

Transfer Pause C: Paediatric Critical Care, RHCYP

Name:

CHI Number:

Date of Transfer:

Reason for Transfer:

Patient label

Identification

- 2 name-bands with full data set

Airway

- ET Tube size _____ Length _____ cm
- Secure and position checked
- T-piece set up and switched to off position
- Appropriate mask attached
- End-tidal CO₂ attached to the circuit
- Appropriate sized suction catheters available

Ventilator / Gases

- Ventilator set up (as per Guide C)
- Humidifier turned on
- Cylinders turned on at Shuttle and at least ¾ full
- Adequate gas for transfer (check cylinders)

Circulation

- IV access is present and flushing
- If arterial access, MAP satisfactory
- If no arterial access, check NIBP with cuff
- Adequate fluids for transfer

Drugs

- Working weight _____ g
- Analgesia / sedation required Yes / No

Observations

- Has pre departure temperature been checked?
- HR _____ RR _____ SpO₂ _____ Temp _____

Verbal Handover at cot-side

- Medical
- Nursing

Paperwork to take to PCCU:

- Discharge Badger Summary
- Copy of drug kardex & fluid chart
- Adhesive labels with baby details

Equipment

- Monitoring Adequate and functioning
- Phillips X3 monitor attached to Shuttle with end-tidal module
- All cables secured (including incubator power cable)
- Shuttle locked to incubator
- Ventilator circuit secure
- Power cables for infusion pumps stored in metal basket attached to shuttle
- Extension lead if on multiple pumps

Bag

- Transfer bag present
- Contents checked (including presence of Airway roll)

Communications

- Has there been a discussion between the PICU and NICU Consultants immediately prior to transfer?
- Agreed time for transfer is: _____.
- Is the PICU Consultant physically present in PCCU?
- Is a Paediatric Anaesthetist required for the transfer?
- Does this baby have a critical airway Yes / No?
If yes, is there an ENT presence in RHCYP.

Staff Preparation

- Surgical hat / mask / apron
- Security passes for link bridge & RHCYP
- Transfer phone (located in Corstorphine)

Parents

- Parents aware of transfer and updated
- Parents given map / directions for PCCU, RHCYP
- Parent's contact numbers:

Name _____ ☎ _____

Name _____ ☎ _____

Pause Completed by:

Clinician name: _____ Signature _____

Nurse name: _____ Signature _____