PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 1

NURSING CARE STANDARDS

1.14 INTRAHOSPITAL TRANSFER/ESCORT OF CHILDREN AND ADOLESCENTS

This document replaces the former 8.1.7 (Patient transfers between wards and theatre)

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Aims

1. All children/adolescents will be transferred/escorted safely.
2. Continuity of care will be maintained when transferring/escorting a child/adolescent to another ward or department.
3. The child/adolescent will be accompanied by an appropriate person.
4. The child/adolescent will not be left unattended at any time.

Key Points

1. For postoperative transfer refer to PNPM 8.3.1.
2. For supervision of a patient in diagnostic imaging refer to PNPM 6.5.1.
3. All nursing staff must work within their scope of nursing practice. It is their responsibility to know the limits of their practice relating to the safe transfer/escort of a child/adolescent and to seek advice from senior nursing staff and/or medical staff to ensure the best outcome.
4. Adhere to Occupational Health and Safety Regulations ie. manual handling.
5. Informed verbal consent by the parent/carer and verbal consent by the child/adolescent must be sought prior to the transfer/escort.
6. Wherever possible the parent/carer must be present during the transfer/escort.
7. Anxiety may be experienced during the transfer/escort; age appropriate methods to reduce these feelings should be considered ie. adequate preparation, distraction techniques.
8. Assess pain, prior to the transfer and manage appropriately, refer to PNPM Section 10.
9. Children/adolescents with a history of abuse may prefer an escort of a specific gender.
10. It is in the best interests of the child/adolescent to be cared for in an environment which best meets their needs, this includes; an age appropriate physical environment, access to age appropriate play activities, consideration of cultural/language requirements, maintaining privacy and staff who can competently meet their health and development needs in a safe and therapeutic environment.

Exclusions

1. This document does not cover transfer/escorts to/from Paediatric Intensive Care Unit.
2. For Neonatal Intensive Care transfers refer to NICU Clinical Guidelines, Section 19 Transfer & Discharge.
3. This document does not cover inter hospital transfers.

All protocols should be read in conjunction with the Disclaimer in the Preface of this manual

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Non Clinical Personnel Escort

Definition

- A non clinical personnel escort is when a person is required to accompany and guide the child/adolescent to the appropriate destination eg. outpatients, radiology.
- Appropriate non clinical personnel may be a parent/carer, a patient care assistant (PCA), assistant in nursing (AIN), orderly, nursing student and/or hospital volunteer.

Communication

- Shift coordinator or allocated registered nurse must liaise with the receiving department/ward to confirm an agreeable time for the child/adolescent to arrive and where required provide a handover.
- The receiving area must be informed of any isolation precautions prior to the escort.

Pre- Transport

- Shift coordinator or allocated registered nurse decides the appropriate person to provide the transfer/escort. Consideration must be given as to the child/adolescents clinical status. Non clinical personnel are not appropriate to transfer children/adolescents who are unwell, unstable and/or receiving treatment **(****refer to Clinical Personnel Transfer below****)**.
- Shift coordinator or allocated registered nurse must ensure where required that medical notes (in a sealed envelope), request forms and/or consent forms accompany the child/adolescent to the receiving area.
- All inpatients and day procedure patients must wear a clear **OR** a red patient identification band for the entirety of their hospital admission. Patients going to Theatre must have two patient identification bands (eg. wrist and ankle). As per CAHS PMH.P.CLIN. 5.11 policy.

Mode of Transport

- Walking
- Infant carried in parent/carers arms (where appropriate)
- Infant in stroller
- Wheelchair
- Trolley
- Hospital bed/cot

Transport Safety Compliance

- Two side safety rails must be fitted and used on all trolleys/beds
- Where fitted safety belts must be used

Clinical Personnel Transfer

Definition

The transfer of the responsibility of the child/adolescent's care/treatment from one entity to another.

Key Points

1. The question must always be asked as to whether the transfer is absolutely necessary; what are the benefits versus the risks and are there other options ie. portable x-ray.
2. A nurse must transfer children/adolescents where there may be at risk that they will require immediate nursing care and/or deteriorate. The nurse must be suitably experienced to be able to recognise deterioration and act appropriately.
3. A medical escort may also be required when the child/adolescent is unstable or at serious risk of deteriorating – this is a joint medical and nursing decision.
4. The transfer nurse must be at least Paediatric basic life support trained.
5. It is the nurse's responsibility to ensure that therapies are maintained at the desired rate during transports eg. oxygen, IV fluids.
6. Nurses must not cease infusions/treatment in order to send the child/adolescent unescorted to their destination. If an infusion is in progress to keep a vein open (KVO) this can be temporarily disconnected, using a clean aseptic technique and the IV line clamped.
7. Logistics of the transfer must be considered ie. the safest route, do security/orderlies need to take control of the lifts.
8. Parents/carer may also wish to accompany the child so as to offer support and comfort.

