

	1. Key Recommendations for operational use					
For use by: ScotSTAR Internet: Yes						
1	Telephone	SAS Specialist Services Desk (SSD): 0333 399 0222.				
2	Definitions	 Children are defined as up to the age of 16 years. Time critical neurosurgical problems include any pathology that requires urgent neurosurgical intervention that cannot be performed at the referring unit and where transfer will have a greater impact on outcome than awaiting a specialist transfer team. Time-critical neurosurgical problems also include the clinical suspicion of pathology requiring urgent neurosurgical intervention but the referring centre does not have the means to perform a CT scan to confirm this. 				
3	Identification	 Possibility of paediatric time critical neurosurgical transfer is identified by referring centre. It is expected that a referring centre with access to a CT scanner will perform a CT head of the patient as a priority after appropriate resuscitation and stabilisation. Contact ScotSTAR via SAS SSD. 				
4	Role of SSD	 SSD receive call from referring centre with a potential time critical neurosurgical transfer. or if the need for a time critical neurosurgical transfer is not recognised initially by the referring centre but becomes apparent during the call. SSD take initial details, and organise a conference call to include: Referring clinician. Paediatric retrieval team. PICU (if clinician unavailable, then include the PICU charge nurse). Neurosurgeon. Anaesthetist, if feasible (to facilitate urgent operating theatre preparations). In the rare circumstance that neither paediatric retrieval team clinician or PICU clinician are available to join the conference call, the participants should be: Referring clinician. PICU charge nurse. Neurosurgeon. Anaesthetist. If the transfer is deemed to be time critical, the referring clinician would mobilise. The receiving unit team should notify ED and the PICU consultant as soon as feasible. 				



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5	Outcome of initial call	 Agree outcome for patient care: Time critical transfer by referring unit. Paediatric ScotSTAR retrieval agreed, proceed as usual. Remain at referring unit In remote and rural locations, the logistics of a time-critical transfer can be more challenging. Each case will be discussed and managed on a case-by-case basis Agree location for handover of patient (ED, theatre, PICU).
6	Role of Referring Unit once time critical transfer agreed	 Agree who will be present to receive the patient. Inform family of the need for a time critical transfer. Allocate the medical and nursing staff for the transfer. Guidance from ScotSTAR website is available and includes: ScotSTAR drug dose calculator. Pre-departure checklist (appendix). CG005 Head injury guideline. Contact the ScotSTAR clinician via SSD if required for further clinical advice prior to, or during transfer. Inform SSD of departure from referring unit. Handover at pre-arranged location.
7	ScotSTAR/SSD role following decision for time critical transfer	 SSD will organise an ambulance for the referring unit to transfer (Now response). SSD or ScotSTAR will inform the referring centre of expected time of ambulance arrival. ScotSTAR clinician will provide advice or support if available. SSD or ScotSTAR will inform PICU, neurosurgeons and ED co-ordinator (if appropriate) of expected time of ambulance arrival.



	2. Documen	t History	
Reference Number	OG029		
Version	1		_
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Associate Medical Director	Andrew Inglis		
Date issued	14th March 2022		
Date for review	March 2025		
	BASICS Scotland	X	
	Medic 1		X
	Referring centres via service websites		1
	Rural GPs Association of Scotland		X
	SAS	Air Ambulance	1
Distribution		Specialist Services Desk	✓
	ScotSTAR	EMRS West	for information
		EMRS North	for information
		Paediatric	✓
		Neonatal	x
	Tayside Trauma Team		X





3. Scope and purpose

Overall objectives:

The aim of this guideline is to summarise the ScotSTAR Paediatric Retrieval team's remit and general operations when taking a referral and during a time critical neurosurgical transfer.

• Statement of intent:

This guideline is not intended to be construed or to serve as a standard of care. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. Clinicians using this guideline should work within their skill sets and usual scope of practice.

• Feedback: Comments on this guideline can be sent to: sas.cpg@nhs.scot

• Equality Impact Assessment:

Applied to the ScotSTAR Clinical Standards group processes.

• Guideline process endorsed by the Scottish Trauma Network Prehospital, Transfer and Retrieval group.





Appendix 1: Pre departure checklist (ScotSTAR Paediatrics)

REFERRING	UNIT PRE-DEPARTURE CHECKL	
PATIENT IDENTIFICATION ID BAND ON / FULL LOG-DATASET	 SP02 TONE ENABLED - corpuls TEMPERATURE + GAS RECORDED 	PARENTS AWARE OF TRANSPORT ANI UPDATED ON CONDITION. OFFERED OPPOURTUNITY
AIRWAY ET TUBE / TRACHE SIZE: LENGTH CUFF PRESSURE: LARYNGOSCOPE BLADE: GUEDEL SIZE:	EYES TAPED YES NO	FOR 1 PARENT TO TRAVEL WITH TEAM
	SBAR HANDOVER MEDICAL AND NURSING	
POSITION CHECKED ON XRAY INTUBATION DRUGS PRESENT MASK / SELF-INFLATION BAG AND GUEDAL PRESENT AND WITH PATIENT 	EQUIPMENT/ DOCUMENTATION DRUG CARDEX COPIED PATIENT SECURE CABLES/TUBES SECURED	AWARE I NO YES – NOTIFIED BY REFERRING ONLY YES – NOTIFIED BY TRANSPORT TEAM
CIRCULATION Quantity Site ARTERIAL ACCESS: CENTRAL LINE: PERIPHERAL LINE: I.O. ACCESS:	 ADEQUATE GASES FOR JOURNEY POWER SUPPLY 	MANAGEMENT DISCUSSED WITH RECEIVING CONSULTANT / TEAM VES
SECURE FLUIDS/BLOOD FOR JOURNEY, BP/PERFUSION APPROPRIATE	BAGS I-STAT + KIT BAGS, DRUG BAGS + ANY OTHER BAGS USED.	NO ED PAUSE REQUIRED (FOR PATIENTS ACCEPTED AND ADMITTED TO WARD AFTER 5 PM
DRUGS WEIGHT:BM ADEQUATE DRUGS FOR JOURNEY	DRIVER AWARE DISCUSS JOURNEY PLAN WITH DRIVER	MONDAY – FRIDAY OR ON WEEKENDS)
DRUGS PRESCRIBED + SIGNED MONITORING ADEQUATE AND FUNCTIONING	INITIALS OF CHECKERS	INFORMED