



Preparing a paediatric patient for emergency transfer (Embrace)

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Purpose

This guideline is a checklist for referring hospitals to aid and facilitate safe and effective transfer by the Embrace team when preparing a Paediatric patient for emergency transfer.

Preparing a paediatric patient for emergency transfer

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1. Introduction

The transport medicine environment is challenging. For transfer to occur safely your patient may need interventions that would not be performed if the patient remained in your hospital. To minimise the time the Embrace team needs to prepare the patient for transport, please consider the following check list before the team arrives.

2. Intended Audience

All healthcare professionals in Yorkshire and Humber who may be involved in the stabilisation of a paediatric patient.

3. Guideline Content

See appendix 1

Preparing a paediatric patient for emergency transfer

The transport medicine environment is challenging. For transfer to occur safely your patient may need interventions that would not be performed if the patient remained in your hospital. To minimise the time the Embrace team needs to prepare the patient for transport, please consider the following check list before the team arrives. Additional resources are available at www.sheffieldchildrens.nhs.uk/embrace

(*as appropriate)

Documentation and communication

- Be prepared to verbally handover to the Embrace team
- Update the parents on the child's condition and plans for transfer
- Photocopies of recent relevant notes, recent investigation results, drug chart
- Transfer letter with relevant history
- Highlight/document any safeguarding concerns*
- Transfer relevant radiology to receiving hospital by PACS (CD or hard copy are alternatives)
- Maternal blood sample (6ml EDTA)- fully labelled with request form (babies under 3 months)*
 - First name
 - Last name
 - Date of birth
 - NHS number
 - Date & time of sample
 - Name and signature of person taking sample

Patient preparation

- ETT secured with tape (zinc oxide or Elastoplast) using Melbourne strapping / "trousers", use a "push test" to ensure tube does not move.
- Confirm and document position on CXR (T2 is ideal for transfer)
- Stabilised on a suitable mode of ventilation
- Recent blood gas with blood sugar*
- Gastric tube*
- Minimum 2 points of IV access
- Infusions must be in 50ml fully labelled syringes, and prescribed on an Embrace drug chart (a fresh syringe of 1 unit/ml heparin-saline is required if there is arterial access)
- Pupillary responses should be monitored and recorded regularly*

On arrival, the Embrace team will:

- Introduce themselves, take handover and assess the patient
- Review copies of patient documentation, charts and drug card
- Contact the Embrace Consultant as required
- Ensure patient is prepared for transfer
 - Transport monitoring
 - Check ETT and IV access are correctly positioned and well secured
 - Check all prescriptions, infusions and swap to transport pumps
 - Stabilise on transport ventilator and perform a bloodgas
 - Transfer to trolley and secure patient and equipment
- Communicate with parents and discuss travel arrangements
 - One parent may be able to travel with their child (to be discussed with transport team)

For further information or assistance please call Embrace to speak directly to a Transport Consultant 0114 268 8180