HSC NISTAR

Northern Ireland Specialist Transport & Retrieval

Standard Operating Procedure

Document Title	**Standard Operating Procedure for NISTAR Nurse Led Transport when an infant/child's clinical condition has deteriorated at the referring unit**
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No	Operating Procedure	Key Points
1	Introduction	NISTAR provides a nurse led transfer service to all Neonatal and Paediatric units/wards within the region and to the All Island Congenital Heart Disease Network. A nurse led transfer consists of a Transport Nurse and an ACA. The category of a nurse led transfer is non-urgent/elective. Suitability of an infant/child for a nurse led transfer should be determined by their clinical condition. See clinical criteria for nurse led transfers. (Appendix 1.) The infant/child should be stable. There should be no acute physiological considerations that are likely to require significant intervention during transport. An infant/child's clinical condition may deteriorate from time of referral to arrival of the transport nurse and ACA at the referring unit. Further deterioration may occur during transport due to the effects of the transport environment on the patient's vulnerable physiology. Consideration of the patient's condition, the transport environment, the competencies of the transport nurse, ACA and equipment available may mean the infant/child is unsuitable for nurse led transport. NISTAR recognise the difficult decision not to transport an infant/child once the nurse led team has been mobilised.
2	Objective	To ensure the RIGHT infant/child is transferred at the RIGHT time, by the RIGHT team to the RIGHT place, in the RIGHT form of transport, receiving the RIGHT care throughout.
3	Scope	**WHO?** NISTAR core team – Service Manager, Medical Lead, Lead Nurse. NISTAR Neonatal Clinical Lead, Transport Consultants, Transport Co-Ordinator and Transport Nurses. NISTAR Paediatric Clinical Lead, Transport Consultants, Transport Co-Ordinator and Transport Nurses.

		NISTAR Nurse Led Team Transport Nurses. NISTAR Ambulance Care Attendants. **WHERE?** All NISTAR nurse led transfers within the region and for the All Island Congenital Heart Disease Network.
4	**Procedure**	On arrival at the referring unit the NISTAR transport nurse should • introduce the team to the referring unit staff and accept handover • introduce the team to the infant/child and parents/guardians • wash hands and adhere to appropriate IPC precautions • complete a systematic and comprehensive assessment of Airway, Breathing, Circulation, Disability and Exposure (Appendix 2.) This will enable the transport nurse to determine if the infant/child is stable and meets the clinical criteria for nurse led transport. If the infant/child's condition has deteriorated and thus deemed unsuitable for nurse led transport the transport nurse should discuss this with the • NISTAR Transport Consultant • NISTAR Transport Co-ordinator • Referring nursing team and Consultant • Receiving nursing team and Consultant The NISTAR transport nurse should then confirm with all of the above that the transfer has been cancelled. The NISTAR transport nurse should then inform the child/parents of the cancellation and the reasons for same. The NISTAR transport nurse should then document • reason for cancelling the transfer • advice given at referring hospital including other suitable options for transfer • assistance given at receiving hospital • all timings Inform ACA of cancellation, collect equipment and documentation. Leave unit.

		Complete transport debrief. Transport Nurse to arrange meeting with Transport Co-ordinator, Transport Consultant and NISTAR core team to discuss actions taken, potential learning and completion of Incident Report (Datix) if required.
5	Regulation/ Guidelines/references	Advanced Life Support Group. Advanced Paediatric Life Support: A Practical Approach To Emergencies, 6th Edition. Oxford: John Wiley & Sons Ltd, 2016. Advanced Life Support Group. Paediatric and Neonatal Safe Transfer and Retrieval: The Practical Approach, Oxford: Blackwell Publishing Ltd, 2008. Belfast Health and Social Care Trust (2017) Hand Hygiene Policy. Reference number SG 34/09 Paediatric Immediate Life Support Manual 3rd Edition (2016) London, Resuscitation Council UK. Public Health Agency (2015) The Northern Ireland Regional Infection Prevention and Control Manual. www.niinfectioncontrolmanual.net
6	Related documents	NISTAR transport competencies for Nurse Led Team. NISTAR Nurse Led Team Handbook. NISTAR study days. NLS course. PILS course. Appendices Appendix 1 Criteria for Neonatal and Paediatric Nurse Led Transfers. Appendix 2 Specific assessments and actions in the initial ABCDE approach.
7	Abbreviations	NISTAR Northern Ireland Specialist Transport And Retrieval Team ACA Ambulance Care Attendant
8	Revision history	This SOP reflects current practice for NISTAR nurse led transfers only. Development of the service should be reflected in future versions of this SOP Version 0.1 Initial draft.

