

Transferring children from Broomfield A&E to Sunshine Ward at St John's Hospital	Clinical Guideline Register No: 08108 Status: Public
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It is the responsibility of staff to ensure that they are viewing the most up to date copy of this document and this will always be the version on the intranet

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Appendix A Children's Early Warning Tool

1.0 Purpose

- 1.1 This guideline is prepared to reduce the risks of transfer of children between hospitals sites.

2.0 Background

- 2.1 St.John's Hospital and Broomfield Hospital are 5 miles apart on either side of Chelmsford town. It can take up to 15 to 20 minutes to transfer patients between the hospitals. Paediatric inpatient services are based at the St.John's Hospital. Accident and Emergency department based at Broomfield hospital. Paediatric surgical wards are based at Broomfield.
- 2.2 As St.John's has no resident out of hours X-ray services and the laboratories are at Broomfield it is useful to obtain all the initial blood and radiological investigations in A&E. Paediatric registrar should give appropriate advice regarding this.

3.0 Communication

- 3.1 Prior to all transfers, arrangements should be made for admission to Sunshine ward. All children for admission to Sunshine ward should be referred via the paediatric registrar on-call.
- 3.2 This will initiate appropriate management in A&E and to help identify those at greater risk of airway, breathing or circulatory compromise who might need to be further assessment and stabilisation in the A&E department by senior medical staff.
- 3.3 If the child needs further assessment in A &E the registrar should discuss this with the consultant.
- 3.4 Once the decision had been taken between the A &E medical staff and the paediatric registrar that the child is to be admitted and is stable for transfer it the responsibility of the paediatric registrar to communicate all relevant information to the nursing staff on sunshine ward
- 3.5 The nursing staff in A &E should contact the nursing staff on the ward prior to the child leaving the department to hand over any additional relevant information.

4.0 Critically ill children

- 4.1 It is not appropriate to transfer sick unstable children between hospital sites.

- 4.2 Any such child with actual or potential risk of significant airway, breathing or circulatory compromise must remain in A & E department for assessment and stabilisation (CEWT score of 3 and above).
- 4.3 The consultant paediatrician should be contacted directly by A&E staff as soon as possible and asked to attend.
- 4.4 The consultant paediatrician and attending anaesthetist will formulate a joint management plan. The main thrust of the plan should be to provide the appropriate intensive care support until definitive PICU care can be provided.
- 4.5 It is important to note that during working hours senior A&E medical and nursing staff remain responsible for assessment of sick children on arrival.

5.0 Escort and mode of transfer

- 5.1 A joint decision should be made between the paediatric registrar and A&E medical staff about the appropriate mode of transfer and escort.
- 5.2 In majority of cases, a paramedic crew/ technical crew escorts the patient.
- 5.3 Occasionally it may be appropriate for a nurse to escort the child.
- 5.4 If additional medical staff is thought to be necessary careful consideration should be given regarding the appropriateness of the transfer. A further period of assessment and stabilisation may be necessary.
- 5.5 The on-call consultant paediatrician should be aware of these cases and should discuss whether the patient should go to sunshine ward or stay in A&E for further assessment.

6.0 Action

- 6.1 The paediatric registrar should make sure that the transfer to Sunshine Ward is appropriate and the transfer is made in the safest possible mode.
- 6.2 All children who are planned to be admitted in sunshine ward should be transferred in an ambulance.
- 6.3 Children who only needs just a paediatric opinion and not admission can be send in parents car provided the child is completely well. Both the A&E staff and paediatric registrar should have a consensus opinion

that patient is safe to travel in parents car. Most of these children only needs an early outpatient appointment.

7.0 Observation during transfer

Appropriate observations of the vital signs should be performed during the period of transfer depending the clinical diagnosis and severity of the patients. These should be noted and handed over to the receiving paediatric team at St. John's.

8.0 Audit and Monitoring

- 8.1 Where a child's notes have demonstrated that the appropriate action has not been taken a 'risk event form' is to be completed. This will address any further training needs for staff that require updating.
- 8.2 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the trust's intranet site.

Children Early Warning Tool (CEWT)

Appendix A

	0	1	2	3
Respiratory	<ul style="list-style-type: none"> • Within normal parameters • No recession or tracheal tug 	<ul style="list-style-type: none"> • >10 above normal parameters • Accessory muscle use • 28% or more oxygen requirement 	<ul style="list-style-type: none"> • >20 above normal parameters • Recession or tracheal tug • 40% or more oxygen requirement 	<ul style="list-style-type: none"> • >30 above normal parameters • Sternal recession, tracheal tug or grunting even if the respiratory rate is 5 below normal parameters • 50% or more oxygen requirement
Cardiovascular	<ul style="list-style-type: none"> • Pink • Central capillary refill < 2 seconds 	<ul style="list-style-type: none"> • Pale • Central capillary refill 3 seconds 	<ul style="list-style-type: none"> • Grey • Central capillary refill 4 seconds • Pulse rate of 20 or more above normal rate. 	<ul style="list-style-type: none"> • Grey & mottled • Central capillary refill 5 seconds or more • Pulse rate of 30 or more above normal rate • Bradycardia
Behaviour	<ul style="list-style-type: none"> • Playing &/or Appropriate 	<ul style="list-style-type: none"> • Sleeping • Changes in normal behaviour noted by parents 	<ul style="list-style-type: none"> • Increased irritability 	<ul style="list-style-type: none"> • Lethargic/ confused • Reduced response to pain