

NISTAR Paediatric Critical Care Transfers

DATE D ___ M ___ Y ___

INITIAL CALL ___ 24HR

PICU DR TAKING CALL

PATIENT DETAILS

NAME	MALE FEMALE AMBIGU-	WEIGHT Kg Est <input type="checkbox"/>
DOB: / /	AGE	EST ANONYMISED UNKNOWN
GEST AGE (<2YRS)	ADDRESS & POSTCODE	
H&C NUMBER		MULTIPLE BIRTH Y / N
CH NUMBER		

REFERRAL DETAILS

Hospital	Consultant	Ward/Site
Referring Dr	Speciality	Grade
		Contact No:
Diagnosis	PICU Admitting Consultant	RBHSC Admitting Consultant

OBSERVATIONS AT TIME OF REFERRAL

Airway & C-Spine				Breathing			
CLEAR	COMPROMISED	INTUBATED	TRACHY	SELF	CPAP / BIPAP	VENTILATED	HFOV
ETT:		ORAL	NASAL	FIO ₂		SPO ₂	
ETT SIZE		CUFFED <input type="checkbox"/>		PIP/PEEP		INSP TIME	
ETT LENGTH				MAP		NITRIC	PPM
COLLAR <input type="checkbox"/>	BLOCKS <input type="checkbox"/>	SPINAL BOARD <input type="checkbox"/>		RR/HZ		OXY INDEX	

Circulation			Blood Gases				
HR		FLUID BOLUSES		ART/V/ CAP	ART/V/ CAP	ART/V/ CAP	ART/V/ CAP
BP (M)		CRYSTALLOID	TIME				
CRT		COLLOID	pH				
URINE		BLOOD PRODUCTS	PCO ₂ kPA				
MAINT FLUIDS			PO ₂ kPA				
INOTROPES	ACCESS	IV PERIPHERAL	SBC				
	IV CENTRAL		BE				
	ARTERIAL		LACT				
			GLU				

Disability						Infection		
GCS	/15	A	V	P	U	TEMP	CENTRAL	PERIPHERAL
E	/4	PUPILS		LT	RT	ANTIBIOTICS		
V	/5	SIZE				+VE CULTURES & CULTURES PENDING		
M	/6	REACTION						
SEDATED		MANNITOL	3% SALINE					
PARALYSED		SEIZURES	NGT / OGT					

Results

DATE				IMAGING	PLAIN X-RAYS	CT / ULTRASOUND / MRI
HB				HEAD		
WCC						
PLT				CHEST		
NA						
K						
UREA						
CR				SPINE		
LFT						
NH3				ABDOMEN		
PT						
APTT				PELVIS		
FIB						
CRP				LIMBS		
TOX						
OTHER						

ANY OTHER RELEVANT HISTORY

DRUG ALLERGIES, MEDICATIONS, IMMUNISATIONS (INCL. TETANUS)

Advice Given to Referring Team – dated, timed and signed.

Print name & sign

Initial Referral Outcome	Advice <input type="checkbox"/>	Retrieval In region <input type="checkbox"/> Out of region <input type="checkbox"/>	Bed Request In region <input type="checkbox"/> Out of region <input type="checkbox"/>	Refusal <input type="checkbox"/>	Inappropriate Referral <input type="checkbox"/>
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Child Transferred by
 NISTAR Paediatric NISTAR Neonatal
 If not NISTAR, why not: _____
 IS Team _____
 Local Team
 Planned Transfer Unplanned Transfer

Child not transferred
 Patient improved at referral centre : NISTAR present
 Patient improved at referral centre: NISTAR advice only
 Child died at referring centre before team arrive
 Child died at referring centre (team present)
 Child died on transfer

Transfer cancelled by NISTAR
 Transfer cancelled by referring hospital
 Please state reason why?

If child died, was organ donation considered?

