

NECTAR Adult Practitioner-led Transfer Pathway

Telephone NECTAR 01912826699



- Initial referral information NECTAR requires:
- Referrer details -name, position, hospital, phone number
- patients details-name, weight, D.O.B, infection control issues, safeguarding, address, GP surgery, NHS number, provisional diagnosis
- Has the patient been accepted to a confirmed bed with the details of the hospital and ward
- NECTAR able to offer practitioner led transfers upto 2200hrs for the region
- •Identify call out list for that specific referral;
- •General
- Adult Maternal-
- Adult Renal QIP
- •ECMO-Adult
- Adult TTP

Non-acute

- NECTAR practitioner to complete Non-acute Triage tool
- •If patient scores <3 practitioner to undertake transfer
- But any practitioner concerns = discussion with the coordinator
- Score >3 patient or patient potentially needs more stabilisation time = discussion with coordinator
- Score >4 escalate to NECTAR medic potential acute transfer = follow Acute patient transfer pathway
- Any Triage tool observation red flags = automatic referral to NECTAR medic

Conference

Triage Tool

- NECTAR practitioner/admin will add you to call conference please follow automated instructions
- All conference calls are recorded for governance and training purposes.
- NECTAR Medic & transport practitioner ± sub-speciality in the conference call
- •use ABCDE.. or SBAR if possible
- •Telephone triage follows with decision support and advice given regardless of bed state
- Follow acute transfer pathway

Accepted for Transfer

- NECTAR confirm patient acceptance with receiving team and provide DGH with ETA
- NECTAR team unavailable
- •Offer DGH an alternative time when the next team is available
- •DGH to consider using NEAS if clinically appropriate
- If no bed available notify DGH
- Patient continues to receive sub-speciality advice pending admission
- Region in surge refer to decompression pathway

DGH Procress

- NECTAR team to get a handover from referring team.
- •If patient condition changed/scoring higher than original triage
- •NECTAR practitioner to notify DGH consultant then
- •call NECTAR medic/coordinator and conference call to be set up see above
- Prepare photocopy of notes/results/discharge letter prior to transfer
- Team ensure that patient's family are updated and receiving unit info is provided.
- NECTAR and DGH team to prepare the patient for transfer
- \bullet Team provide receiving unit with clinical update and ETA at the time of departure.