

STOPP (Safe Transfer of the Paediatric Patient) Tool

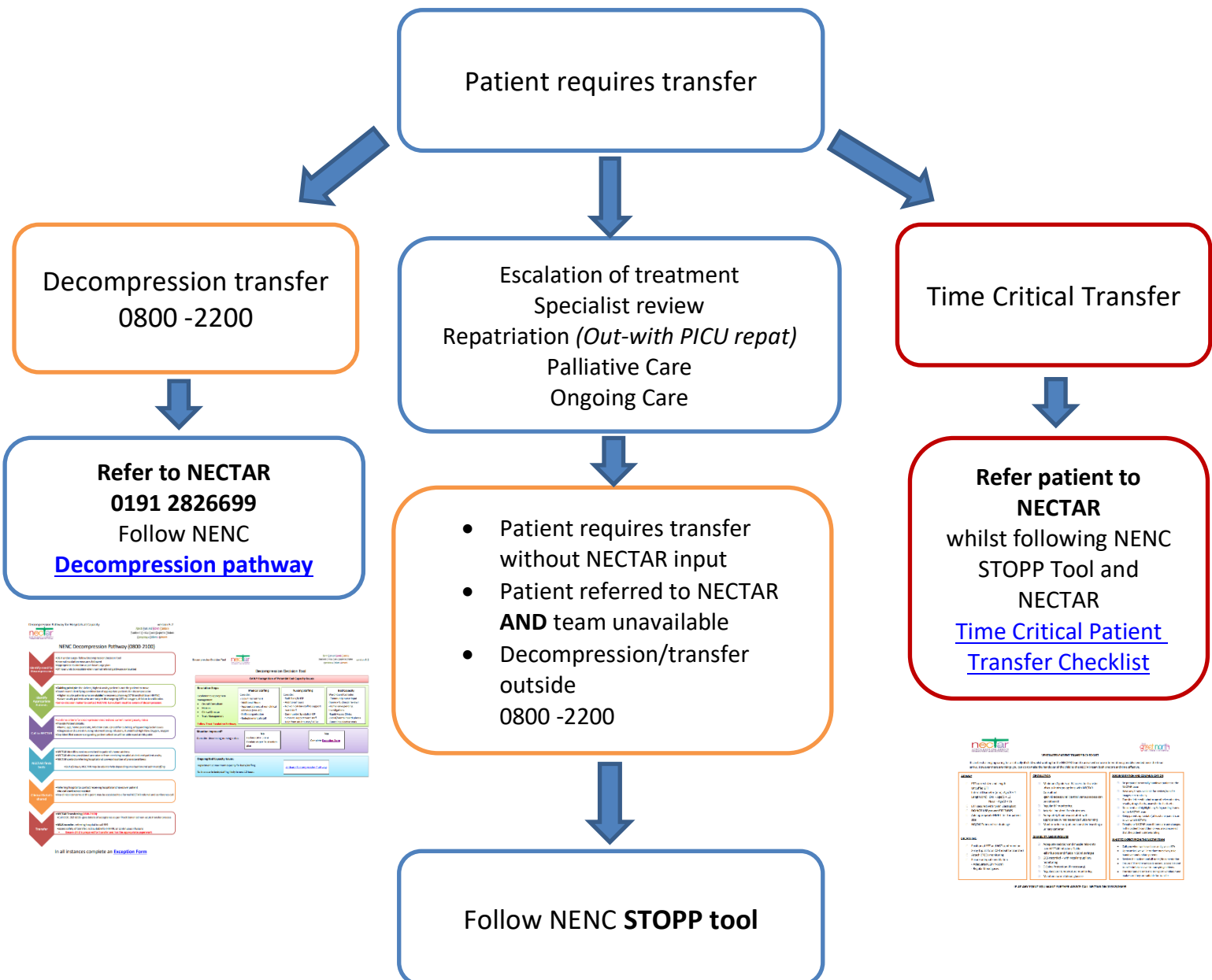
Description & Purpose	The purpose of this operational tool is to inform clinical decision making within the NENC region when the transfer of a child or young person is required. It aims to provide guidance on staffing and equipment required for use on ALL non-NECTAR transfers of children BETWEEN hospitals for safe transfer. The tool is designed to complement and work alongside pre-existing referral/transfer processes and is not intended to replace these. Clinical advice to discuss cases is available 24/7 from NECTAR on 0191 2826699 <i>This tool has been adapted with thanks to Thames Valley & Wessex PCC ODN STOPP Tool-July 2024</i>	
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Ratification Group (e.g., clinical network)	NENC PCC & SiC ODN Executive Board	
Date of Ratification	31/03/2025	
Name of ratifying Group Chair	Dr Ria Willoughby – Chair of NENC PCC & SiC ODN Executive Board	
Final NENC approval committee		Approval date
Paediatric Critical Care & Surgery in Children Executive Board		31/03/2025
Version	Publication date	Next review due
V1.0	April 2025	April 2027

