NISTAR

Northern Ireland Specialist Transport & Retrieval

Referral criteria for the Northern Ireland Specialist Transport and Retrieval Service

Individual Service Referral Criteria

Adult referral criteria

The following patients will be transported by the adult NISTAR team:

- Patients ≥ 15 years of age
- Patients who are classed as L2 HDU (may be completed by a nurse led team) or L3 ICU and are not time critical
- Patients should be haemodynamically stable on non-escalating doses of inotropes or vasopressors
- Non ventilated patients should be stable on $FiO_2 \leq 0.6$ via a non-rebreathing face mask
- Ventilated patients should have peak airway pressures ≤ 30mmHg; PEEP ≤ 15mmHg and $FiO_2 < 0.7$

DGH teams should be aware of the following:

- Patients outside of the inclusion criteria can be discussed with the NISTAR consultant regarding the appropriateness / safety of transport.
- Referring units should consider referring the “safest” patient for transport rather than the “sickest”. *(this may not be possible if the patient requires specialist intervention at a tertiary centre)*
- NISTAR aims to provide a timely service however on occasion referrals may be delayed in order to facilitate crew change over i.e. day team complete a transfer that was referred out of hours. This is to ensure patient safety.

Exclusion criteria

The following patients are not suitable for referral

- Time critical patients (patients in a DGH < 1 hour from the RVH can be discussed with the NISTAR team).

Paediatric referral criteria

The following patients will be transported by the NISTAR paediatric team:

- Patients 0 – 14 years of age who are classed as level 3 (ICU)

- Cardiology patients being transferred to / from RBHSC / RJMH* or Dublin including those requiring**:
    - Mechanical ventilation (including those on long term CPAP only)
    - Critical infusions (inotropes, prostin, isoprenaline, milrinone etc – this list is not exhaustive)
    - Dysrhythmias requiring transfer for urgent treatment (e.g. SVT, temporary pacing, etc)
    - Others deemed appropriate after discussion with the transport consultant and cardiology team

**Only for the escalation of care between 2000-0800*

***These transfers may be completed by either the paediatric or neonatal team*

- Any paediatric transfer from the Paediatric Intensive Care Unit (PICU) Royal Belfast Hospital for Sick Children to any other critical care facility regardless of level of support or airway interventions. Other care facilities include NICU; ICU or HDU.

- To facilitate the transport of intubated and ventilated neonates who weigh ≥ 2Kgs and require an escalation of care between 2000-0800 until such times that the neonatal team can provide a 24 / 7 service.

- To facilitate the transfer of neonates requiring emergency surgical intervention between the Royal Jubilee Maternity Hospital (RJMH) and the RBHSC regardless of weight and only when the neonatal team is unavailable.

DGH teams should be aware of the following:

- Patients outside of the inclusion criteria can be discussed with the NISTAR consultant regarding the appropriateness / safety of transport.

- NISTAR aims to provide a timely service however on occasion referrals may be delayed in order to facilitate crew change over i.e. night team complete a transfer that was referred in hours.

Exclusion criteria

The following patients are not suitable for referral

- Time critical patients (patients in a DGH < 1 hour from the RVH can be discussed with the NISTAR team).

- If patients are receiving total parenteral nutrition (TPN), the TPN should be

discontinued prior to transfer. The TPN prescription for the receiving unit should be organised by the referring team 24 hours prior to transfer.

Neonatal referral criteria

The following patients will be transported by the NISTAR neonatal team:

- Any infant requiring transport between neonatal units for treatment; investigation or specialist review.
- Any infant requiring transport between a neonatal unit and theatres in RBHSC.
- Any infant requiring transport between neonatal units for repatriation or Network capacity issues.
- Any infant requiring transport from a neonatal unit to PICU in RBHSC.
- Any neonatal cardiology patient requiring transport from a unit within Northern Ireland to Dublin for treatment, and vice versa for return journey.
- Any other neonatal patient transfer deemed appropriate after discussion with the transport consultant.

DGH teams should be aware of the following:

- Patients outside of the inclusion criteria can be discussed with the NISTAR consultant regarding the appropriateness / safety of transport.
- In circumstances where infants are being transported due to Network capacity issues only, referring units should consider referring the “safest” patient for transport rather than the “sickest”.
- NISTAR aims to provide a timely service however on occasion referrals may be delayed in order to facilitate crew change over i.e. night team complete a transfer that was referred in hours.

Exclusion criteria

The following patients are not suitable for referral

- Time critical patients. However patients in a DGH < 1 hour from the RVH can be discussed with the NISTAR team.
- If patients are receiving total parenteral nutrition (TPN), the TPN should be discontinued prior to transfer. The TPN prescription for the receiving unit should be organised by the referring team 24 hours prior to transfer.

Nurse led referral criteria

The following patients will be transported by the NISTAR nurse led team:

- Patients aged 0 – 16 years of age
- PEWS and baseline normal (or normal baseline for patient)
- Capillary refill time < 2seconds
- Patients must be self-ventilating on room air or ≤2l oxygen and at baseline for child
- Patient must not have had a significant desaturation in the previous 24 hours
- Patients with a nasopharyngeal airway (if this is in long term and the patient is stable)
- Patients with an IV cannula and IV fluid administration (provided no fluid boluses ≥40mls/kg within the previous 6 hours)
- Patients with NG / OG tubes
- The child must be alert (or normal baseline)
- Pacing wires removed ≥ 8 h beforehand (unless a permanent pacemaker) and ECHO completed
- Chest drains for pneumothorax removed ≥ 24 h beforehand with a CXR completed and reviewed post removal
- Pericardial drains for post op drainage must be removed ≥4 hours and have an ECHO completed
- Cardiac catheterisation sites decannulated ≥ 6 h beforehand
- Central lines are acceptable but must be properly secured for transfer
- Able to maintain own temperature in open cot and undergo continuous temperature monitoring during transfer
- **Blood results including recent hypoglycemia must be discussed with the nurse prior to completing the transfer**

Exclusion criteria

The following patients are not suitable for transport by the nurse led team:

- Patients requiring high flow oxygen therapy
- Patients with a chest drain in situ

- Patients who have received CPR within the previous 24 hours
- Patients who have required a fluid bolus ≥40mls/kg within 6hours
- Patients with a recent episode of hypoglycaemia (within previous 2 hours)
- Patients requiring supportive treatment with inotropes or prostin (list not exhaustive)
- Patients with a fluctuating GCS; recent seizure activity (within the previous 2 hours) or clinical signs of raised ICP
- If patients are receiving total parenteral nutrition (TPN), the TPN should be discontinued prior to transfer. The TPN prescription for the receiving unit should be organised by the referring team 24 hours prior to transfer.

Note: The nurse has the ability to refuse / escalate the transfer if required