Safe Transfer of Paediatric Patients (STOPP) Tool

Wales and West Acute Transport for Children

Bristol Royal Hospital For Children

Please use the STOPP Tool for all inter-hospital transfers in South Wales and South West England

Family Name:	**First Name:**
Date of Birth:	**Age:**
NHS No:	
Hospital No:	
Address:	
Post Code:	
GP Name:	**GP Practice:**

Weight (kg): ☐ **Actual / Estimated**

IF transfer discussed with WATCh:

Date of referral:

Time of referral:

Call made by:

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 specialist recommendations:

S

B

A

R

INDICATION FOR TRANSFER:	**Escalation of treatment**	**Investigations**	**Repatriation**	**Bed Capacity**	**Palliative Care**

Consensus risk assessment

PERFORM RISK ASSESSMENT (Page 2), THEN TICK INDICATE CATEGORY BELOW

TRANSFER ASSESSMENT		**TRANSFER TEAM**	
Transfer no longer required	☐	**Local Hospital Team**	
Ward Level (Level 0)	☐	**SWAST + Parents +/- Nurse Only**	☐
Basic Critical Care (HDU / PCC Level 1)	☐	**Paediatric: Doctor/ANP + Nurse**	☐
Intermediate Critical Care (PCC Level 2)	☐	**Anaesthetic: Doctor + Nurse/ODP**	☐
Advanced Critical Care (PCC Level 3)	☐	**Hybrid Paediatric/Anaesthetic Team**	☐
AND/OR Time Critical	☐	**AMBULANCE CREW REQUESTED**	
ASSESSMENT COMPLETED BY:		**Standard Crew**	**Paramedic Crew**
NURSE: (Name, Role, Signature)		**OTHER**	
		WATCh	
DOCTOR: (Name, Role, Signature)		**Other Transport Team**	Please state

TRANSFER DOCUMENTATION – NOTES

SYSTEM	RISK ASSESSMENT PRIOR TO TRANSFER			ASSESSMENT
A	Stridor/Stertor or anticipated AIRWAY RISK (foreign body / difficult airway)			YES / NO
	Airway or facial burns, smoke or gas inhalation			
B	Respiratory Rate =		Outside normal age adjusted range?	YES / NO
	Respiratory distress (Recession, increased WOB, early exhaustion)			YES / NO
	Oxygen requirement >2L/min to maintain SpO_2 > 94%			YES / NO
	High Flow / CPAP / BiPAP			YES / NO
	Intubated and Ventilated			YES / NO
C	Systolic BP =		Outside normal age adjusted range?	YES / NO
	Heart Rate =		Outside normal age adjusted range?	YES / NO
	Serum lactate > 2mmol/L OR Base Deficit > -2mmol/L			YES / NO
	Fluid boluses > 40ml/kg in past 6 hours			YES / NO
	Cardiac infusions (include inotropes AND/OR prostaglandin)			YES / NO
	Risk of cardiovascular collapse (ie: enlarged liver, oliguria, abnormal heart rhythm)			YES / NO
D	Level of consciousness: P or U (AVPU) / GCS < 9 / Falling or Fluctuating LOC			YES / NO
	Risk of progressive intracranial event or signs of raised ICP: Bradycardia / Hypertension / Abnormal Breathing / Unequal, Fixed or Dilated Pupils			YES / NO
	Prolonged Hypoglycaemia or Hyperammonaemia			YES / NO
	Major trauma			YES / NO
E	Inability to maintain normothermia (despite treatment / intervention)			YES / NO

ARE ANY A B C D E CRITERIA TRIGGERED?

If yes, Paediatric / Anaesthetic Consultants and Senior Nurse should review child and agree team membership.
Use table below to determine the appropriate team required to undertake transfer.
If indicated, and following consultant review, contact WATCh for transport advice: 0300 0300 789

