

STOPP Tool (Safe Transfer Of Paediatric Patient)

Assessment tool for inter-hospital transfers not being performed by IPATS retrieval team.

Patient details (Sticker)

Name: _____

DOB: _____

MRN: _____

Referral Details

Referring Doctor+ Consultant: _____

Receiving Consultant+ Hospital: _____

Indication for transfer: _____

Date and time of referral: _____

Time of bed availability: _____

Time of departure: _____

Transfer Category- Complete risk assessment tool on the back of this page for each patient.

Use table below to guide which team members are required for safe patient transfer.

Transfer category (destination)	Risk assessment triggers?	Staff required	IPATS discussion required?
Ward bed	None anticipated	Parent only +/-Nurse +/- Paediatric Doctor*	No
HDU level care	No	Nurse + Paediatric Doctor +/- Anaesthetic Doctor*	Yes
PICU bed	No/Yes	Nurse+ Anaesthetic Doctor +/- Paediatric Doctor*	Yes

*This is a guideline and ultimately a multi-disciplinary decision should be made based on clinical status.

Teams members required for transfer: (Please circle)

Nurse: Y/N Paediatric Doctor: Y / N Anaesthetic Doctor Y / N

A Paediatric consultant should review in person every child being transferred.

Risk assessment completed by:

Doctor Name: _____

Signature: _____

Date and time: _____

At time of transfer please also refer to following documents:

- Transport considerations for the transfer of the critically ill child by the referring hospital team.
- Paediatric Critical Care Transport Record: This should be completed before and during transfer.

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Risk Assessment Prior to Transfer

	RISK ASSESSMENT PRIOR TO TRANSFER	Y/N
A	Is there Stridor/Stertor or anticipated airway risk e.g. Foreign body, difficult airway, facial burns?	
B	Is the respiratory rate outside of the normal age adjusted range (PEWS RR ≥ 2 or total PEWS >4)?	
	Is there significant respiratory distress. E.g. Marked recession/ early exhaustion?	
	Is there an oxygen requirement or is the patient on Hi-flow, CPAP or BiPAP? (FiO ₂ = _____)	
	Is the patient intubated + ventilated?	
C	Is the blood pressure outside of the normal age adjusted range (PEWS BP ≥ 2 or total PEWS >4)?	
	Is the heart rate outside of the normal age adjusted range (PEWS HR ≥ 2 or total PEWS >4)?	
	Is the capillary refill > 2 secs? (Cap refill= _____)	
	Is the blood gas lactate > 2 AND/OR Base deficit < -2 ? (Lactate= _____)	
	Has >40 ml/kg I.V. fluid been administered within the last 4 hours?	
	Is the patient on inotropes/vasopressors?	
	Is there a risk of cardiovascular collapse. e.g. Enlarged liver, oliguria, abnormal heart rhythm?	
D	Is the level of consciousness falling, fluctuating or reduced (GCS <9 /AVPU $<P$)? (GCS= _____)	
	Is there a risk of progressive intracranial pathology?	
	Are there signs of raised ICP e.g. Bradycardia; hypertension; unequal, dilated or fixed pupils?	
	Has there been prolonged hypoglycaemia/raised ammonia (despite treatment/intervention)?	
E	Is there inadequate ability to maintain normothermia (despite treatment/intervention)?	
	Is this a major trauma with risk of unrecognised injury?	

ARE ANY A/B/C/D/E RISK ASSESSMENT CRITERIA TRIGGERED?

IF YES:

1. Ensure paediatric consultant is aware and has agreed transfer.
2. If indicated contact critical care team.
3. Treat immediate findings appropriately and reassess.
4. Consider early discussion with IPATS (or MICAS when unavailable).

For children with congenital or acquired cardiac disease disregard medical escalation suspensions when completing this tool and have a low threshold for ICU review.

Transport considerations for the transfer of the critically ill child by the Referring Hospital Team

1. Assessment

A decision for transfer to be undertaken by the regional hospital team will be reached following discussion between the referring consultant and the retrieval consultant/ receiving Consultant Intensivist. A joint management plan will be formulated at this time.

