

STOPP Tool

Please use [Safe Transfer Of Paediatric Patient](#) assessment tool for all inter-hospital transfers in Yorkshire & Humber
Once transfer complete send a copy from an nhs.net email to Paediatric Critical Care ODN for audit: karen.perring@nhs.net

| | | | | |
|------------------|--------------|-------------------|--------------------------|------|
| Family name: | First name: | Weight: | Kg | Age: |
| Date of Birth: | Age: | Actual/Estimate | | |
| NHS No: | | Date of referral: | D D M M Y Y Y Y | |
| Hospital Number: | | Time of referral: | H H M M | |
| Address: | | Call made by: | (Name, signature, grade) | |
| Post code: | | | | |
| GP Name: | GP Practice: | | | |

| CONTACT DETAILS | | | |
|----------------------|--|----------------------|--|
| Referring Consultant | | Receiving Consultant | |
| Referring Hospital | | Destination Hospital | |
| Ward / Area | | Ward / Area | |
| Ward phone number: | | Ward phone number: | |
| Mobile number: | | Mobile number: | |

Please describe details of case including any discussion with external specialists (SBAR format may be used if wished)

Problem:

| Indication for transfer (please tick) | Escalation of treatment | Investigations | Repatriation | Bed Capacity | Palliation |
|--|-------------------------|----------------|--------------|--------------|------------|
|--|-------------------------|----------------|--------------|--------------|------------|

For all bed capacity transfers you must follow your internal escalation policy and prioritise transfer of a level 0 patient wherever possible. Please document any discussion in patients' notes.

PERFORM RISK ASSESSMENT ON PAGE 2 THEN TICK RESULTS CATEGORY BELOW:

| | | | | | |
|----------------------------------|--|---------------|--------------------------------------|----------------|--|
| Consensus risk assessment | TRANSFER CATEGORY | | TRANSFER TEAM | | |
| | Transfer no longer required | | Local Hospital Team | | |
| | Ward level (level 0) | | YAS/EMAS + Parents +/- nurse only | | |
| | Basic critical care (HDU / PCC level 1) | | Paediatric: Doctor/ANP + nurse | | |
| | Intermediate critical care (PCC level 2) | | Anaesthetics: Doctor + nurse/ODP | | |
| | Advanced critical care (PCC level 3) | | Hybrid Paediatric + Anaesthetic team | | |
| | AND/OR Time Critical | | OTHER | | |
| | ASSESSMENT COMPLETED BY (date / time) | | Embrace | | |
| | Nurse: (Name, Role, Signature) | | Other transport team | PIC / Neonatal | |
| | Doctor: (Name, Role, Signature) | | Ambulance crew requested | | |
| | | Standard crew | Paramedic crew | | |

| SYSTEM | RISK ASSESSMENT PRIOR TO TRANSFER | | ASSESSMENT |
|----------|--|---|------------|
| A | Stridor / Stertor or anticipated AIRWAY RISK ie foreign body / difficult airway Airway or facial burns, smoke or gas inhalation? | | YES / NO |
| | Respiratory Rate = | <input type="text"/> Above or Below normal age adjusted range? | YES / NO |
| B | Respiratory distress of concern ie marked recession / ↑WOB or early exhaustion | | YES / NO |
| | Oxygen Need > 2L/min to maintain SpO ₂ > 94% OR High Flow / CPAP / BiPAP | | YES / NO |
| | Intubated & Ventilated | | YES / NO |
| | | | YES / NO |
| C | Systolic BP = | <input type="text"/> Is it outside normal age adjusted range? | YES / NO |
| | HR = | <input type="text"/> Is it outside normal range OR Capillary Refill > 2 secs? | YES / NO |
| | Is Blood Gas Lactate > 2 OR Base Deficit > 2 | | YES / NO |
| | Fluid boluses > 40 ml/kg within last 6 hours +/- inotrope infusion | | YES / NO |
| | Risk of cardiovascular collapse: enlarged liver, oliguria, abnormal heart rhythm | | YES / NO |
| D | Level of consciousness USING A V P U = P or U / GCS < 9 or falling / fluctuating level | | YES / NO |
| | Risk of progressive intracranial event or signs of raised ICP ie bradycardia; hypertension; abnormal breathing; unequal, dilated or fixed pupils | | YES / NO |
| | Prolonged hypoglycaemia (not correcting) AND / OR raised ammonia | | YES / NO |
| | Unrecognised injury / trauma eg laceration / punctures OR Major Trauma | | YES / NO |
| E | Inadequate ability to maintain normothermia (despite treatment / intervention) | | YES / NO |