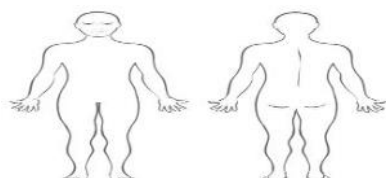
(Please provide a comment when applicable)

TRANSPORT CHECKLIST

INCUBATOR / POD & 3 STRAPS AND COVER		MONITOR – MAINS LEAD		NUMBER OF OXYGEN & AIR CYLINDERS, CALCULATION COMPLETE	
YELLOW DRUG BAG +/- EMERGENCY DRUG BOX		ARTERIAL LINE PRIMED, ARTERIAL CABLE		ETCO2 SAMPLING LINES INFANT OR PAEDIATRIC—VIRAL FILTER TO CONNECT NEO ETCO2 TO CIRCUIT OR	
RED UNDER 10KG BAG		DEFIBRILLATOR		MEDWARMER MATTRESS SMALL OR LARGE	
RED OVER 10KG BAG		PEDIMATE		FRIDGE DRUGS / PROSTIN	
RED EQUIPMENT BAG		HAMILTON VENTILATOR, TUBING & FILTER		MONITOR CABLES ECG, SAO2, NIBP, ARTERIAL BP, ETCO2	
PAEDIATRIC PROCEDURE PACK (SEALED IN EACH AMBULANCE)		SUCTION		AIR CYLINDERS & AIR CYLINDER HEAD	
KETAMINE		SYRINGE DRIVERS		LEATHER TRANSFER FOLDER	
McGRATH + BLADES SIZES 1-4		LARYNGEAL MASKS		CROUP TUBES	
NITRIC CLIP DECK & ? TECH SUPPORT FOR SET UP		PORTABLE ULTRASOUND		DRUG DOSE CALCULATOR	

PATIENT PRE-DEPARTURE CHECKLIST

AIRWAY / BREATHING	AIRWAY SECURE / ETT FIXED	
	CXR CHECKED	
	ABG POST PLACEMENT ON TRANSPORT VENTILATOR	
	HUMIDIVENT / VIRAL FILTER	
	END TIDAL CO2	
	OXYGEN / AIR AVAILABLE IN SUFFICIENT QUANTITY	
	AIRWAY BAG – ETT TUBES, LARYNGOSCOPE BLADES, STETHOSCOPE, GUEDEL, FACE MASK, SUCTION CATHETER	
	AMBUBAG	
	SECONDARY ANAESTHETIC BAGGING SET	
CIRCULATION	APPROPRIATE BP / CIRCULATION MONITORING / DRUG BAG	
DRUGS / FLUIDS	SUFFICIENT AND WORKING IV ACCESS / SUFFICIENT INFUSIONS & VOLUME DRAWN UP	
IV/IA INFUSIONS + IV/IA FLUIDS	ALL INFUSIONS SHOULD BE CHECKED + LABELLED APPROPRIATELY & DRUG CONCENTRATIONS CALCULATED	
SEDATION	SEDATION, ANALGESIA, PARALYSIS	
OTHER	NGT FREE DRAINAGE	
	CHEST DRAINS ON HEIMLICH VALVE	
	EQUIPMENT PACKED (SEE MINIMUM EQUIPMENT LIST ABOVE)	
	MOBILE PHONE	
	MONITOR CABLES SECURED TO TROLLEY / NO TRAILING CABLES	
	PATIENT SECURE	
PAPERWORK/COMMUNICATION	NISTAR / PICU CONSULTANT INFORMED AND PLAN AGREED	
	MATERNAL BLOOD IF SURGICAL NEONATE	
	PICU CONTACTED	
	NOTES COPIED	
	ARMBANDS	



