the admission of children and young to inpatient wards	Datix form completed when patient inappropriately admitted to ward		Ward Manager Lara Greenway	Ad hoc basis as and when this incidence occurs

Appendix 1 – Transfer of Children for offsite transfer



Transferring Nurse Doctor:

Name:

Signature:

Date:

Time:

Receiving Nurse Doctor:

Name:

Signature:

Date:

Time:

Patient Details

Name

Unit number

DOB

Appendix 2 –Patient Transfer Stability Assessment Tool (Offsite transfer)

Patient Details
 Name
 Unit number

A	Does the child have an airway problem or potential for a problem during transfer?	e.g. had adrenaline treatment for croup	Problem identified? YES NO (please circle)
B	Does the child have difficulty breathing or potential for problems during transfer?	e.g. requiring significant oxygen to maintain saturations	Problem identified? YES NO (please circle)
C	Does the child have a circulation problem or potential for a problem during transfer?	e.g. required IV treatment for SVT	Problem identified? YES NO (please circle)
D	Does the child have a reduced conscious level or potential for a neurological problem during transfer?	e.g. any reduction in GCS or not A on AVPU scale	Problem identified? YES NO (please circle)
E	Could transfer cause a problem with temperature regulation or pain control?	e.g. painful injury or fractures requiring iv opioids	Problem identified? YES NO (please circle)

Stable

Escort requirements (see also Appendix 3)
 No clinician or nurse escort required **unless**

- Parental support for journey needed
- Treatment required en-route not deliverable by ambulance crew e.g. O2 > 30%, continuous drug infusions
- Underlying medical condition liable to unpredictable deterioration
- Requires close nursing care & continuous observation
- PEWS score 4+
- Parental disagreement on lack of escort

Intermediate stability / unstable

Escort requirements (see Appendix 3)

- This will depend upon the clinical problem and may be ambulance crew alone or with nurse or doctor.
- The on-call paediatrician must be informed and a joint decision reached on transport mode, staff escort and equipment requirements

Discussion with KIDS Service

- All unstable and high-risk patients must be discussed with KIDS Team.
- Intermediate stability patients who are at risk of clinical deterioration en route are also best discussed

ASSIGN Stability (tick)

