Transferring children to and from theatre

RCN position statement and guidance for good practice
The RCN Children’s Surgical Nurses Community would like to thank Joanna Smith and Dr Annette Smith for their contribution and Ipswich Hospital NHS Trust for allowing the Risk Assessment Tool to be adapted.
Contents

Introduction 4
Background 4
Summary of findings 6
The RCN position statement 6
Recommendations for good practice 6
Conclusions 7
Glossary of terms 8
References 8
Appendix – Infant, child and young person's transfer risk assessment tool 9
Introduction

The results of a study conducted by the RCN Children's Surgical Nursing Forum highlighted an absence of standards for the transfer of children to and from the operating theatre. This document aims to support staff to develop locally agreed guidelines for the assessment and management of children and young people being transferred between hospital departments, ensuring they are safely transferred to and from theatre. It also helps to identify the most appropriate person to accompany the infant, child or young person being transferred and the equipment required. These principles can be adapted for use between hospital departments.

The safety of the child/young person and their family throughout all stages of the surgical experience is an important task for the multi-professional team. There is little documented evidence regarding the most appropriate member of staff to accompany the child/young person and their family to and from the operating theatre, and what equipment should be available to facilitate the transfer.

In 2008, the RCN Children's Surgical Nursing Forum undertook an email survey of members of the Children and Young People's Field of Practice to establish current practice in relation to the transfer of children to and from the operating theatre. The 78 respondents represented a range of acute health care providers including children's hospitals, tertiary centres, children's units and district general hospitals. The graphs on page 5 summarise the findings.

The results highlighted a variation in practice and there appeared to be no standard approach to the transfer of children to and from theatre. Just over half the respondents (57 per cent) had written policies or guidelines relating to the transfer of children and young people. All respondents reported the main carer was allowed to accompany their child to theatre, and this occurred 84 per cent of the time. This is in line with the Royal College of Surgeons of England (2007) best practice recommendations that advocate parents should accompany their child during transfers to theatre. In contrast, only 56 per cent of respondents reported one or both

Background

Undergoing a surgical procedure can be a very stressful time for a child and their family. It is well recognised that family involvement reduces anxiety, for example family members are actively encouraged to accompany the child to the anaesthetic room and be in the recovery area when the child wakes up (Royal College of Surgeons, 2007).

As a result of national recommendations (Department of Health, 2004, Royal College of Surgeons, 2007 and 2010), many hospitals have introduced policies to include emergency and elective surgical services for children. For example, children have had a greater choice in what they wear and the mode of transport to theatre.
parents were present in the recovery room on a regular basis.

The majority of respondents (97 per cent) reported that a registered children’s nurse from the ward accompanied the child and carer to theatre, while others included non-registered staff, nursing students, play specialists and staff from theatre. Some of the respondents indicated the condition of the child would influence decisions about the most suitable person to accompany the child to theatre.

The registered children’s nurse from the ward would be the main escort accompanying the child from the recovery room back to the ward. Some respondents indicated that nursing students and non-registered theatre staff were permitted to accompany the child back to the ward.

Practices in relation to the type of equipment nurses would expect to be available to ensure safe care during transfers were variable. Almost 80 per cent of respondents indicated equipment was not available on the pre-operative transfer. In relation to return transfers from theatres to the ward area, 72 per cent of respondents stated that oxygen and suction were available in all transfers, whilst only eight per cent reported that full resuscitation equipment was available. However, in nine per cent of transfers no resuscitation equipment was routinely available. Again, respondents indicated the condition of the child would determine the equipment requested.
Summary of findings

The safety of the child during transfer and communication with the child/young person and their family to ensure they understand the process is the main factor for consideration. (Healthcare Commission, 2007).

There is no standard approach to the transfer of children and young people to and from the operating theatre. As a result of this, recommendations for good practice and a position statement to support staff caring for children undergoing surgery have been developed by the RCN Children’s Surgical Nursing community.

Recommendations for good practice

**Documentation**

Documentation should be clear, concise, written, dated and signed at the time of intervention, and is integral to the safe transfer of a child or young person (NMC, 2009).

Documentation can be written, or in electronic format according to local policy. It should include as a minimum:

- patient details
- consent form
- baseline observations
- record of any allergies
- pre-operative fasting information
- risk assessment (where appropriate)
- pre-operative safety checklist.

Additional documentation following an operation should include:

- a summary of the operation, signed and dated by surgeon who performed procedure including any unforeseen actions
- clear post-operative instructions
- prescription chart with appropriate analgesia
- fluid management
- oxygen prescription
- a record of observations undertaken in recovery including a Paediatric Early Warning Score (PEWS).

**Assessment**

An assessment of the child’s condition is paramount prior to deciding on the level and experience of staff and equipment required to accompany the child/young person and their family.

Appendix A is an example of a risk assessment tool which can be used to assess the condition of the child and the equipment required to transfer a child or young person from one department to another.

**Equipment**

Appropriate equipment should be available at all stages of the process and should reflect the child’s assessment. For children who have undergone anaesthesia, as a minimum, oxygen and suction should be available.
Conclusions

Transfer to theatre checklist

- Ensure the child is in a stable condition.
- A pre-operative checklist is completed (WHO, 2009).
- A consent form must have been signed by person with parental responsibility.
- The child/young person has had choice in the method of transport and clothing to wear, where appropriate.
- A base line set of observations are available.
- A member of staff with appropriate skills has been identified to accompany child.
- Appropriate equipment has been identified.
- Parents are aware of their roles and responsibilities throughout the process.
- The location and appropriateness of the level of theatre staff should be considered for handover of the child.
- The parent/carer is supported following handover.

