

Clinical Guideline

WATCH - Time Critical Transfers by Local District General Hospital (DGH) Teams

SETTING	Wales and West Acute Transport for Children (WATCH) Service
FOR STAFF	All staff involved in the transfer of critically ill child between local referring centres and tertiary paediatric services

Transfers that are described as ‘time critical’ are those where the benefits to the child of a rapid transfer to a tertiary centre by the local team outweigh the potential risks of a non-specialist transfer. The two most readily identifiable groups of children who fall into this category are those with acute neurosurgical emergencies and those with acute intra-abdominal emergencies requiring surgical intervention. There may, however, be other children for whom, after discussion between the WATCH Consultant, referring and receiving centre Consultants, local team transfer is deemed appropriate.

GUIDANCE

Remember to involve WATCH from the time of seeking specialist advice in order to facilitate the most efficient and appropriate transfer for your patient – 0300 0300 789

Communication between responsible clinicians (referring / receiving) can all be co-ordinated through the WATCH service.

SOUTH WEST		WALES	
Trauma Calls	Major Trauma Hotline 0300 0300 789 Includes neurosurgical and general surgical trauma	Trauma calls	Via the Welsh Trauma Desk 01633 293386
Neurosurgery (non-trauma)	Via BRHC switchboard 0117 923 0000 and ask for the Paediatric Neurosurgical Registrar	Neurosurgery	Via UHW Cardiff switchboard 02920 747747 and ask for Neurosurgical Registrar on bleep 6464
General Paediatric Surgeons (non-trauma)	Via BRHC switchboard 0117 923 0000	General Paediatric Surgeons	Via UHW Cardiff switchboard 02920 747747

Key Principles

- Staff most familiar with inter-hospital transfer and capable of managing the airway should perform the transfer. This will usually be a member of the anaesthetic team from the referring hospital.
- Initial stabilisation must be undertaken at the local centre prior to transfer.

Stabilisation Priorities: SAFE but SWIFT transfer - Do not delay for unnecessary procedures

- Contact local ambulance service and inform them of 'time critical emergency patient transfer' and get an expected response time agreed.
- Ensure stabilisation/transfer checklist completed (Appendix 1)
- Update the parents on the child's condition and plan for transfer as soon as possible.
- Aim to transfer one parent / caregiver with the child.
- Welsh centres: consider use of **EMRTS** to facilitate transfer to Cardiff / Swansea – call the Welsh Trauma Desk **01633 293386**.

RELATED DOCUMENTS South West Paediatric Major Trauma Network and Major Trauma Centre – Acceptance, Transfer and Repatriation Policy

Burns Care Delivery Plan – Wales

SAFETY

QUERIES Contact WATCH 0300 0300 789

APPENDIX 1. STABILISATION / TRANSFER CHECKLIST (please print and use)

PLEASE DISCUSS CLINICAL CONCERNS WITH THE WATCH CONSULTANT – 0300 0300 789		
AIRWAY	Check ETT position on CXR (ideal position T2)	
	ETT securely fixed (Elastoplast tape / fixation device)	
	Oro/nasogastric tube in place – free drainage for transfer	
	Helicopter transfer – replace air in ETT cuff with 0.9% NaCl	
BREATHING	Established on transport ventilator with continuous ETCO ₂ monitoring	
	Recent blood gas (cap / art) which demonstrates adequate gas exchange	
	Analgesia / sedative / muscle relaxant infusions running; standard infusions as per WATCH drug sheet (www.watch.nhs.uk) <ul style="list-style-type: none"> • Morphine 20-40mcg/kg/hour • Midazolam 100mcg/kg/hour • Rocuronium 600-1200mcg/kg/hour (or alternative e.g. Atracurium) 	
CIRCULATION	Minimum 2 well secured points of working intravenous / intraosseous access +/- arterial access (do not delay transfer to gain central venous / arterial access)	
	If not already receiving inotropes prepare an infusion and have ready in a syringe pump for the journey (if unsure discuss with WATCH Consultant on 0300 0300 789)	
	Maintenance fluids running	
DOCUMENTATION	Ensure radiological imaging available via PACS (CD copy if not sure) Bring photocopies of most recent relevant notes and any safeguarding paperwork* with the child	
NEUROLOGY	Pupillary responses monitored and recorded regularly (15 minutes during transfer)	
	Blood glucose corrected / > 3.5mmol	
	Seizures controlled (if relevant)	
	Maintain low normothermia 36.0 – 36.5°C (unless therapeutic cooling in place)	
MONITORING	Minimum standard of monitoring; <ul style="list-style-type: none"> • Continuous ECG / SpO₂ / ETCO₂* (*ventilated patients) • NIBP cycling every 5 minutes / Temperature Record vital signs every 10 minutes throughout the journey	
FAMILY	Fit to travel (consider travel sickness) Discuss required behaviours during transfer for team safety	
SAFETY / EMERGENCY KIT	Airway	Guedel airway, facemask, bagging circuit / Ambubag, spare ETTs, laryngoscope / blades (check light), stethoscope, tape, portable suction with suction catheters (ETT size x 2), yankauer
	Breathing	Full CD oxygen cylinder for transfer to / from ambulance Confirm ambulance gas supply with crew
	Circulation	Fluid boluses / resuscitation drugs available
	Neurological	Hypertonic saline (2.7% or 5%) / Mannitol available