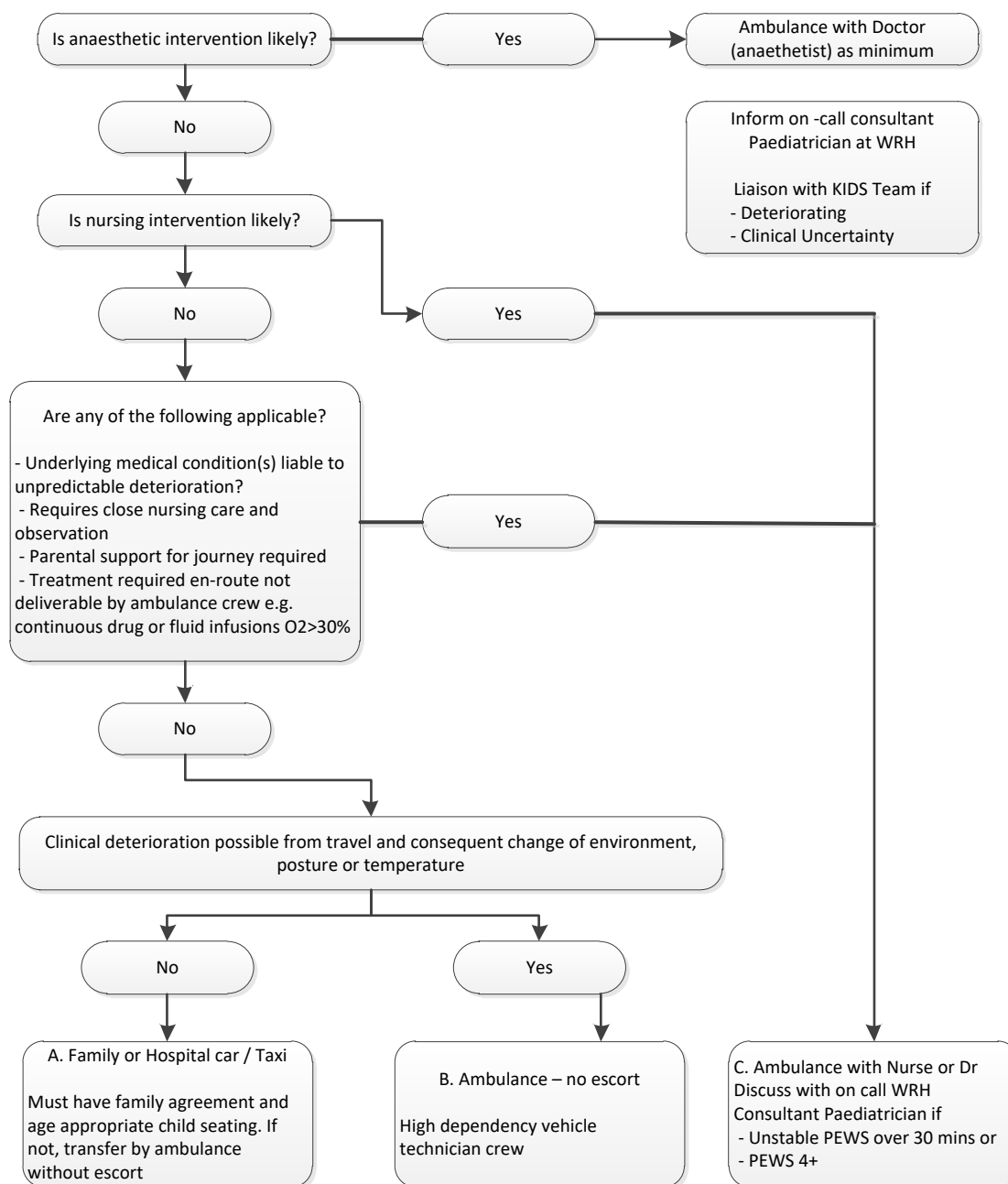
Stable
 = No ABCDE problems

Intermediate stability
 = 1 or more ABCDE problems

Unstable
 = 2 or more ABCDE problems

Completed by
 Name
 Signature

Appendix 3 – Transport vehicle and escort requirements for offsite transfer



A. Family Car Transfers

Transfer of a child by the family car may be acceptable if all the following criteria are met:

1. The family wish to use their own transport
2. The child is stable using the "Transfer Patient Stability Assessment Tool"
3. The child has stable or improving observations on two occasions at least 20 minutes apart
4. The car has an age-appropriate car-seat
5. None of the following conditions exist
 - Safeguarding concerns
 - Underlying medical condition(s) liable to unpredictable deterioration
 - Clinical deterioration possible due to change of environment, posture or temperature
 - Requires close nursing care and observation
 - Treatment required en-route
 - Parental support for journey required

B. Ambulance Transfer

Whilst emergency procedures can be undertaken by ambulance crews, it is important to filter those children at potential risk of deterioration en-route who might require nursing or medical interventions.

The competencies of ambulance crew in managing acute paediatric emergencies are variable according to vehicle type.

High-dependency Vehicles are usually equipped to a lower level than an emergency ambulance, and are staffed by either technicians or advanced healthcare assistants.

Paramedic-staffed ambulances are equipped to a higher level, and crew have greater training in acute paediatric emergencies, though variability will still exist. They should not however be considered a substitute for a nurse or doctor for the elective transfer of children.

Ambulance Transfer without Escort

A 999 ambulance, with technician crew or high-dependency vehicle is the likely transport available for a child considered for ambulance transfer without escort if

- A Stable on "Transfer Patient Stability Assessment Tool"
- B A stable PEWS score on two occasions at least 20 minutes apart
- C A maximum PEWS score of 3
- D None of the following conditions exist
 - Safeguarding concerns
 - Requires close nursing care and observation
 - Likely to require administration of medication en-route
 - Requires continuous intravenous infusion of fluids or medication

- Requires more than 30% oxygen
- Underlying medical condition liable to unpredictable deterioration

Ambulance with Escort

The escort required will depend upon the nature of any likely intervention required for the journey. Paramedics are able to undertake advanced airway management, administer a wide range of drugs and perform IV cannulation.

Appendix 4 – Patient Transfer Stability Assessment Tool –Interdepartmental transfer

Patient Details
 Name
 Unit number

A	Does the child have an airway problem or potential for a problem during transfer?	e.g. had adrenaline treatment for croup	Problem identified? YES NO (please circle)
B	Does the child have difficulty breathing or potential for problems during transfer?	e.g. requiring significant oxygen to maintain saturations	Problem identified? YES NO (please circle)
C	Does the child have a circulation problem or potential for a problem during transfer?	e.g. required IV treatment for SVT	Problem identified? YES NO (please circle)
D	Does the child have a reduced conscious level or potential for a neurological problem during transfer?	e.g. any reduction in GCS or not A on AVPU scale	Problem identified? YES NO (please circle)
E	Could transfer cause a problem with temperature regulation or pain control?	e.g. painful injury or fractures requiring iv opioids	Problem identified? YES NO (please circle)

Stable

Escort requirements
 No clinician or nurse escort required **unless**

- Parental support needed
- Ongoing Treatment required e.g. O2, continuous drug infusions/ IVI
- Underlying medical condition liable to unpredictable deterioration
- Requires close nursing care & continuous monitoring
- PEWS score 4+
- Parental disagreement on lack of escort

 NB: Safeguarding investigations ie skeletal surveys etc must have a trained member of staff accompanying CYP

Intermediate stability / unstable

Escort requirements:

- This will depend upon the clinical problem
- The on-call paediatrician must be informed and a joint decision reached on staff escort and equipment requirements. This may also include discussion with anaesthetic team on call

Discussion with KIDS Service

- All unstable and high-risk patients must be discussed with KIDS Team.
- Intermediate stability patients who are at risk of clinical deterioration are also best discussed.