Version Control

Date	Consultation / Comments	Version created	Page	Key changes
March 2025		V1.0		
July 2026	LC – Response to Trust feedback	V1.1	4	Minor word change - Clearer guidance around staff required for Level 0 Patient transfer

STOPP (Safe Transfer of the Paediatric Patient) Tool

For use on **ALL non-NECTAR** transfers of children **BETWEEN** hospitals. The referring hospital is responsible for the completion of this form prior to and during transfer. It is recommended that on arrival at the receiving hospital, a copy is made, the original returned to the local hospital for audit purposes and filed in the patient notes.



- Referring Hospital clinicians to complete **STOPP tool** and file/attach to patient notes
- Handover copy of STOPP tool at receiving unit
- Discuss all Level 2, Level 3 and Time Critical Transfers with NECTAR
- Consider clinical discussion of Level 1 transfer with potential triggers/airway compromise with **NECTAR**

Patient Details: (place patient sticker if available)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> Weight: </td> <td style="width: 10%; padding: 5px;"> Kg </td> <td style="width: 30%; padding: 5px;"> Actual/Est </td> <td style="width: 30%; padding: 5px;"> Age: </td> </tr> </table>		Weight:	Kg	Actual/Est	Age:
Weight:	Kg	Actual/Est	Age:				
Family name:		First name:					
Date of Birth:		Age:					
NHS No:		ALLERGIES:					
Hospital Number:		Safeguarding Concerns? Yes ☐ No ☐					
Address:		Social Worker Details:					
Post code:		Safeguarding Documentation completed and receiving hospital aware: Yes ☐ No ☐ N/A ☐					
GP Name:		GP Practice:					
Hospital:		Infection & Isolation Status: <i>Please expand on infection & isolation details (infective or protective)</i>					
Date & Time of referral:		Parent/Carer with parental responsibility: (name, contact number)					

TRANSFER INDICATION:
 Escalation of treatment ☐ Specialist review ☐ Repatriation ☐ Palliative Care ☐ Decompression ☐
 Ongoing Care ☐

For any bed status/capacity transfer you must first follow your local internal escalation policy and prioritise transfer of a **Level 0 patient** wherever possible. Please document any discussions in notes.

Referring Team Contact Details: Referring Consultant: Referring Hospital: Ward/Location: Ward Direct Number:	Receiving Team Contact Details: Receiving Consultant: Destination Hospital: Ward/Location: Ward Direct Number:
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Summarised Clinical Details:
 Please describe details of the case including any discussion with NECTAR (SBAR format can be utilised).

