

Standard Operating Procedure for Time Critical Patients.

Authorised by:

KIDSNTS Clinical practice group.

Applies to:

All KIDSNTS staff

Paediatric Critical Care Network staff

SWMMNN staff

SSBCN staff

Aim:

- To define which patients are time critical patients.
- To define the process the KIDSNTS team will use in conjunction with the referring hospital.
- The aim of defining the process is so there is a shared mental model for these patients.
- To define the resources and educational support needed in order to support this process.

Definition: Time critical patients are defined as patients who need to be transferred to a territory centre to allow for a life/limb saving intervention that cannot be provided at the referring centre.

Time critical patient list:

1. Neurosurgical Emergencies – primary team transfer
2. Confirmed or suspected cardiac – duct dependent not responding to prostin or intact septum.
3. Acute abdomen needing surgical review as quick as safely possible
4. Metabolic patient not responding to medical therapy.
5. A patient accepted for ECLS
6. Ischaemic Limb
7. A patient the KIDSNTS consultant has defined as time critical **

Neonatal time critical – additions

8. Ventilated infant with Tracheo-oesophageal fistula +/- atresia *
9. Gastroschisis *
10. Respiratory or cardiac failure not responding to treatment.

*There are occasions where these patients will be upgraded/downgraded by the consultant taking the referral following discussion.

Current situation

There is no SOP and the process will be team dependent. Currently we know we take a median time of 75 minutes at the referring hospital, with a total transfer time of 123 median minutes for self-ventilating patients. For intubated patients 124 minutes median was spent at the referring hospital and the total transfer time from team activation was 178 minutes median. We know the number of interventions and category of journey affects the transfer time.

Process

Call centre operator

- The list of time critical patients will be available by the switchboards and the call operator can then identify the patient as time critical to the consultant. Ultimately this is a suggestion at this point the responsibility for the decision is with the consultant
- The team will be connected to the call via their mobile phones.

Consultant

- The consultant will identify the patient as time critical to the KIDSNTS team.
- The consultant will identify the patient as time critical to the referring centre and ask them to complete the time critical checklist and modified Sit Rep (see appendix 1/2).

Team on route

- The team will brief after pre departure check including technician. The brief will include category of journey as 1 and where the patient is to be retrieved from.
- All time critical patients will be a category 1 unless the consultant directs otherwise.
- The team will complete a clinical brief on route.
- The team leader will contact the referring centre when 20 minutes away and confirm they are completing the time critical checklist.

Team at referring hospital

- On arrival the team will commence the handover process as normal. At the end a team leader will be identified, the time critical nature of the patient will be highlighted to the whole team, a plan will be communicated, tasks and roles will be allocated.
- Once the new paperwork is adopted by KIDSNTS only the coloured sections will need to be completed.
- The technician will keep time and update the team leader every 15 minutes of the time spent at the referring centre. The team leader will complete a modified SitRep to track progress (appendix 2).
- We will aim to record observations as per KIDSNTS policy, these can be reduced if patient care dictates this. There should be a minimum of one set on arrival of the team, at significant events and at the end.
- As a minimum one gas will be taken on the portable gas machine in conjunction with the ETCO₂. The ETCO₂ can then be used as guide to effectiveness of ventilation.
- There is no need for routine x-ray post intubation. If any concerns one should be done.
- The team will contact the KIDSNTS consultant at least once before ½ hour. They should be contacted again at departure to tertiary centre.

Arrival at tertiary centre.

- The team will talk to the tertiary centre once on route back and give ETA.
- The team will give a 20 minute arrival warning to the tertiary centre.
- The resilience technician will contact security and give a 10 minute warning that there is an ambulance is due to arrive with a time critical patient.
- The resilience technician will meet the team if coming to Birmingham Children's Hospital to help unload.

Education

- Simulation will provide the main form of education. With simulation being available on the regular nurses and trainee study days.
- Education will be provided during outreach, SWMMNN, SSBCN and PCCN networks regarding the new process.
- Stabilisation and RAPT courses will offer simulation education to prepare a time critical transfer.

Communication

- The new process will be communicated internally amongst KIDSNTS staff utilising morning meeting and educational meetings.
- Rotational staff to KIDSNTS will be updated at induction.
- PCCN, SSBCN and SWMMNN will be used to communicate the new process to the region.

Appendix 1: Time Critical Checklist

Time Critical Checklist – Action	Who	Tick
Ensure team are aware of the time critical nature of this patient.	Person making referral.	
A local team leader is identified.	Person making referral ensures this person is identified. If this was not the person making the referral the referrer will need to communicate any plans, tasks set by the KIDS consultant to the team leader.	
The plan in order to prepare and stabilise the patient for retrieval is communicated by the team leader. Tasks and roles allocated.	Team leader.	
Complete a modified 10 second Sit Rep every 15 minutes to track progress.	Team Leader	
Task	Who allocated to?	Tick
Photocopy recent notes, bloods and drug chart.		
The transfer letter is complete - to include parents' details.		
Contact radiology to send images via "PACS" system		
Maternal blood sample if applicable (any child under 3 months) fully hand written label with full name, date of birth, NHS number, date and time of sample, stating "Mother of XY patient", name and signature of person taking sample.		
If possible parents to have visited baby.		
The baby, child or young person has two name bands on.		
Consent taken for transfer from parents – this is a verbal consent which can be documented in the notes.		

Appendix 2 Modified SITREP

T We are ____ minutes since this patient was accepted as time critical (and if applicable) ____ minutes since transport team arrived.

O Summary of current observations – identify any concerning observations.

P Preparation progress - the goal is to move this patient - what's currently preventing that.

P Plan