ASSIGN Stability (tick)

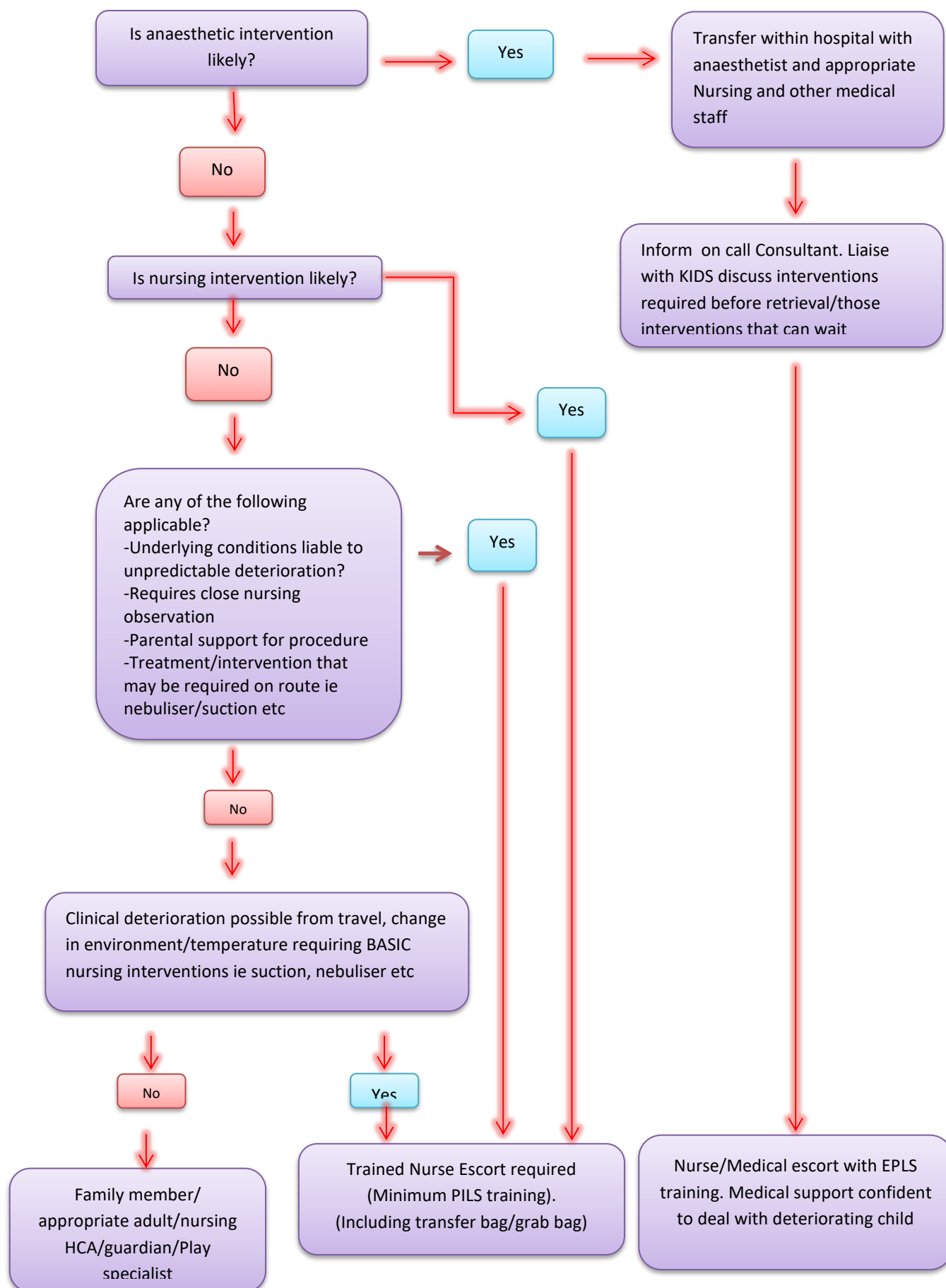
Stable
 = No ABCDE problems

Intermediate stability
 = 1 or more ABCDE problems

Unstable
 = 2 or more ABCDE problems

Completed by
 Name
 Signature
 Agreed by Nurse in charge /Senior Medic
 Name
 Signature

Appendix 5 – Interdepartmental Escort Requirements



Appendix 6 - Escort Training

	Minimum	Desirable
Nursing Staff	PILS or PLS/BLS in last 12 months Infusion device training	Current EPLS/APLS certificate holders
Advanced Paediatric Nurse Practitioners	Current APLS/EPLS certificate holders	Transportation scenario in past 12 months Regional/ national transportation course
Anaesthetists	Current APLS/EPLS certificate holder/ equivalent Transportation training (ST4+) Minimum 6 months Paediatric anaesthesia experience or equivalent	Transportation scenario in past 12 months