**PAEDIATRIC TRANSFER POLICY IMPACT ANALYSIS**

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| **TRANSFER CATEGORY** | **TRIGGERS** | **STAFF REQUIRED** | **D/W NWTS** | **IMPACT** | **MITIGATION/ACTIONS** |
| **Level 0** child not on continuous monitoring | Non anticipated | Parent/carer Standard ambulance crew | no | No impact on staffingLevel 0 child may be existing in-patientChild may be able to be transferred in taxi or parents car | Complete **discharge checklist**Complete **transfer checklist****Information leaflet** to be given to all parents on admission advising of possibility of transfer if acuity of other patients requiresStaff to **identify most suitable patient** based on care requirements and home address |
| **Level 1** (basic critical care) needs continuous monitoring or iv therapy or any PCCMDS level 1 care**Needs early discussion between senior nurse, NiC & consultant prior to transfer, to identify suitable team and back cover** | 1. No
 | Competent Nurse or Doctor (essential if on iv drugs/fluids)OR paramedic ambulance crew only (if not on IV therapy) | possibly | Reduces nurse staffing levels in department  | If iv fluids not critical (ie stable child not needing boluses, on maintenance fluids**) consider stopping fluids for journey** **Consider transferring Level 0** child and keeping Level 1 on ward here |
| 1. Yes
 | Competent nurse and/or doctor AND paramedic crew | probably | Increased number of discussions with NWTSReduces staffing levels in department | NWTS welcome thisConsider transferring Level 0 child and keeping Level 1 on ward here |
| 1. Yes

And high flow oxygen or potential for airway or other compromise | Nurse/ODP AND senior airway & paediatric resuscitation competent doctorAND paramedic crewOR NWTS transfer if jointly agreed | yes | Not enough senior doctors to allow for transfer, would leave departments without adequate medical cover | **Only transfer if no other option possible****Consider transferring Level 0** child and keeping Level 1 on ward hereAssess possibility of calling senior doctor in for transferIf possible effect a NWTS transfer |
| **Level 2** (intermediate critical care) Level 1 + single system support requirements eg CPAP, NIV, or any PCCMDS level 2 care) | Yes/no | Nurse/ODP AND senior airway & paediatric resuscitation competent doctorAND paramedic crewOR NWTS transfer if jointly agreed | yes | Not enough senior doctors to allow for transfer, would leave departments without adequate medical coverHDU beds may not be available in area | **Only transfer if no other option possible****Consider transferring Level 0 child** and keeping Level 1 on ward hereAssess possibility of calling senior doctor in for transferAssess possibility of **increasing nurse staffing** to provide HDU bed**If possible effect a NWTS transfer** |
| **Level 3** (advanced critical care) intubated and ventilated | Yes/no | NWTS transfer unless time critical (rare exception may be palliative care) | yes | Child may need to be nursed in resus for longer period of time until NWTS are able to attend, which impacts on staffing levels in paediatric area and blocking resus beds | Consider possibility of moving child to theatre recovery +/- paediatric nurse to support care |
| **Level 1-3 time critical** traumatic brain injury, ischaemic gut, life or limb threatening diagnosis | Yes/no | Local team: anaesthetist, nurse/ODP, and senior airway and paediatric rescusitation competent doctorAND paramedic ambulance crew | yes | Would reduce staffing levels in department | Call in consultant on call/ senior nursing staff to cover whilst transfer is effected (probably cheaper than litigation!)If possible effect a NWTS transfer |