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Appendix 1

Nurse led transfer service criteria – 0-16yrs

Focusing on clinical criteria not individual conditions

The NISTAR nurse led service is staffed by specialist nurses proficient in the safe transfer; assessment and treatment of paediatric and neonatal patients. Prior to referring a patient to NISTAR, the referring unit / clinician should ensure the following:

- Medical review of the patient has been completed to ensure the patient is suitable for transfer by the nurse led team
- Confirm a bed is available in the receiving hospital.

Patients who meet the following criteria are suitable for transfer by the nurse led team:

Airway and Breathing

- PEWS/clinical observations normal or baseline for patient/condition
- Self-ventilating on room air or ≤2lts oxygen and at baseline for child (No High Flow)
- No chest drains – CXR post removal completed and reviewed
  - Previous chest drain in for pneumothorax must be out ≥24 hours
  - Previous chest drain in for post op drainage must be out ≥4 hours (ECHO completed)
- NP airway if long term and stable
- No significant desaturation in past 24 hours

Circulation

- PEWS/clinical observations within normal range and CRT≤ 2 seconds/baseline
- IV fluids acceptable (no recent periods of hypoglycaemia)
- NO CPR in previous 24hours
- No fluid blouses ≥40mls/kg within 6hours
- No pacing wires (out ≥24 hours and ECHO completed)
- No CVS drugs (inotropes/prostin/milrinone – this list is not exhaustive)
- No UVC/UAC

Disability

- Alert only or at child's baseline – no fluctuating GCS
- Discuss recent seizure activity with team – No clinical signs of raised ICP
- Any abnormal blood results must be discussed with team including recent hypoglycaemia

Exposure

- NG tube and OG tube acceptable
- Maintaining own temperature in an open cot

Parents will routinely be offered the opportunity to travel in the ambulance with their child. However, it should be noted that there may be occasions where this is not possible e.g. if the child has an infectious disease. Where a parent is unable to travel with their child, the NISTAR nurse will discuss with parents.

Please note that the nurse has the ability to decline / escalate a transfer if required

Appendix 2

Appendix 2 SPECIFIC ASSESSMENTS AND ACTIONS IN THE INITIAL ABCDE APPROACH

Assessment	Information sought	Possible resultant actions
On approaching the child	**Note:** • **General appearance** • **Interaction with parent**	
A Airway patency	Is the airway: • Patent (i.e. conscious, vocalising) • At risk • Obstructed	• Suction if indicated • Head positioning • Oropharyngeal airway • Reassess • Summon help
B Breathing adequacy	Note/ observe/perform: • Conscious level • Air movement (look, listen, feel) • Respiratory rate • Chest expansion • Use of accessory muscles/ recessions • Palpation • Auscultation • SpO2 and FiO2	• Administer high-flow oxygen appropriately via non-rebreathing mask • Support breathing with bag-mask ventilation (BMV) as necessary • Reassess • Summon help
C Circulation adequacy	Note/observe/perform: • Evidence of haemorrhage/fluid loss • Conscious level • Heart rate • Capillary refill time • Presence of distal/central pulses • Pulse volume features • Skin temperature and colour	• Control any external bleeding • Attach monitoring • Check circulatory access (IV) • Blood glucose if required • Fluid bolus (10-20ml/kg) • Reassess

	• Non-invasive blood pressure • Urine output	• Summon help
D Disability (conscious level)	Note: • AVPU score • Interaction with parent • Posture and muscle tone • Pupil size and reactivity	• Reconsider A, B and C management as conscious level dictates • Establish portable glucose estimation • Establish medications given • Reassess • Summon help
E Exposure	Note/ observe: • Evidence of any blood loss/skin lesions/wounds/drains/rashes etc • Temperature	• Consider appropriate temperature control measures • Reassess • Summon help

Adapted from Resuscitation Council UK. (2015). *The ABCDE approach.* Retrieved from https://www.resus.org.uk/resuscitation-guidelines/abcde-approach