Transfer to ward checklist

- Ensure the child/young person is in a stable condition.
- Children and young people should be transferred back to the ward on a trolley/bed (where young babies are carried by a parent/carer then a trolley with appropriate facilities must be present).
- The type and number of staff required are identified in advance; consideration must be given to the distance from recovery to the ward area. As a minimum a registered nurse must accompany the child/young person from recovery to the ward area.
- Ensure there is an assessment of the child/young person's condition to determine level of skill required to escort them.
- Appropriate equipment is identified.
- Allow parents/carers to be in recovery room and escort child/young person back to ward. Ensure parents/carers are aware of their roles and responsibilities.
- Handover of the child/young person to ward staff should include clear post-operative instructions.
Glossary of terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CO₂</td>
<td>Carbon dioxide</td>
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<tr>
<td>CPAP</td>
<td>Continuous positive airway pressure, a particular type of ventilation (breathing) device</td>
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<tr>
<td>GCS</td>
<td>Glasgow coma scale</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous</td>
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<tr>
<td>NG</td>
<td>Naso-gastric</td>
</tr>
<tr>
<td>ODP</td>
<td>Operating department practitioner</td>
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<tr>
<td>PEG</td>
<td>Percutaneous, endoscopic gastrostomy, a type of feeding tube</td>
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<tr>
<td>PEWS</td>
<td>Paediatric early warning score. This score is calculated by documenting a child’s vital signs, respirations, pulse, temperature, blood pressure and oxygen levels. A score for a sick child will be high as their recorded observations will be further away from the normal range for their age. This determines the speed and level of medical intervention required.</td>
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<tr>
<td>SpR</td>
<td>Specialist registrar</td>
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<tr>
<td>TA</td>
<td>Theatre assistantperioperative practice, Harrogate: AFPP.</td>
</tr>
</tbody>
</table>

References

Association for Perioperative Practice (2007) Standards and recommendations for safe perioperative practice, Harrogate: AFPP.


Nursing and Midwifery Council (2009) Record keeping: guidance for nurses and midwives, London: NMC. Available at: www.nmc-uk.org


Royal College of Surgeons of England (2010) Ensuring the provision of general paediatric surgery in the district general hospital, London: RCS. Available at: www.rcseng.ac.uk/publications


World Health Organization (2009) Surgical safety checklist, Available at: http://whqlibdoc.who.int
## Appendix

### Infant, child and young person transfer risk assessment tool

<table>
<thead>
<tr>
<th>Patient</th>
<th>Minimum personnel</th>
<th>Equipment</th>
<th>Monitoring</th>
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<tbody>
<tr>
<td><strong>Low</strong></td>
<td>• Parent or guardian or • Nursery nurse/health care assistant OR • Nursing student/ midwife/ODP AND • Porter/TA</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Medium</strong></td>
<td>• RN Child/RN or midwife AND • Porter</td>
<td>• Neonatal or paediatric transfer bag (basic) • Suction • Oxygen cylinder with adequate O₂ if receiving oxygen as per calculation • Oxygen may be needed for the transfer of post-operative babies/children/young people</td>
<td>• O₂ saturation if receiving oxygen • Document observations on observation chart pre-transfer and on arrival at destination</td>
</tr>
<tr>
<td><strong>High</strong></td>
<td>• RN Child/RSCN or • Midwife/neonatal nurse or • RN AND • Porter</td>
<td>• Neonatal or paediatric transfer bag (basic) • Critical care transfer bag may be required in some circumstances • Suction • Oxygen cylinder with adequate O₂ as per calculation • All neonates to be transferred on resuscitator or transport incubator as appropriate</td>
<td>• Portable monitor to include: • Oxygen saturations • BP • ECG • End tidal CO₂ if ventilated • Document observations on observation chart during transfer</td>
</tr>
<tr>
<td><strong>Critically ill</strong></td>
<td>• RN Child/RSCN or • Midwife/neonatal nurse or • RN • Dr SpR or above • Anaesthetic SpR or above AND • Porter</td>
<td>• Suction • Oxygen cylinder with adequate O₂ as per calculation • All neonates to be transferred on resuscitator or transport incubator as appropriate • Critical care transfer bag</td>
<td>• Portable monitor to include: • Oxygen saturations • BP • ECG • End tidal CO₂ if ventilated • Document observations on observation chart during transfer</td>
</tr>
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- Patient:
  - No O₂ therapy
  - Oxygen saturation ≥ 94% on air
  - Not confused
  - Not screaming/ distressed
  - Alert
  - No IV fluid or drug infusion running OR IV infusion which can be clamped off for the transfer
  - Clinically stable
  - PEWS score <2 (not neonates)
  - No opioids or anaesthetic in the last 2 hours

- Minimum personnel:
  - Parent or guardian
  - Nursery nurse/health care assistant
  - Nursing student/ midwife/ODP
  - Porter/TA

- Equipment:
  - Neonatal or paediatric transfer bag (basic)
  - Suction
  - Oxygen cylinder with adequate O₂ if receiving oxygen

- Monitoring:
  - O₂ saturation if receiving oxygen
  - Document observations on observation chart pre-transfer and on arrival at destination