

**External Transfer Assessment tool for
Infants and Children from OLCHC to an outside facility**
(Excluding critically ill patients ventilated or on ECHMO)

Please consider the infant/child's PEWS score prior to transfer.

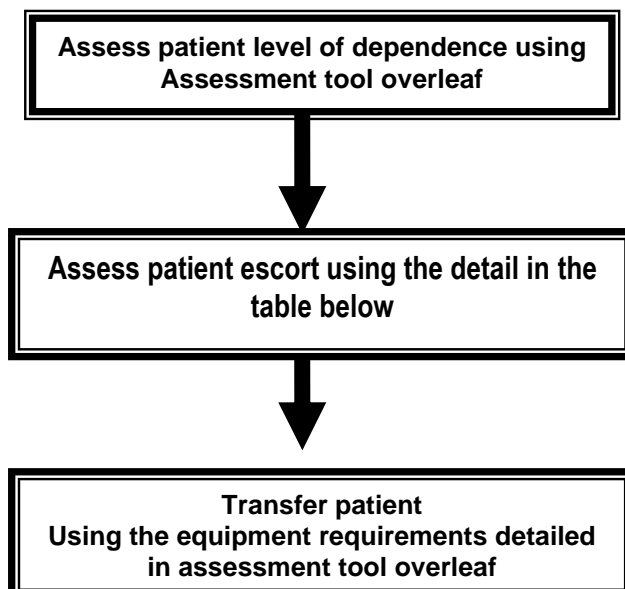
Assessment	Score	Assessment criteria	Equipment required <i>Tick equipment taken</i>	Insert score
Airway	0	Maintains own airway	If score is 0 Progress to breathing	
	1	Risk to airway <ul style="list-style-type: none"> Stable tracheostomy Airway obstruction 	Tracheostomy kit Oxygen and suction Bag valve mask	
	2	Significant risk to airway <ul style="list-style-type: none"> Post- operative Post procedural sedation New tracheostomy 	Tracheostomy kit Portable oxygen and suction Pulse oximetry Bag valve mask	
	3	Cannot maintain airway needs intubation Medical/Anaesthetic/PICU team must be present	Intubation kit and equipment identified by medical team Portable oxygen Portable suction Bag valve mask Tracheostomy kit Cardiac monitoring	
Breathing	0	Breathing without assistance with no increase or decrease of work of breathing	If score is 0 progress to circulation section	
	1	Risk to work of breathing on long term home oxygen with no increased or decreased work of breathing	Portable oxygen Pulse oximetry	
	2	Significant risk to work of breathing Increased oxygen requirements	Portable oxygen Pulse oximetry	
	3	Requires ventilation Medical/Anaesthetic/PICU team must be present	Intubation kit and equipment required to be identified by the anaesthetic team Oxygen Pulse oximetry Portable suction Cardiac monitoring	
Circulation	0	On no infusions or can discontinue infusions	If score of 0 progress to GCS assessment	
	1	On intravenous fluids		
	2	On continuous intravenous medication including epidural	Pulse oximetry Cardiac monitor	
	3	Unstable requires assistance with fluid volume Has an arterial line Medical/Anaesthetic/PICU team must be present	Requires continuous monitoring on cardiac monitor and pulse oximetry	
GCS	0	GCS is 15 alert and orientated		
	1	Confused or aggressive or anxious Reduced mobility requiring assistance	Oxygen Suction Pulse oximetry	
	2	GCS is 10-13 or reduced by 1 from normal	Respirations Pulse oximetry	
	3	GCS is 3-9 or reduced by 2 from normal Responds to pain only Medical/Anaesthetic/PICU team must be present and transfer	Oxygen Suction Pulse oximetry Cardiac monitoring	
Total transfer assessment score				

1. Assess the patient for transfer using the criteria above, and discuss with the senior nurse on duty
2. Discuss the escort required based on the score achieved. see Step 2. If the child is for transfer to an outside consider the staff required.
3. **This document does not include the PEWS score see above, if required on transfer bring PEWS documentation.**

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Step 2



**This Assessment must be carried out by Senior Nursing staff and/or
Anaesthetic/Medical/Surgical teams if required.
Liaison with the hospital Site Manager if required
Always consider the infant/child's PEWS prior to transfer**

Assessment score	Escort required
0	No escort, safe to transfer with parent/guardians or Health care Assistant/Undergraduate Student Nurse
1-3	Higher Diploma Nursing Student, Undergraduate/Student Nurse/ Health care Assistant or Physiotherapist or Parent Guardian.
4-6	Registered Children's Nurse, Registered General Nurse with appropriate skills and training, Accompanied by another RCN/RGN
6-10	Registered Children's Nurse, Registered General Nurse, accompanied and consider medical assistance with transfer
11-12	Anaesthetist/Medical/Surgical PICU escort with Registered Children's/General Nurse with appropriate skills and training

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Step 3

Mode of transport suitability checklist

	Mode of Transport required	Considerations	Yes	No
1	Patient is medically fit to travel in a Car with parent/guardian	<ul style="list-style-type: none"> • Is there an appropriate car seat 	<input type="checkbox"/>	<input type="checkbox"/>
2	Patient is medically fit to travel in a Taxi with parent/guardian	<ul style="list-style-type: none"> • Is there an appropriate car seat, • Does the taxi need to be ordered with a request for a car seat? • Does a taxi with wheel chair access need to be requested 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Patient is medically fit to travel in a Taxi with Registered nurse with or without parent/guardian	<ul style="list-style-type: none"> • Is there an appropriate car seat, • Does the taxi need to be ordered with a request for a car seat? • Does a taxi with wheel chair access need to be requested 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Patient is medically fit to travel in an ambulance with a registered nurse	<ul style="list-style-type: none"> • Is a car seat required • Is any other equipment required see assessment overleaf 	<input type="checkbox"/>	<input type="checkbox"/>
5	Patient requires a Medical registrar/anaesthetist and a registered Nurse to transport by ambulance and aircraft	See critical care transport guidance	<input type="checkbox"/>	<input type="checkbox"/>