TRANSFER CATEGORY	ANY TRIGGERS?	STAFF REQUIRED	D/W WATCh?
Level 0 (Ward Level) Child not on continuous monitoring	None Anticipated	Parent/Carer or Nurse (or both) Standard ambulance crew	NO
PCC Level 1 (Basic Critical Care) ie Continuous Monitoring / IV therapy / other PCC Level 1 care [Can be challenging: careful decision by senior nursing & medical staff essential before transfer]	No	Experienced nurse / doctor OR paramedic ambulance crew (Nurse/Doctor essential if on IV fluids / drugs)	NO
	Yes	Experienced nurse / doctor (or both) AND paramedic ambulance crew OR WATCh transfer (where agreed)	YES
	Yes, AND High Flow	WATCh transfer	YES
PCC Level 1 Acute intervention for >24hr	Yes or No	Experienced nurse / doctor (or both) AND paramedic ambulance crew OR WATCh transfer (where agreed)	YES
PCC Level 2 Intermediate Critical Care	Yes or No	WATCh Transfer	YES
PCC Level 3 Advanced Critical Care Intubated and Ventilated	Yes (by definition)	WATCh Transfer (UNLESS Time Critical)	YES
Time Critical (Level 1 - 3)	**Yes (by definition)**	**Experienced nurse AND doctor AND paramedic ambulance crew**	**YES (for advice)**

TRANSFER DOCUMENTATION – NOTES

PERSONNEL			
Doctor 1 (Name, Specialty, Grade)			
Doctor 2 (Name, Specialty, Grade)			
Nurse / Technician (Name, Specialty, Grade)			
Parent / Carer Details (including Mobile number)		**In ambulance? YES / NO**	
EQUIPMENT		**INFUSIONS /FLUIDS**	
Appropriate drugs & equipment available	☐	Analgesia (as required)	☐
Suction unit & batteries fully charged	☐	Intubation drugs + equipment	☐
Sufficient oxygen in portable cylinder available	☐	Emergency / resuscitation drugs	☐
Appropriate harness available (eg ACR harness)	☐	IV Fluids (including maintenance + bolus)	☐
Charged batteries for monitor and infusion pumps	☐	Blood Products	☐
Infusion devices rationalised and secured	☐	Other eg anticonvulsants / antibiotics etc	☐
COMMUNICATION			
Bed in destination hospital identified and availability confirmed (with nursing team / bed manager)			☐
Consultant in destination hospital has agreed transfer			☐
Parents / Carers informed of transfer and any parental concerns discussed			☐
Parents / Carers given map/postcode & ward contact number if not travelling with the team			☐
Parents / Carers invited to accompany the child or separate transport arranged to receiving unit			☐
ALERTS - Allergies, safeguarding, CAMHS etc. Clearly documented AND verbally communicated to receiving team			☐
TRANSPORT TIMES		**AMBULANCE**	
Time ambulance called	:	Patient secured using weight appropriate harness	☐
Time ambulance arrived (referring hospital)	:	All equipment appropriately secured in ambulance	☐
Time team + patient left referring hospital	:	Mobile phone available	☐
Time of arrival at receiving hospital	:	Return travel organised / confirmed & team aware	☐
Time transport team arrived back at base hospital	:	Money /cards for emergencies (transfer team):	☐
PATIENT SPECIFIC INSTRUCTIONS FOR TRANSFER		**OTHER**	
If intubated & ventilated monitor $ETCO_2$	☐		
MINIMUM monitoring: ECG, SpO2, Non-invasive BP	☐		
IV access x 2	☐		
Nil by Mouth / consider NG tube for surgical patients	☐		
Blood glucose checked before and after transfer	☐		
Temp & pupils checked before +/- after transfer	☐		
Maintenance IV fluids +/- iv anti-emetics (esp. older child):	☐		
PAPERWORK FOR TRANSFER (PHOTOCOPY THE FOLLOWING TO TAKE WITH PATIENT)			
Referral letter Current medical & nursing notes including blood results, blood gases + copies ECG/rhythm strip (as appropriate)			☐ ☐
Recent clinic letter / summary for all long term patients			☐
PEWs/observation chart and fluid charts			☐
Request radiology uploaded onto PACS or CD of radiology to be transferred with patient			☐
Current drugs chart with all medications administered signed for			☐

TRANSFER DOCUMENTATION – NOTES

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																
O_2 Supply check																
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:**

Copy of STOPP form left with receiving centre	☐
All drugs/fluids/blood products handed over / disposed of	☐
Patient documentation handed over to receiving team	☐

TRANSFER DOCUMENTATION – NOTES