PLEASE REMEMBER YELLOW DRUG BAG

NAME OF DOCTOR DELIVERING HANDOVER:				
GRADE AND SPECIALITY:				
ASSESSMENTS MADE BY NISTAR TEAM		ON ARRIVAL TIME:	RECORD ANY INTERVENTIONS BY THE NISTAR	PRE-DEPARTURE TIME:
AIRWAY LARYNGOSCOPY GRADE	INTUBATED	Yes / No		Yes / No
	IF YES - ETT SIZE AND LENGTH			
	CHEST X-RAY CHECKED			
	IF NO - WHAT IS THE STATUS? CPAP/BAG AND MASK/FACE MASK			
C-SPINE	C-SPINE STABILISED	Yes / No		Yes / No
BREATHING MECHANICAL VENTILATION Yes / No CPAP Yes / No	VENTILATED	Yes / No		Yes / No
	PIP			
	PEEP			
	SPO2			
	RESPIRATORY RATE			
	INSPIRED TIME			
	FI02			
	ETCo2			
	BLOOD GAS			
	CHEST DRAIN IN SITU			
CIRCULATION 1ST SYSTOLIC BP	HEART RATE			
	BLOOD PRESSURE (MEAN)	/ ()		
	CAPILLARY REFILL			
DISABILITY PUPIL REACTION <input type="checkbox"/> BOTH FIXED+ DILATED <input type="checkbox"/> <input type="checkbox"/> OTHER REACTION UNKNOWN EXPOSURE	BLOOD SUGAR			
	PUPILS REACTIVE SIZE LEFT/RIGHT	Yes / No		Yes / No
	GCS			
	SEDATION ANALGESIA PARALYSIS			
	MANNITOL / 3% SALINE			
	TEMPERATURE CORE OR PERIPHERAL			

INTERVENTIONS	LOCAL	NISTAR IN ATTENDANCE		LOCAL TEAM	NISTAR IN ATTENDANCE
PRIMARY INTUBATION			PRIMARY INTRAOSSEUS ACCESS		
RE-INTUBATION			ADDITIONAL INTRAOSSEUS ACCESS		
OTHER AIRWAY			CHEST DRAIN INSERTION		
ET RE-POSITIONING/RE-TAPING			ICP MONITORING		
NON-INVASIVE VENTILATION			HIGH FLOW NASAL CANNULA		
PRIMARY CENTRAL VENOUS ACCESS			CT SCAN/MRI		
ADDITIONAL CENTRAL VENOUS ACCESS			CXR		
ARTERIAL ACCESS			NASO/OROGASTRIC TUBE		
INOTROPE OR VASOPRESSOR INFUSION			URINARY CATHETER		
PROSTAGLANDIN INFUSION			TOTAL FLUID RESUS (MLS/KG)		

INFUSION DRUGS (PRINT APPROVED NAME)	PRESCRIBER'S FULL SIGNATURE	RATE RANGE (MLS / HOUR)	CONCENTRATION	ADMIN & CHECKED BY	TIME START
ADRENALINE		MG IN 50ML (0.3MG/KG IN 50MLS)		
MORPHINE		MG IN 50ML (1MG/KG IN 50MLS)		
MIDAZOLAM		MG IN 50ML(5MG/KG IN 50MLS)		
DOPAMINE		MG IN 50ML (15MG/KG IN 50MLS)		

BOLUS MEDICATIONS

DATE	TIME	MEDICATION	DOSE	ROUTE	SIGNATURE	CHECKED BY

FLUIDS IN

FLUIDS OUT

URINE						
NG						
BALANCE						

FAMILY	PARENT (S) / GUARDIANS NAMES	CONTACT NUMBER(S)	PARENT IN AMBULANCE: YES/NO 1 2 DECLINED TEAM OFFER * VETO *
	PARENTS SPOKEN TO BY: INFORMATION PROVIDED		TRAVELLED BY FAMILY CAR/ HOSPITAL TAXI/TRAIN INFO LEAFLET GIVEN TO FAMILY? Yes / No
	PARENTS LANGUAGE- INTERPRETER REQUIRED Yes / No		
SAFEGUARDING	ARE THERE SAFEGUARDING CONCERNS? YES <input type="checkbox"/> NO <input type="checkbox"/>		

