



Nurse Led Transfer Criteria CoMET SOP

This guideline is for use by healthcare staff, at CoMET undertaking critical care retrieval, transport and stabilisation of children, and young adults.

CoMET is a Paediatric Critical Care Transport service and is hosted by the University Hospitals of Leicester NHS trust working in partnership with the Nottingham University Hospitals NHS Trust.

The guidance supports decision making by individual healthcare professionals and to make decisions in the best interest of the individual patient.

This guideline represents the view of CoMET, and is produced to be used mainly by healthcare staff working for CoMET, although, professionals, working in similar field will find it useful for easy reference at the bedside.

We are grateful to the many existing paediatric critical care transport services, whose advice and current guidelines have been referred to for preparing this document. Thank You.

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Education and Training

1. Annual Transport team update training days
2. Workshops delivered in Regional Transport Study days/ Outreach

Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Incident reporting	Review related Datix	Abi Hill – Lead Transport Nurse abi.hill@uhl-tr.nhs.uk	Monthly	CoMET Lead Governance Meeting
Documentation Compliance	Documentation Audit	Abi Hill – Lead Transport Nurse abi.hill@uhl-tr.nhs.uk	3 Monthly	CoMET Lead Governance Meeting



Nurse Led Transfer Criteria

Standard Operating Procedure

1. Introduction

This Standard Operating Procedure (SOP) sets out the clinical criteria of the patients suitable for nurse led transfer. CoMET provides a repatriation service to transport paediatric patients no longer requiring critical care, back to their local hospital for continuing care. The lists are not exhaustive and clinical judgement should always be used.

2. Scope

This policy is relevant to all CoMET team members.

3. Policy Aims

To provide guidance to ensure CoMET's patients are safely transferred by the right team.

4. Nurse Criteria

The nurse must be proficient in the safe transfer; assessment and treatment of paediatric and neonatal patients, as assessed by completion of CoMET transport passport.
Up to date with APLS.

5. Referring unit criteria

Senior medical review of patient has been completed and documented to ensure the patient is suitable for a nurse only transfer.
Bed has been confirmed at the receiving hospital

6. CoMET Team Safety

A risk assessment has been carried out to ensure that the safety of the Nurse and SJA crew member's safety will be maintained throughout the journey
A handover has been given and the nurse has an awareness of any ongoing behavioural concerns
If any concerns are raised, the CoMET consultant must be made aware

7. Patient criteria - Patients who meet the following criteria are suitable for transfer by a nurse led team:

Airway and Breathing

- Must have been extubated for a minimum of 4 hours
- No stridor or airway risk
- PEWS/clinical observations normal or baseline for patient/condition
- Self-ventilating in less than 35% or 5L oxygen which has not increased in the last 24 hours.
- Patient requiring overnight NIV, must be self-ventilating during daytime and discussion to be had on case to case basis, if observations are stable.
- No high flow
- Does not have a new tracheostomy (needs have had a first change and reviewed by ENT consultant prior to transfer) – If the patient does have a tracheostomy, there needs to be two people present (in addition to the ambulance driver) for the transfer, one of which needs to be tracheostomy competent. Both members of team to be BLS competent whether this is parent or crew member.
- No chest drains – Needs to have been removed 24 hours previously and the patient must have had a CXR post removal completed and reviewed
- Naso-Pharyngeal airway acceptable if long term and stable
- No significant desaturation in past 24 hours

Circulation

- PEWS/clinical observations within normal range for this child
- No CPR in last 24 hours
- No fluid boluses within 6 hours
- No pacing wires (out \geq 24 hours and ECHO completed)
- No vasoactive drugs

Disability

- Alert only or at child's baseline – no fluctuating GCS
- No signs of raised ICP
- Rescue plan in place for seizures – Rescue medication needs to accompany the child and a parent present to administer the medication in the event of a seizure during the transfer
- Consider Withdrawal – Withdrawal scoring to have been completed within the last 12 hours and ongoing plans of how this will be managed in the DGH to be clearly documented.
- If on PCA/NCA change to CoMET infusion (drawn up as per policy) on Bbraun Infusion device. Consider additional pain relief to be given prior to transfer.

Exposure/Fluids

- IV fluids acceptable – Child needs to be NBM for 1 hour before transfer, need for IV fluids can be assessed by referring team on a child by child basis
- No hypoglycaemia in last 24 hours – Check prior to transfer following being NBM in vulnerable children or those less than 6 months old
- NG or NJ tube and OG tube acceptable
- Maintaining own temperature

Please note that the nurse has the ability to decline/escalate a transfer at any time (please document clearly on Kinseed and datix the reason for change in plan)

8. Supporting documents and Key references

Freeman. L, McCready. L (2020) *Standard Operating Procedure for NISTAR Nurse Led Transport when an infant/child's clinical condition has deteriorated at the referring unit*. [Online] Available from: [SOP-for-NISTAR-nurse-led-transport-when-an-infant-childs-condition-has-deteriorated-at-the-referring-unit \(1\).pdf](#) [Accessed 13th July 2022]

NELPPCN (2019) *STOPP! Safe Transfer of the Paediatric Patient Tool*. [Online] Available from: [stopp-tool \(networks.nhs.uk\)](#) [Accessed 13th July 2022]

Version	Issue Date	Author(s)	Description
2	September 2024	Vanessa Austin Rebecca Etherington	BLS Competency for tracheostomy transfers, considerations for withdrawal scoring, clarification around PCA/NCA's added