Staff most familiar with inter-hospital transfer and competent in airway management should perform the transfer. This will usually be a member of the anaesthetic team from the referring hospital.

2. Initial Stabilisation

In general, initial stabilisation must be undertaken where possible at the regional hospital prior to transfer. However, certain pathology will only respond to definitive intervention at the receiving site. For such cases, time should not be wasted on futile attempts to achieve stability.

In addition to ensuring minimum criteria for safe transfer are met (see below), clear communication must be maintained with the family and the receiving unit at all times.

3. Minimum criteria for safe transport: Paediatric Retrieval

Before transfer, children should be stable, have adequate venous access and appropriate monitoring. Our guidelines on stability and minimum standards are as follows:

Airway

- If Self maintained (GCS >8, unobstructed breathing pattern)
- If Airway adjunct (correct position, patent and secure)
- If intubated (ETT securely fixed and position confirmed on CXR)

- Good chest lift and A/E bilaterally
- CXR reviewed (no pneumothorax)
- Ventilation established on transport ventilator
- HME filter in-situ
- Adequate gas exchange confirmed by blood gas analysis

Circulation

- Active bleeding controlled
- HR and BP within normal range for age (where achievable)
- Evidence of adequate perfusion (peripheral pulses palpable, passing urine, lactate clearing)
- Working vascular access lines(IV or IO) x 2
- Vasoactive medications may be administered peripherally if required where central access cannot be obtained (monitor closely for extravasation)
- Age appropriate maintenance fluid

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Disability

- Initial GCS recorded
- Pupillary responses documented
- Adequate sedation and analgesia
- Muscle relaxed (consider intermittent boluses for transfer)
- Seizures controlled (normal glucose?)
- Electrolyte disturbances corrected (where achievable)

- Neuroprotective measures (in the case of significant head injury)
 - Positioned head up 30 degrees (unless spinal precautions in place)
 - PaO₂ 10-15kPa
 - PaCO₂ 4.5-5.0kPa
 - Normothermic
 - Osmotic agent (mannitol or sodium chloride 3%) available for administration

Exposure

- Normothermic (avoid active rewarming following cardiac arrest)
- Document rash or evidence of injury
- Trauma/burns management as per APLS protocols

Monitoring

- Oxygen saturation
- ECG
- Blood Pressure
- End tidal CO₂ (if intubated)
- Pre-departure glucose
- Temperature

Logistics

- Appropriate transport team assembled
- Ambulance secured via National Ambulance Service

Communication

- Transport flow sheet commenced
- Case notes, x-rays, lab results
- Transfer summary letter prepared
- Location of bed confirmed
- Telephone numbers of referring and receiving units available
- Receiving unit advised of departure time and estimated time of arrival
- Relatives informed
- Return travel arrangements in place
- Ambulance crew briefed
- Garda escort arranged if appropriate

(State: 'Time Critical Emergency Patient Transfer'. State if ambulance trolley is required and ensure adequate oxygen is available. Clarify if power will be available)

Paediatric Critical Care Transport Record

TRANSPORT BY OWN HOSPITAL TEAM (IPATS will use separate documentation)

Date:

NAS Ref no:

NAS referral time:

Team departure time:

PICU & IPATS referral: 1800 222 378

Referring Hospital _____ Unit _____ Contact number _____

Receiving Hospital _____ Unit _____ Contact number _____

Call made by: Dr _____ Referred by (Consultant) _____

Accepting PICU Consultant: _____ Contact number _____

Transport Team: Doctor(s) _____

Nurse(s) _____ Other _____

Ambulance Crew _____

SUMMARY OF PATIENT'S DETAILS

Patient Name: _____ **MRN** _____ **Sex:** (Male/Female)

Date Admitted: _____

D.O.B _____ **Corrected gest. age:** _____ **Weight:** _____ (kg) **Estimated:** Yes/ No

Diagnosis

Current Problems:

Relevant Past Medical History:

PARENTS DATA

Mum's Name _____ **Dad's/Partners Name** _____

Mobile Phone numbers: _____

Marital Status: _____

Patient Immunisations: _____

Patient Allergies: _____

Parents informed of transport: Yes ☐ No ☐ (If no why _____)

Child Protection Issues: Yes ☐ No ☐

Consent for transport taken: Yes ☐ No ☐

Parents - Given Name of Hospital/Unit: Yes ☐ No ☐

Given Unit Contact Numbers: Yes ☐ No ☐

PHYSICAL EXAMINATION BY STAFF TRANSPORTING THE PATIENT

Head and Neck	CNS/PNS
Heart /CVS	MSK/Skin
Chest/Resp	Pelvis/Perineum
Abdomen	Other

	Intervention	Time	Details (size, route, site etc.)
A	Primary Intubation		Size: Taped at: Oral / Nasal
	Re-Intubation (for leak/elective)		Size: Taped at: Oral / Nasal
	Repositioning ETT		Re-taped at:
	Tracheostomy/LMA/Surgical Airway		Size:
	Chest x-ray		ET position confirmed Yes /No
B	Ventilator		Settings:
	Endotracheal Suctioning		Yes/No Secretions:
	Inhaled Nitric Oxide		PPM:
	Chest Drain		Size: on drainage:
C	Inotropes		Drug: Rate: Drug: Rate:
	Central Venous Access		Size: Site: Length:
	Arterial Line		Size: Site:
	Intra-osseous Needle		Size: Site:
	Peripheral Access		Size: Site: Size: Site:
	CPR/Defibrillation		Shock: Y/N if yes: joules/kg Drugs: Y/N Compressions: Y/N
D	CT Scan		Type:
	3% Saline/ Mannitol		Mls/kg or Grams/kg:
	C Spine Precautions in place		Yes/No
	Urinary Catheter		Size:
	NGT/OGT		Size: Taped @
Other Investigations (Lab)			

BLOOD RESULTS

ABG/VBG/CBG	HC03-	WCC	aPTT	Cl-	Mg2+	Bili
pH	B.E	Hb	PT	Urea	P04	Other:
PC02	Lactate	Hct	Na+	Creat	CRP	
P02	Glu	Plt	K+	Ca+	Alb	

INFUSIONS

Fluid intake: mls/kg/day or % maintenance

Fluid type:

Date/Time	Drug	Amount added	Solution	Volume	Concentration (1ml/hr =)	Dose	Prescriber Signature	Admin/Check Signature
					/kg/			
					/kg/			
					/kg/			
					/kg/			
					/kg/			

Boluses						
Date/Time	Drug/Fluid & Dose		Prescriber Signature	Admin Signature	Checker Signature	

Blood Products						
Date/Time	Product	Batch number	Expiry Date	Prescriber Sign	Admin Sign	Checker

Observations at commencement of preparation for transport and every 15- 20 minutes during transport

1 At referring hospital unit 2 Patient Transport Trolley 3 On departure from unit 4 On switch over to ambulance/aircraft gas & power supply 5 En route in ambulance/aircraft 6 On arrival at receiving unit 7 On transfer to bed/cot/incubator

Observations: Time												
Stage of transport (no. as above)												
Temperature: Axilla/Core/Skin												
Ambient/Incubator set/temp												
200												
190												
180												
Heart Rate: 170												
160												
150												
140												
130												
120												
110												
100												
90												
80												
70												
60												
Respiratory Rate: 50												
40												
30												
20												
10												
IBP <input type="checkbox"/> NIBP <input type="checkbox"/> Sys/Dia												
Mean BP												
Central Cap Refill Time (CRT)												
Respiratory												
O2 saturations												
ETCO2												
FiO2												
Ventilation												
Mode: VC/PC/SIMV/ PS-CPAP/NIV/High Flow												
Vent rate												
Tidal volume												
PIP												
PEEP/CPAP												
I Time												
I:E ratio												
High flow rate L/min												
Drainage	At base					On departure					On arrival to IPCU	
Time												
Urine Output: mls/colour												
NGT Loss: mls/colour												
Chest Drain: mls/colour												

[illegible]