STOPP! Perform patient risk assessment prior to transfer:

System	Observations (Fill in)	Triggers	Assessment Please circle
A		Is there any risk of airway compromise? (e.g. stridor, foreign body, burns).	Yes / No
B	RR	Is the RR outside the normal age-adjusted range?	Yes / No
	Sats	Any evidence of respiratory distress/increased work of breathing/prolonged apnoea/exhaustion/chest drain in situ? (<i>Circle as appropriate</i>).	Yes / No
	FiO2	O2 >2L/min to maintain saturations >94%, empyema in any oxygen, requiring high flow oxygen >40-50% FiO2?	Yes / No
C	BP	Is the BP/MAP outside age adjusted range?	Yes / No
	CRT	Are there signs of poor peripheral perfusion? Blood gas: lactate >3? (<i>To be done if indicated</i>).	Yes / No
	HR	Is the HR outside normal age-adjusted range?	Yes / No
	ECG	Is there any sign of cardiac arrhythmia? (e.g. SVT)	Yes / No
	Fluid Bolus? ml/Kg	Fluid boluses >40ml/kg within 6 hours?	Yes / No
D	AVPU	P or U?	Yes / No
	GCS	GCS <8 or fluctuating.	Yes / No
	Pupils	Any recent seizure activity?	Yes / No
	BM	Recent, or at risk of hypoglycaemia?	Yes / No
	Neuro Concerns	Risk of progressive intracranial event or signs of raised ICP (e.g. bradycardia, hypertension, unequal, dilated or fixed pupils).	Yes / No
		Newly diagnosed inborn error of metabolism?	Yes / No
	Pain Score	Are there ongoing issues with pain control?	Yes / No
E	Temp	Is patient pyrexial >38.5C despite anti-pyretics?	Yes / No
		Is temperature unrecordable/warming required to maintain normothermia?	Yes / No
Additional considerations	Surgical <i>If applicable</i>	Is this a time critical surgical problem? (if yes, patient to leave within 30 mins). E.g. testicular torsion	Yes / No
	Trauma <i>If applicable</i>	Is the mechanism of injury high risk? Head, abdominal or spinal injury?	Yes / No
		Any fracture to pelvis?	Yes / No
		Burns partial thickness >2%, full thickness >1%, signs of inhalation injury?	Yes / No

Assessment completed by:	(Name, Role, Signature)
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Did you answer YES to any of the above triggers? Or you have clinical concerns about any other aspects of the patient's assessment then you must:

- Discuss and treat as appropriate with Paediatric/PEM Consultant oversight.
- Complete transfer risk assessment on the following page.
- If the transfer is due to capacity, then consider transferring another, more stable patient.

IF INDICATED CONTACT NECTAR CONSULTANT ON 0191 2826699 FOR ADVICE BEFORE PROCEEDING.

Transfer Documentation

TRANSFER CATEGORY	ANY TRIGGERS	STAFF REQUIRED (examples only)	DISCUSS WITH NECTAR?
Level 0 (Ward Level) Children not requiring continuous monitoring.	None anticipated	Parent or carer* Only / Competent Nurse Only / Both Ambulance: standard crew/transport/taxi *Parent/carer can use their own transport if deemed suitable by clinical team.	NO
Level 1 (Basic Critical Care) Children needing continuous monitoring or IV therapy.	No	Competent Nurse or Doctor OR appropriately trained ambulance crew.	OPTIONAL
Any PCC Level 1 Care.	Yes	Nurse/ODP AND Senior airway and paediatric resuscitation competent Doctor AND appropriately trained ambulance crew OR NECTAR Transfer (if agreed jointly)	YES
Level 1 + single system support requirements (e.g. HHFNCO ² , NIV).	Anticipated Yes	Nurse/ODP AND senior airway and paediatric resuscitation competent Doctor AND appropriately trained ambulance crew OR NECTAR Transfer (if agreed jointly)	YES
Level 2 (Intermediate Critical Care)	Yes		
Any PCC L2 Care.			
Level 3 (Advanced Critical Care) Intubated and ventilated.	Anticipated Yes	NECTAR transfer – UNLESS time critical (SEE BELOW)	YES
Time Critical - Level 0 or 1 Care (e.g. testicular torsion)	Anticipated Yes	<u>Local team</u> to assess quickest and most suitable mode of transport e.g. appropriately trained ambulance crew.	OPTIONAL
Time Critical – Level 2-3 Traumatic brain injury, ischaemic gut, life or limb threatening diagnosis.	Anticipated Yes	<u>Local team:</u> Nurse/ODP AND senior airway paediatric resuscitation competent Doctor AND appropriately trained ambulance crew OR NECTAR Transfer (if agreed jointly)	YES
Transfer Category:	Transfer Outcome:		
☐ Ward level (Level 0) ☐ Basic critical care (Level 1) ☐ Intermediate critical care (Level 2) ☐ Advanced critical care (Level 3) ☐ Time Critical - Advise Ambulance operator: “Please provide CAT 1 response- this is a paediatric time critical transfer”	☐ Patient Transferred ☐ Patient Not Transferred (Please document details below)		
ASSESSMENT COMPLETED BY:			
Nurse: (Name, Role, Signature)			
Doctor: (Name, Role, Signature)			

