NHS Children's Acute Transport Service

Standard Operational Guidance

CATS Complex/High Risk Referrals

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CATS Complex/High Risk Referrals

This document is intended to provide guidance when managing a complex referral or performing a high-risk transfer.

Identification of complex referrals

'A complex referral' covers a diverse spectrum of situations.

If you think the referral is complex, then it is! This is not an exhaustive list, but examples of specific situations may be:

Time-critical emergencies

- Neurosurgical lesions (e.g. expanding extradural haematoma)
- Penetrating trauma
- Cardiac surgical emergencies (e.g. TGA intact ventricular septum, TAPVD with obstructions, coarctation)
- Abdominal catastrophes (e.g. volvulus, intussusception)

Other possible complex situations

- On-going CPR or low cardiac output state
- Referring hospital staff seeking advice on discontinuing active resuscitation
- Following prolonged resuscitation and signs of brain death
- Children with progressive neurodegenerative conditions referred for intensive care
- Children with known limitation of treatment agreements referred for intensive care
- Patient known to the GOSH symptom care team and referred for intensive care
- Situations in which there is a difference of opinion regarding patient management

Management of the complex referral; *The CATS consultant must be involved at the earliest possible opportunity.*

- The CATS consultant is likely to involve senior medical staff at both the referring and receiving centres to discuss appropriateness of transfer and the extent and limitations of treatment.
- The CATS consultant will decide whether the team should be mobilised before a PICU bed is sourced.
- The CATS consultant will decide if it is necessary to accompany the team on the retrieval.

Identification of High Risk Transfers

For practical purposes, 'high risk' refers to any PCC transfer where any members of the team perceive that there is a significant chance that the patient may not survive, either the stabilisation process or the journey to intensive care.

PLEASE CALL FOR HELP IN ANY HIGH RISK TRANSFER THAT YOU DO NOT FEEL CONFIDENT TO SEE THROUGH.

If there is any doubt at all about the transfer contact the CATS consultant immediately who will support you.

Management of high-risk transfers

- The CATS consultant must be involved at the earliest possible opportunity.
- The referring consultant should be involved in the referral.
- Senior medical staff must agree, after discussion, the appropriateness of the transfer, and limits to treatment, prior to the patient being transferred.
- If the decision is taken to proceed with the transfer, the parents should be fully informed of the risks involved and the possibility that the child might not survive the transport.
- If the decision is made by the team to allow the parents to accompany their child they should be appropriately orientated to the situation.

In the event of death on transfer

- Inform CATS consultant immediately, who will then inform the receiving PICU consultant of the outcome.
- The CATS consultant will support and direct the clinical team on how to proceed.
- If the patient is known to a particular sub-speciality (cardiology etc.) the relevant consultant must be informed as soon as possible.
- Retrieval documentation must be completed before going off duty.

Follow-up

Team debrief is an integral part of the high risk critical care transport process. A suitable time will be arranged to discuss the transfer with the CATS consultant and staff involved.

Please consider discussing the PCC transfer with the referring team, either via a Rapid Debrief (telemedicine) meeting and/or at a later date during an outreach or governance session.