STOPP

(Safe Transfer of the Paediatric Patient) Tool

For use on all referrals to the IPATS Repatriation team from CHI to a Regional Centre. The referring team is responsible for the completion of this form.

All parts of this form must be completed prior to referral to the repatriation team.

Affix Patient Label

Age: _____ **Weight:** _____ **Actual / Est**

Date of Admission to CHI: _____

Date of potential repatriation: _____

Contact Details Referring Team CHI

Referring Consultant:_____

Referral Consultant contact details:_____

Referring Hospital : _____ **Ward:** _____

Direct line to ward / CNM :_____

Contact Details Accepting Regional Hospital

Accepting Consultant:_____

Accepting Consultant contact details: _____

Accepting Hospital: _____ **Ward:** _____

Direct line to ward / CNM: _____

Please give a brief **SBAR** handover of patient describing the current clinical diagnosis and interventions required thus far.

Any known infection control issues: (please circle). No / (Yes please specify _____

When to Consider Repatriation?

Repatriation from a tertiary centre back to the original referring regional hospital should be considered whenever a child no longer requires acute Tertiary level:

- Medical / Surgical specialist team input
- Investigations
- Procedures

AND

Is anticipated to require inpatient care for at least 24hrs or more

Discharge should be electively arranged at least a day prior to anticipated transfer whenever possible and should be planned for the morning.

AND

Parents consent to the transfer

Discharge is possible from any ward in CHI including PICU at the discretion of the referring, accepting and repatriation teams

In the case of multiple referrals, priority for transfers will be given to children in CHI beds who are fit for repatriation and whose bed may be suitable for a child requiring urgent admission from ED or a Regional Centre or who is ready for discharge from PICU in the context of bed pressures.

Criteria for Nurse led Repatriations

Any child who is felt to require a doctor to accompany them for transfer is unlikely to be suitable for repatriation and should be referred when the level of care required has reduced.

- Children should be at or near cardio-respiratory baseline
- Consistent saturations >94% unless known & documented lower baseline i.e., cyanotic heart disease/Chronic lung disease
- $\leq$ 2L O_2 or $\leq$ 2L/kg (if HFNC O_2) AND Fi02$\leq$ 30%
- No intravenous inotropic support
- No increase in medication or oxygen demands in previous 24hr
- No continuous infusions other than maintenance fluids
- No expectation of deterioration during transfer
- If on NIV via mask or tracheostomy, must be on stable settings close to or at baseline AND tracheostomy/NIV trained parent must be able to travel with their child
- No anticipated medication delivery during transfer period
- Stable GCS which is at baseline for the child

IPATS Repatriation Team Referral Process

1. Patient identified by team on admission as being an external referral from a Regional Hospital
2. Early discussion with family re. repatriation upon completion of tertiary level care and assess potential consent/issues around same
3. Daily consideration as to suitability for repatriation within next 24hrs
4. Once identified as potentially suitable, team to discuss repatriation with guardians & bed flow manager
5. Upon confirmation of repatriation, referring team to obtain accepting consultant and ward contact details
6. Team to complete STOPP tool below and discuss plan with guardians
7. Once completed – Bed flow coordinator to contact the IPATS Repatriation Coordinator and discuss STOPP tool results and potential date & time for transfer with referring & accepting teams
8. **Referring team to complete required documentation in the green box below as soon as transfer accepted**

STOPP TOOL

System	Observation	Assessment
A	Stridor/Stertor or anticipated Airway Risk i.e. Difficult airway / ongoing oedema post extubation/Croup	Yes / No
B	Respiratory Rate = _____ BPM Is this outside the normal age adjusted range?	Yes / No
	Respiratory Distress of concern? Ie marked recessions, nasal flaring, grunting	Yes / No
	Nasal prong or face mask 02 >2L/min required to keep saturations >94%	Yes / No
	High Flow Nasal Cannula Oxygen of >2L/kg/min OR Fi02 >30% OR Increasing Fi02 requirement in previous 24Hrs (circle as appropriate)	Yes / No
	Established Home NIV (CPAP / BiPAP). Setting: IPAP _____. EPAP _____. O2 req. _____ L/min	Yes / No
	Tracheostomy - with ventilatory support / Without ventilatory support (Circle as appropriate)	Yes / No
	PC02 > 6kPa as measured on any blood gas *(measure only if clinically indicated)*	Yes / No
C	Heart Rate is _____ BPM. Is this outside the normal age adjusted range?	Yes / No
	Blood Pressure is _____ mmHg. Is this outside the normal age adjusted range?	Yes / No
	Patient requiring continuous cardiac / respiratory monitoring	Yes / No
	Fluid Boluses required in past 24hr? **Or** Ongoing Continuous IV Infusions?	Yes / No
	Unrepaired / surgically palliated Congenital heart disease or heart failure? i.e. Hypoplastic left heart / Myocarditis	Yes / No
	Any vasoactive medication required in past 24hr i.e Adrenaline / Milrinone	Yes / No
D	Level of consciousness (AVPU) = < A / GCS <15 or falling/Fluctuating GCS ***For children with a reduced level of consciousness at baseline they must be back to their baseline level otherwise please circle (Yes)***	Yes / No
	At risk of progressive intracranial event or signs of raised ICP	Yes / No
	Newly diagnosed inborn error of metabolism / Admission with Diabetic Ketoacidosis	Yes / No

Tool completed by: _____ Clinical Role: _____

Are any of A B C D triggered?

If yes, please ensure the referring and receiving consultant are aware and contact the IPATS Repatriation Coordinator to discuss and confirm transfer is suitable. Escalation to the duty IPATS consultant may be required.

Referring Team preparation for transfer – Tick as completed

Once repatriation has been booked, the referring CHI team must prepare the following documents ready for IPATS repatriation transfer:

- Detailed discharge summary including any surgical/procedure notes ☐
- Results of any laboratory or radiological investigations ☐
- Copy of current drug Kardex. Any new medications/doses documented including the rationale for the changes ☐
- Any follow up appointment dates should be provided ☐
- Copy of the medical and nursing notes from current admission ☐
- Copy of the PEWS and fluid charts for the past 48hr ☐
- CD of any imaging performed in CHI must accompany the child if NIMIS not available locally ☐