

## Time Critical Transfers (non-trauma) into Leeds Children's Hospital

Applies to children <16 years excluding transfers to Neonatal Unit

### Standard Operating Policy

#### Definition of a time critical transfer

Transfer of a patient for life, limb or organ saving treatment when the time taken to provide this treatment is a critical factor in outcome.

#### Principles

1. Acceptance by the regional centre is **NOT** dependent on bed availability.
2. Time critical transfer should normally be provided by the referring hospital team **NOT** Embrace.

Refer to the Yorkshire & Humber Paediatric Major Trauma Guidelines to support the immediate care of children with major trauma

#### Early senior input (at least registrar / ST4 level) is essential to ensure that:

The child meets clinical criteria for a time critical transfer.

The receiving registrar or consultant is present when the child arrives in Leeds.

Emergency and definitive treatment is delivered as quickly and safely as possible.

#### Process

Time critical referrals can be made via direct clinician-to-clinician phone call.

**Prior to the referral call**, appropriate senior review of the patient must take place locally.

Critically ill children may be referred via Embrace to facilitate a conference call. Resuscitation, stabilisation, and preparation for transfer should continue in parallel to the referral call. If time critical transfer by the referring hospital is required, this will be clearly stated by the Embrace consultant during the call.

Refer to the on-call teams in Leeds via the usual referral pathways. This is normally via the **registrar** for the specialty as they are resident in the hospital. **Neurosurgery can be contacted on 07979 928120, and Paediatric Surgery on 0113 3920959 or 0113 3920958. For urgent Orthopaedic transfer it should be a mandatory consultant to consultant referral via switchboard.**

### ***During the referral call:***

- After local consultant review, the **referring registrar or consultant** should speak with the **registrar** in Leeds Children's Hospital who will assist in making a decision regarding urgency of transfer and definitive treatment. **If the registrar in Leeds is unavailable**, then this call should be escalated to the **consultant** to avoid delays.
- The **receiving registrar or consultant** should inform the transfer team of the receiving area within Leeds (which may be ED Resus, theatres, PICU, or a ward)
- The **Children's Hospital Bed Co-Ordinator** should also be informed
- If Embrace are facilitating the call, and the child is expected to arrive via the Paediatric Emergency Department (PED), please conference in the **LGI PED consultant** during the referral
- If critical care input is required, the **Paediatric Intensive Care Consultant** should be included in the call
- Please signpost the referring team to the **STOPP (Safe Transfer of Paediatric Patient)** assessment tool via the Embrace website in the "Quick Links" section.

### **Destination**

The Leeds team may request that the patient is brought to the Leeds General Infirmary (LGI) Paediatric Emergency Department (PED) for initial stabilisation before onward transfer to Critical Care or Theatres. **The receiving Leeds team should then contact the LGI PED consultant (resident 24/7) on duty via the PED red phone 0113 3922978 or PED Consultant in charge phone 0113 3920902.**

Irrespective of the planned destination at Leeds Children's Hospital, the transfer team will **always have the option** to take the child directly to the Resuscitation area of the Emergency Department.

### **In cases where the arrival destination changes to the Resuscitation area of the Emergency Department:**

- **The transfer team MUST contact the ED consultant** to pre-warn them with an ETA (estimated time of arrival) and a clinical update.
- **The ED consultant will then contact the receiving clinician** whilst the transferring team focusses on the deteriorating patient in their care.
- **The ED consultant will also call other specialties as appropriate** depending on the patient's clinical condition, such as Anaesthetics, Paediatric Intensive Care, etc.

Wherever the child is received, the **accepting registrar or consultant should be present** for the child's arrival, to undertake an early assessment and decide upon definitive treatment.

### **References**

1. Yorkshire & Humber Paediatric Major Trauma Guidelines 2021
2. Yorkshire & Humber Paediatric Critical Care ODN Network Guidelines 2021
3. Sheffield Children's Hospital Standard Operating Procedure for Time Critical Transfers 2019

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