Paediatric Intensive Care Unit

Intra-hospital transfer of a sick/ill child or young Person between departments within the hospital

Staff relevant to:	Medical and Nursing staff caring for children in the PICU, CICU and ward 12
Approval date:	January 2023
Version:	3.0
Revision due:	January 2026
Written by: Reviewed by:	Anne Armitage Nina Hall & Fiona Taylor
Trust Ref:	C101/2016

1. Introduction

The aim of this guideline is to provide a standard to ensure the safe and uneventful transfer of a sick/ill child between departments within the hospital setting.

Related documents:

Transfer of Child Who Requires an Escort to Another Ward UHL Childrens Hospital Guideline Trust ref: C100/2016
Time-Critical Transfer of the Sick or Injured Child UHL Paediatric Emergency Department Guideline Trust ref: C141/2016

Contents

2. Guideline Standards and Procedures	
No	ACTION
1.	Prior to transfer contact the receiving department and ensure they are expecting the child. Make sure that everyone involved is aware of the time, the child's condition and the reason for transfer. (This includes all other teams that may not be present on CICU/ cPICU at the time, but need to be aware of the transfer, examples include, ECMO team, theatre, Perfusionists, Consultants.) - Clear communication is key at all times.
2.	<u>Ensure all required equipment is ready and checked</u> Required equipment: - MRI/CT checklist if going to these areas. - Emergency grab bag in cPICU/ Transfer bag in CICU. - Portable monitoring. - Ensure all monitors and pumps are adequately charged - Ensure appropriate electrical leads/adaptors are available - Appropriate bag/mask/Ambubag/Anaesthetic bag with a T piece – attached to gas source. - Portable ventilator. - Portable Co2 monitoring with spare batteries (if not on portable monitor) - Spare Oxygen cylinders x2. - Suction with right size catheters. - Emergency drug box, with weight appropriate crash sheet and arrest drugs. - Sedation drugs. - Fluid (if required). - Infusions on MRI lines or compatible MRI pumps (if required). - ECMO emergency drawer (if required). - Doctor/Nurse/any other required medical personnel. - Porter if required.
3.	<u>Ensure parents are aware of the transfer and the reasons why</u>. (Some tests require parental consent and completion of a patient history form. e.g. MRI therefore parents may need to be present).
4.	<u>The child must be stabilised as much as possible before transfer</u>.
5.	<u>Before moving the Child</u>: Ensure the safety of: - Airway/ ventilation with secure ETT tapes - Lines/Catheters/NG tubes making sure all are attached to the bed/Child. Ensure continuation of: - Monitoring. - Infusions that cannot be stopped for transfer i.e. inotropes/sedation. Ensure that you have: - Access that has been flushed and is patent. - Drug infusions to last the entirety of the journey. - Thought about hypoglycaemic control stopped feed prior to transfer. - Enough Oxygen/gases. - Maintained the Child's temperature.

	- Giving any drugs that may be due that could affect the Child's condition during the transfer, i.e. sedation.
6.	Take appropriate documentation as required: - Child's notes. - Drug chart. - Theatre checklist.
7.	Ensure the child is closely monitored throughout the transfer - Record and document vital signs. - Do not alter anything in the child's treatment unless completely necessary. - Keep all trolley transfers and handling to a minimum. - Maintain patient confidentially and dignity at all times.
8.	When back on the unit: - Make sure the child is stable after the transfer. - Document any changes and interventions undertaken. - Clean, check and restock any equipment used. - Complete a Datix if an untoward incident happened. - Recognise praise and learning outcomes as appropriate.

3. Who should be transferring the Child?

- Nurse and Doctor who are both competent with the equipment and the requirements of the Child.
- Ideally PLS/APLS trained.
- Ideally a qualified nurse with the Critical Care Course, however, when this is not possible the Nurse in Charge or other appropriate member of staff may also accompany.

Equipment should be checked every shift to ensure the tag is sealed. A full check should be completed once a month and again if the bag is opened. All checks must be documented and tag numbers recorded.

4. Education and Training

Training sessions are available through Specialist Nurse – Clinical Transport.

5. Monitoring Compliance

None currently identified

6. Supporting References

Advanced Life Support Group, Wiley – Blackwell. (2017). Advanced Paediatric Life Support, A Practical Approach to Emergencies. Sixth Addition.

Department of Health (2004) 'National Service Framework for Children, young people and Maternity Services.' The Stationary Office, London.

Dixon M et al (2012) 'Paediatric Intensive Care Nursing.
Wiley-Blackwell Chichester Wilson P (2007) 'Fasten their seatbelts: legal restraint of children in car seats and road ambulances. Paediatric Nursing. 20, 1, 20 -25

7. Key Words

Transfer, Transport, Escort, Child, Young Person, HDU, Critical Care

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) **Nina Hall – Registered Nurse** **Fiona Taylor – Senior Sister**	**Executive Lead** **Chief Nurse**
Details of Changes made during review: Updated scope Changed reference to GH & LRI to CPICU &CICU Added - Ensure all monitors and pumps are adequately charged – Ensure appropriate electrical leads/adaptors are available	

Appendix: Transport Checklist

University Hospitals of Leicester NHS
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Affix Patient Label

Date: _____

Intrahospital Transport of patient (non-ECMO) checklist

Nurse: _____ **Register/ANP/Consultant**_____

Time to Scan:_____ **Returned from Scan:**_____

	CHECK		CHECK
Airway Grade		Portable Monitor and cables ECG, sats, BP cycling (Fully charged batteries and appropriate leads)	
ETT Size & Position		Adequately sedated +/- paralysed	
ETT Secure		Pupils Size & Reaction	
Suction to airways prior to departure		Crash sheet & drugs	
Tracheostomy size		IV access flushed; cannula for contrast administration reliable	
Tracheostomy Box		Phoned Scan/receiving unit prior to leaving unit	
Airway Bag		Notes Present Including drug chart	
Ambu Bag/ Bagging circuit/Facemask		MRI consent for all personnel	
Ventilator: Babypac (< 10kg) Oxylog 3000+ ; tubing: Blue for 5 - 20Kg White for > 20kg +		Equipment MRI compatible, long infusion lines, long bagging circuit	
Oxygen Cylinders x2 full		PICU consultant aware	
Portable suction with appropriate catheters and Yankeur		Nurse in charge aware	
EMMA/et CO2 monitoring		Parents informed	

MONITORING PRIOR, DURING and AFTER MRI/CT Scan

Time										
200										
180										
160										
140										
120										
100										
80										
60										
40										
20										
0										
ETCo2										
PIP/TV										
PEEP										
FiO2										
Rate										
Sats										
HR										

Bolus Given (Ensure all documented/prescribed on chart)**:**

Time	**Drug**	**Amount**	**Time**	**Drug**	**Amount**

Alterations/Adverse Events in treatment:

Post Transfer: Ensure patient is safe (full set of observations documented on return; check temperature & glucose in neonates/infants); recommence any stopped infusions/feeds if appropriate
All equipment cleaned, restocked and put back to store/plugged into main power supply