Criteria for a Nurse Transfer

- Clinical needs are deemed necessary to include nurse and/or medical personnel eg. airway risk as assessed by the medical officer and/or nurse coordinator, in conjunction with the allocated nurse.
- Altered conscious level or is sedated
- Received a pre-medication, sedation or a GA
- Epidural infusion in progress
- Are unsettled / restless
- Requires continuous monitoring
- Received IV opioid within the last 30 minutes or is on an IV opioid infusion, PCA or regional analgesia.
- Received their first dose of oral opioid within the previous hour
- Have received intranasal or transmucosal fentanyl within the last 30 minutes or longer if they have not returned to pre-intervention sedation score.
- To theatre and to/from MRI
- From Theatre (refer to PNPM 8.3.1)
- IV infusions in progress, including IVABs, blood, parenteral nutrition, chemotherapy
- Spinal precautions
- Oxygen therapy in progress
- Intercostal catheter in situ
- Risk of absconding, self harm or who is classified under the mental health act

Communication

- Shift coordinator or allocated nurse must closely liaise and provide ongoing communication with the receiving department/ward.
- An approximate time of arrival must be agreed upon, and where appropriate the time of return.
- Where applicable a pre-transfer telephone handover must be given ie. transfer of child/adolescent from the emergency department to the admitting ward.
- On arrival to the destination a verbal handover must be given to the receiving staff.
- The receiving area must be informed of any isolation precautions prior to the transfer.

Pre Transport

- Coordinator or allocated nurse must ensure that all required paperwork is completed and accompany the child/adolescent to the receiving area eg. medical notes, request forms; transfer letters and/or consent forms.
- All inpatients and day procedure patients must wear a clear **OR** a red patient identification band for the entirety of their hospital admission. Patients going to Theatre must have two patient identification bands (eg. wrist and ankle). As per CAHS PMH.P.CLIN. 5.11 policy.
- For the clinically unstable child/adolescent observations should be undertaken and document prior to and post the transfer.

Equipment

- All equipment used must be functional and in sound working order.
- Transfer personnel must be familiar with the equipment and be able to trouble shoot.
- Take all appropriate emergency equipment ie. portable oxygen (at least ¾ full), portable suction unit and suction catheters, laederal self inflating bag and mask with oxygen tubing attached +/- mandatory tracheostomy equipment as per PNPM 7.4.1.
- For a combined medical/nursing transfer check that the medical officer has any extra equipment they require ie. airways, emergency drugs.
- All equipment must be of the appropriate size for the child/adolescent.
- Monitoring equipment; with correct alarm parameters set and audible alarms.
- Check that any machinery has enough battery power to last the transfer.

Mode of Transport

The registered nurse and/or medical officer will determine the appropriate mode of transport on consideration of the child/adolescent medical condition and effects of any sedatives. It should be remembered that when sedation has been administered the full effects might not be fully apparent on leaving the ward area.

Consultation with the receiving area should also be undertaken as some areas may not be able to accommodate large beds and/or may require specific transport modes eg. Theatre.

Options for Transport are:

Walking

- Child/adolescent who is ambulant and has not received sedation/GA may walk.

Wheelchair

- Child/adolescent who is non ambulant and/or require a wheelchair due to their medical condition.
- Note: consideration to the fact that the receiving area may require the child/adolescent to transfer from the wheelchair to a trolley/examination table.

Trolley

- Any child/adolescent that has received sedation. (Children who may not have swallowed the prescribed dose could be considered as not being sedated and may not need a trolley).
- Any child/adolescent with a pre-existing medical condition who are non ambulant eg. cerebral palsy, spina bifida.

Hospital bed/cot

- Any child/adolescent with major burns, orthopaedic patients in traction.
- Others may be considered on an individual basis with regard for:
    - weight >50kg
    - Has a condition which prevents them from being transferred by other options

Additional for Transfer to Theatre

- Bed large enough for child/adolescent's size and able to be pushed easily
- Sponge blanket
- IV pole

Transport Safety Compliance

- Two side safety rails must be fitted and used on all trolleys/beds
- Detachable bed head
- Facility to raise and lower level of the bed/trolley
- Functional tilt facility
- Where fitted safety belts must be used

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