TRANSFER PERSONNEL	
Do you have the appropriate staff as per risk assessment outcome?	Y / N (circle) <i>If no, please expand:</i>
Doctor 1 (name, speciality & grade)	
Doctor 2 (name. speciality & grade)	
Nurse/ODP (name/speciality & grade)	
Parent/guardian accompanying	Y / N (circle)

Equipment	Tick	Drugs/Fluids	Tick		
Appropriate drugs & grab bag available		Analgesia			
Suction unit available and batteries fully charged		Intubation drugs			
Sufficient oxygen in portable cylinder available (Oxygen Cylinder Duration Calculator - Open Critical Care)		Emergency drugs			
Appropriate restraint device available (<45kg ACR harness required- click link for ACR video)		IV Fluids			
Batteries on monitor and/or infusion pumps fully charged		Blood			
Infusion devices rationalised and secured					
NECTAR guidelines if required: Time critical NS transfer checklist					
Communication			Tick		
Bed in destination hospital identified and availability confirmed					
Consultant/Registrar in destination hospital has agreed transfer					
Parents/Carers informed of transfer and any parental concerns discussed					
Parents/Carers invited to accompany child if appropriate					
Child has 2 name bands on +/- allergy band					
Patient Specific Instructions for transfer	Tick	IV Access	Site 1		
Temperature monitoring		Date Inserted			
Nil By Mouth/consider NG tube for surgical patients		VIP Score			
Blood glucose monitoring		Anything else required:			
Maintenance IV fluids					
IV access x 2					
Transport	Document below				
Time ambulance service called & reference number					
Ambulance arrival at referring hospital					
Plan for any deterioration en-route discussed between team and agreed e.g. divert to nearest Emergency Department					
Money/cards/ mobile phone available for emergencies					
Return travel arrangements confirmed & Team have contact details e.g.: taxi/ward numbers					
Paperwork for transfer (photocopy the following)			Tick		
Referral letter					
Recent clinic letter for long term patients					
Current medical and nursing notes with blood results					
Current drugs chart, PEWs chart and fluid charts					
3 Copies Inter hospital transfer form (for patient notes, referring and receiving hospitals and audit)					
Upload radiology onto PACS or via local radiology department.					
Details of any treatments given or incidents en-route	Time departed base	Time handed over			
	Date:	Signed:			

OBSERVATIONS RECORDED ON TRANSFER: (Can use patient's own PEWS chart if available NHSE National PEWS Charts)	Tick
Observations completed and recorded just prior to departure	
Observations required during transfer: (circle) continuous / 15m / 30 m / other frequency	
Observations completed and recorded on arrival	

Temperature °C																		
	39																39	
	38																38	
	37																37	
	36																36	
35																	35	
Heart Rate & Blood Pressure	240																240	
	230																230	
	220																220	
	210																210	
	200																200	
	190																190	
	180																180	
	170																170	
	160																160	
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	130																130	
	120																120	
	110																110	
	100																100	
	90																90	
	80																80	
	70																70	
Respiratory Rate	60																60	
	50																50	
	40																40	
	30																30	
	20																20	
	15																15	
	10																10	
	5																5	
	0																0	
Neurological Assessment	AVPU																	
	Pupil R																	
	Pupil L																	
		Pre departure					Transfer										Arrival	
Date																		
Time																		
O ₂ Sats																		
FiO2																		
Pain Assessment																		

Please photocopy this completed tool and return the original to the referring centre.