

Paediatric Discharge / Transfer of Care

Name: _____

DOB: _____ Hospital number: _____

Discharging clinician:	Date of discharge:	Time of discharge:
Nursing documentation completed?	Yes / No	Comments
Discharge observations recorded and discharging clinician aware.	Yes / No	Comments
Traffic Light Check (see poster) ST4+ doctor review if feverish child: <1 year old or Scores 2 amber or 1 red	Senior review completed: Yes / NA	Comments
Cannula removed?	Yes / No/ NA	Comments
Any take home medication required?	Yes / No	Comments
Has discharge advice been given?	Yes / No Written / Verbal / NA	Comments
Any social concerns addressed?	Yes / No	Comments
Think Family (Has family demographic form been completed and with notes)	Yes / No	Comments
Community nurse referral required? Details checked? Has this been completed and sent?	Yes / No Yes / No / NA Yes / No / NA	Comments
Info sharing completed? (eg. MASH, Alcohol & Drug referral?)	Yes / No / NA	Comments
Transfer off site: Notes scanned and copies given to crew / family?	Yes / No / NA	Comments
Discharging nurse:	Signature:	

Traffic light system for identifying risk of serious illness

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour (of skin, lips or tongue)	<ul style="list-style-type: none"> Normal colour 	<ul style="list-style-type: none"> Pallor reported by parent/carer 	<ul style="list-style-type: none"> Pale/mottled/ashen/blue
Activity	<ul style="list-style-type: none"> Responds normally to social cues Content/smiles Stays awake or awakens quickly Strong normal cry/not crying 	<ul style="list-style-type: none"> Not responding normally to social cues No smile Wakes only with prolonged stimulation Decreased activity 	<ul style="list-style-type: none"> No response to social cues Appears ill to a healthcare professional Does not wake or if roused does not stay awake Weak, high-pitched or continuous cry
Respiratory		<ul style="list-style-type: none"> Nasal flaring Tachypnoea: <ul style="list-style-type: none"> RR >50 breaths/minute, age 6–12 months RR >40 breaths/minute, age >12 months Oxygen saturation ≤95% in air Crackles in the chest 	<ul style="list-style-type: none"> Grunting Tachypnoea: RR >60 breaths/minute Moderate or severe chest indrawing
Circulation and hydration	<ul style="list-style-type: none"> Normal skin and eyes Moist mucous membranes 	<ul style="list-style-type: none"> Tachycardia: <ul style="list-style-type: none"> >160 beats/minute, age <12 months >150 beats/minute, age 12–24 months >140 beats/minute, age 2–5 years CRT ≥3 seconds Dry mucous membranes Poor feeding in infants Reduced urine output 	<ul style="list-style-type: none"> Reduced skin turgor
Other	<ul style="list-style-type: none"> None of the amber or red symptoms or signs 	<ul style="list-style-type: none"> Age 3–6 months, temperature ≥39°C Fever for ≥5 days Rigors Swelling of a limb or joint Non-weight bearing limb/not using an extremity 	<ul style="list-style-type: none"> Age <3 months, temperature ≥38°C* Non-blanching rash Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures
<p>CRT, capillary refill time; RR, respiratory rate * Some vaccinations have been found to induce fever in children aged under 3 months</p>			
<p>This traffic light table should be used in conjunction with the recommendations in the NICE guideline on fever in under 5s.</p>			

Admission to Children's Unit / Observation & Assessment Unit

Name: _____

DOB: _____

Hospital number: _____

Admitting clinician:	Date:	Time of discharge:
Nursing documentation completed?	Yes / No	Comments
Transfer observations recorded?	Yes / No	Comments
Are swabs needed before transfer?	Yes / No	Comments
Have these been completed?	Yes / No / NA	
Name band in situ (Document colour in comments)	Yes	Comments
VIP Score Recorded prior to transfer (Document score in comments)	Yes / No / NA	Comments
Any social concerns addressed?	Yes / No	Comments
Think Family (Has family demographic form been completed and with notes)	Yes / No	Comments
Info sharing completed? (eg. MASH, Alcohol & Drug referral?)	Yes / No/NA	Comments
Handed over to staff using SBAR?	Yes / No	Comments
STOP TOOL used for HDU/ICU transfers	Yes/No/NA	
Ward / O&A ready for patient?	YES	
Transfer Nurse:	Signature:	