ARE ANY **A B C D E** CRITERIA TRIGGERED?

If yes, paediatric +/- anaesthetic consultant (s) should review patient and agree transfer with senior nurse on duty. Use table below to determine appropriate team required to transfer patient

Only if indicated and following consultant review contact Embrace : 0845 147 2472 for advice before transfer

| TRANSFER CATEGORY | ANY TRIGGERS | STAFF REQUIRED (examples only) | D/W Embrace |
|---|---|--|-------------|
| Level 0 (ward level) Child not on continuous monitoring | Non-anticipated | Parent / carer or Nurse or both Standard ambulance crew / transport | NO |
| PCC Level 1 (Basic critical care) Children needing continuous monitoring or iv therapy or any PCC Level 1 Care <u>Can be a difficult transfer: Joint decision / agreement between senior nurse & consultant essential before transfer</u> | 1. No | Competent Nurse or Doctor (essential if on iv fluids / drugs) OR paramedic ambulance crew | NO |
| | 2. YES | Competent Nurse &/or Doctor & Paramedic crew | PROBABLY |
| | 3. YES AND High Flow Oxygen, OR potential for airway or other compromise | Nurse/ODP & airway and paediatric resuscitation competent Doctor & Paramedic ambulance crew OR Embrace transfer (if agreed jointly with referring consultant + Embrace consultant) | YES |
| PCC Level 2 (Intermediate critical care) PCC Level 1—acute intervention for more than 24 hours | YES / NO | Nurse/ODP & airway and paediatric resuscitation competent Doctor & Paramedic ambulance crew OR Embrace transfer (if agreed jointly with referring consultant + Embrace consultant) | YES |
| Level 3 (Advanced critical care) Intubated and Ventilated | Yes / No | Embrace transfer unless time critical | YES |
| Time Critical (Level 1-3) Major Trauma, Ischaemic gut, Life or Limb threatening diagnosis | Yes / No | Local Team: Nurse/ODP & airway and paediatric resuscitation competent Doctor & Paramedic crew REFER TO REGIONAL PAEDIATRIC TRAUMA GUIDELINE | YES |

TRANSFER DOCUMENTATION:

PERSONNEL

Doctor 1 (name, speciality & grade)

Doctor 2 (name, speciality & grade)

Nurse / ODP (name, speciality & grade)

Parent / guardian details (including mobile no)

In ambulance: Yes / No

EQUIPMENT

Drugs/Fluids:

| | | | |
|---|----------|--|----------|
| Appropriate drugs & equipment available | Yes / No | Analgesia (as required) | Yes / No |
| Suction unit & batteries fully charged | Yes / No | Intubation drugs + equipment | Yes / No |
| Sufficient oxygen in portable cylinder available | Yes / No | Emergency / resuscitation drugs | Yes / No |
| Appropriate harness available eg ACR harness | Yes / No | IV Fluids (including maintenance + bolus) | Yes / No |
| Charged batteries for monitor and/or infusion pumps | Yes / No | Blood Products | Yes / No |
| Infusion devices rationalised and safely secured | Yes / No | Other eg anticonvulsants / antibiotics etc | Yes / No |

COMMUNICATION

Bed in destination hospital identified and availability confirmed (with nursing team / bed manager): Yes / No

Consultant in destination hospital has agreed transfer: Yes / No

Parents / Carers informed of transfer and any parental concerns discussed: Yes / No

Parents / Carers given map/postcode & ward contact number if not travelling with the team: Yes / No