ADVERSE EVENTS & COMPLICATIONS

<input type="checkbox"/> NO CRITICAL INCIDENTS	<input type="checkbox"/>	<input type="checkbox"/> LOSS OF ALL IV ACCESS	<input type="checkbox"/>
<input type="checkbox"/> ACCIDENTAL EXTUBATION	<input type="checkbox"/>	<input type="checkbox"/> CARDIAC ARREST	<input type="checkbox"/>
<input type="checkbox"/> REQUIRED INTUBATION IN TRANSIT	<input type="checkbox"/>	<input type="checkbox"/> MEDICATION ADMINISTRATION ERROR	<input type="checkbox"/>
<input type="checkbox"/> COMPLETE VENTILATOR FAILURE	<input type="checkbox"/>	<input type="checkbox"/> EQUIPMENT FAILURE OR INCOMPATIBILITY IMPACTING ON PATIENT CARE	<input type="checkbox"/>
<input type="checkbox"/> LOSS OF MEDICAL GAS SUPPLY	<input type="checkbox"/>		
<input type="checkbox"/> OTHER CRITICAL INCIDENTS (DETAIL BELOW)	<input type="checkbox"/>		

DETAILS: (REMEMBER TO REPORT VIA DATIXWEB)

PIM 2/ PIM 3

THIS APPLIES TO OBSERVATIONS RECORDED IN THE FIRST HOUR AFTER FACE-TO-FACE CONTACT WITH THE TRANSPORT TEAM DOCTOR

EVIDENCE AVAILABLE TO ASSESS PAST MEDICAL HISTORY?

YES / NO

IF YES, TICK ALL THAT APPLY

ELECTIVE ADMISSION

MAIN REASON FOR ADMISSION

- ASTHMA
- BRONCHIOLITIS
- CROUP
- OBSTRUCTIVE SLEEP APNOEA
- RECOVERY FROM SURGERY
- DIABETIC KETOACIDOSIS
- SEIZURE DISORDER
- ABOVE)

- BYPASS CARDIAC PROCEDURE
- NON-BYPASS CARDIAC PROC
- ELECTIVE LIVER TRANSPLANT
- OTHER PROCEDURE

OTHER (NONE OF THE

- CARDIAC ARREST BEFORE ADMISSION
- CARDIAC ARREST **OUT** OF HOSPITAL
- CARDIOMYOPATHY OR MYOCARDITIS
- SEVERE COMBINED IMMUNE DEFICIENCY
- HYPOPLASTIC LEFT HEART SYNDROME
- LEUKAEMIA OR LYMPHOMA AFTER FIRST INDUCTION
- LIVER FAILURE MAIN REASON FOR ICU ADMISSION
- ACUTE NEC MAIN REASON FOR ICU ADMISSION
- SPONTANEOUS CEREBRAL HAEMORRHAGE
- NEURODEGENERATIVE DISORDER
- HUMAN IMMUNODEFICIENCY VIRUS (HIV)
- BONE MARROW TRANSPLANT RECIPIENT
-

TRANSFER TEAM 1.

2.

(NAME & GRADE) 3.

4.

MEDICAL TECHNICIAN ACCOMPANY PATIENT YES / NO

MOST SENIOR GRADE OF STAFF HANDING OVER

COLLECTION AREA END DESTINATION

MODES OF TRANSPORT USED AMBULANCE DEDICATED / FRONTLINE / RRV / TAXI / HELICOPTER / FIXED WING **BKG REF**

MOBILISATION AND TRANSPORT TIMES

AMBULANCE VEHICLE ID :- NISTAR 1 / NISTAR 2 / NISTAR 3 / NISTAR 4

TIME OF DECISION TO ADMIT TO PICU		TIME ARRIVE REFERRING HOSPITAL	
TIME OF DECISION TO TRANSFER		TIME LEAVE REFERRING HOSPITAL	
TIME AMBULANCE BOOKED		TIME RETURN TO RBHSC	
TIME AMBULANCE ARRIVED RBHSC		BLUE LIGHT USED OUT Y / N	RETURN Y / N
TIME OF TEAM DEPARTURE FROM RBHSC		DID PARENT(S) TRAVEL IN AMBULANCE	Y / N

TIME OF TEAM DEPARTURE FROM ADMITTING HOSPITAL..... TIME OF TEAM ARRIVAL AT RBHSC.....

WHY DELAYED >30 MINS TEAM OUT STAFFING VEHICLE OTHER?.....

VEHICLE INCIDENTS? NONE ACCIDENT BREAKDOWN

DRIVING: SAFE SMOOTH COMFORTABLE EXCESSIVE SPEED HARSH BRAKING ERRATIC DRIVING