Parents / Carers invited to accompany the child or separate transport arranged to receiving unit: Yes / No

ALERTS eg allergies, safeguarding, CAMHS etc clearly documented AND verbally communicated to receiving team: Yes / No

TRANSPORT

AMBULANCE reference number:

| | | | |
|--|--|---|----------|
| Time ambulance called: | | Patient secured using weight appropriate harness: | Yes / No |
| Time ambulance arrived (referring hospital): | | All equipment appropriately secured in ambulance: | Yes / No |
| Time transport team + patient left referring hospital: | | Mobile phone available: | Yes / No |
| Time of arrival at receiving hospital: | | Return travel organised / confirmed & team aware: | Yes / No |
| Time transport team arrived back at base hospital: | | Money / cards for emergencies (transfer team): | Yes / No |

PATIENT SPECIFIC INSTRUCTIONS FOR TRANSFER

MINIMUM monitoring: ECG, SpO₂, NIV BP: Yes / No

If intubated & ventilated monitor ET CO₂ IV access x 2: Yes / No

Nil by Mouth / consider NG tube for surgical patients : Yes / No

Blood glucose, temp & pupils checked before +/- after transfer: Yes / No

Maintenance IV fluids +/- iv anti-emetics (esp. older child): Yes / No

Other:

PAPERWORK FOR TRANSFER (PHOTOCOPY THE FOLLOWING TO TAKE WITH PATIENT):

Referral letter: Yes / No

Recent clinic letter / summary for all longterm patients: Yes / No

Current medical & nursing notes including blood results, blood gases + copies ECG/rhythm strip (as appropriate): Yes / No

Current drugs chart, PEWs/observation chart and fluid charts: Yes / No

Request radiology uploaded onto PACS or CD of radiology to be transferred with patient: Yes / No

OBSERVATIONS RECORDED ON TRANSFER:

- Observations completed and recorded just prior to departure
- Continuously monitor all observations during transfer & record (circle choice) every 15min / 30 mins
- Observations completed and recorded on arrival

Pain assessment

Time last analgesia (drug / dose):

| Date | Pre Departure | Transfer | | | | | | | | | | Arrival | | | |
|---|---------------|----------|--|--|--|--|--|--|--|--|--|---------|--|----|-----|
| Time | | | | | | | | | | | | | | | |
| Temperature + site °C | | | | | | | | | | | | | | | |
| 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 |
| 90 | | | | | | | | | | | | | | 90 | |
| 80 | | | | | | | | | | | | | | 80 | |
| 70 | | | | | | | | | | | | | | 70 | |
| Respiratory Rate | 60 | | | | | | | | | | | | | | 60 |
| | 50 | | | | | | | | | | | | | | 50 |
| | 40 | | | | | | | | | | | | | | 40 |
| | 30 | | | | | | | | | | | | | | 30 |
| | 20 | | | | | | | | | | | | | | 20 |
| | 15 | | | | | | | | | | | | | | 15 |
| | 10 | | | | | | | | | | | | | | 10 |
| 5 | | | | | | | | | | | | | | 5 | |
| 0 | | | | | | | | | | | | | | 0 | |
| FiO ₂ | | | | | | | | | | | | | | | |
| SpO ₂ +/- ET CO ₂ | | | | | | | | | | | | | | | |
| Type / mode Resp support | | | | | | | | | | | | | | | |
| PIP/PEEP | | | | | | | | | | | | | | | |
| Rate | | | | | | | | | | | | | | | |
| Tidal Volume | | | | | | | | | | | | | | | |
| Neurological Assessment | AVPU | | | | | | | | | | | | | | |
| | Pupil R/L | | | | | | | | | | | | | | |
| | Bld Glucose | | | | | | | | | | | | | | |

Details of any treatment(s) given or incident(s) en-route:

Care handed over to (name / grade):

Time handed over:

Handover delivered by (name / grade):

Signed:

3 Copies STOPP form (for patient notes at both referring and receiving hospitals, & PCCN audit)

Patient documentation handed over: All drugs/fluids/blood products handed over / disposed of: