

The Standard Operating Procedure of the Role of the Retrieval Nurse

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| | Standard operating procedure – controlled document | | |
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| List related documents / policies (do not include those listed as appendices) | Nursing and Midwifery Council (NMC) 2018 Paediatric Intensive Care Society (PICS) 2021 | | |
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1 Version control

| Date | Author(s) | Version created | Approval committee | Date of approval | Date next review due | Key changes made to document |
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| Aug 2024 | F A Zanetti A .Irwin | 2.0 | Child Health Policy Group | Aug 2024 | 2028 | |
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3 Introduction

The Southampton and Oxford Retrieval Team (SORT) perform approximately 500 retrievals from the South-Central region. It covers a population of approximately 6 million people, and services 26 district general hospitals within the region This includes the Isle of Wight (see Guideline for the Retrieval of critically ill children from the IOW by Ferry), and the Channel Islands (see Guideline for Arranging an Air Retrieval and Performing an Air Retrieval). On occasions the SORT team deploys the use of the Children’s Air Ambulance (TCAA) and the Coast Guard Helicopter. The retrieval team consists of a Advanced Critical Care Practitioner (ACCP) or a Doctor, a Nurse and a Critical Care Technologist (CCT)

4 Scope

This Standard Operating Procedure applies to the Retrieval Nurses working for the Southampton and Oxford Retrieval Service, in University Hospital Southampton.

5 Aim/purpose

The Retrieval nurse should ensure the following checks are carried out at the beginning of each shift.

6 Responsibilities at the beginning of the shift

The Retrieval nurse should ensure the following checks are carried out at the beginning of each shift

The Transfer Trolley:

- Ensure the retrieval trolley is plugged in and all the equipment is charging.
- **Braun pumps** - Six Braun pumps secured to the transfer trolley – with charging lights visible. Check pump for any obvious signs of damage. Check the battery life indicator of each pump,

change batteries if necessary (Spare batteries stored in Critical Care Technologist's (CCT) workshop.

- Check the **Philips X3 monitor** and **Tough Book** are plugged in and the charging light is visible. Check the monitor for any obvious signs of damage, and that it is secured to the trolley safely. Ensure that the Philips X3 monitor cable pack is present.
- **Laerdal suction unit** – ensure that the suction unit is plugged in, the green light is on indicating that it is charging and is in working order. Check for any obvious signs of damage. Ensure there is sealed suction tubing and a sealed yankuer sucker secured to the suction unit.
- **Defibrillator ZOLL X Series** – Ensure that the “tick” is indicated, in the top right-hand corner, to indicate charging. Check that disposable paediatric and adult pads are present on the trolley.
- Ensure that the Freestyle blood Glucose Monitor is present, with the glucose and ketones testing strips. Perform and record the Quality control test weekly (On Fridays).
- Ensure the End tidal Co2 the this is present in the pouch and that both microstream EtCo2 filter line sizes are available. Yellow - Infant/Paediatric and Orange – Paediatric /Adults).
- Baby POD – Ensure that the three blue straps are available to enable the Pod to be secured to the trolley, ensure that the POD vacumatress, internal velcro securing straps (once only use) and the Med Warm mattress is present.
- Ensure the Pedimate Harness is present on the trolley and in good condition.
- Safety belts – check that these are present on the trolley, and in working order.
- Trolley sides – ensure that the sides lift up and lock into position.
- Trolley brakes – ensure that wheel brakes are in working order.

- 7 **Hamilton T1 Ventilator** – Check that this is plugged in and green light is on. Check the ventilator is secured on the transfer trolley. Check that there are no obvious signs of damage. Ensure size appropriate disposable tubing and valve are available, and that Micro/ Mini HMEs are present.
- 8 Check Oxygen Cylinders One E size cylinder (680 litres) in metal casement. Ensure safety pins are secured correctly. Turn the cylinder on using key provided to ensure that the cylinder is more than half full on the pressure gauge. Then turn the cylinder off.
- 9 Check the CD Oxygen Cylinder (460 litres) and ensure it is more than half full.
- 10 Ensure the INOMax DSIR is present on trolley 1 and a Nitric Oxide Cylinder in present on trolley 2. The CCT's perform a daily sensor zero calibration and a monthly cylinder calibration.
- 11 Ensure the Retrieval Bags are present and sealed. If a bag or section of a bag is found unsealed, then it must be rechecked before being resealed.
- Check the contents of the over 5 kgs red bag.
 - Ensure you have a fully stocked teal pouch.
 - Ensure you have an empty drug pouch.

Nurses Responsibility before Departure

- Before departure from PICU, Identify the other members of the retrieval team.
- Obtain the information about the accepted retrieval and identify any specific equipment needed.
- Establish a realistic time for team departure. The minimum standard is to depart within 30 minutes from the time that the retrieval is accepted.
- Inform the Critical Care Technologist of the retrieval departure time and details.
- Ensure retrieval bag and the portable Sonosite is present with the trolley, ready for departure.
- Ensure the retrieval iPad is taken off charge and placed on the trolley.
- Sign out one case of fridge drugs and store in the side pocket of retrieval bag.
- Sign out the controlled drug (CD) case from the CD cupboard and with another Nurse and place in the side pocket of the retrieval bag (refer to the Trust CD Drug Policy).
- Complete the pre-departure check list (using the QR code) with all the team members.
- Ensure the nurse in charge has all the up to date information about the retrieval, including direct dial contact telephone numbers (On MediCus)
- Ensure referral hospital is aware of the retrieval team's estimated time of arrival.

In the Ambulance.

- Secure retrieval bag in the large storage cupboard
- Secure the Sonosite in the top cupboard.
- Ensure Patient transport trolley is secured in the floor break locks.
- Ensure there is an adequate supply of oxygen (two HX cylinders at 2300 litres each) and Air (two F cylinders 1280 litres each) in the vehicle.
- Ensure fluorescent jackets available for each team member in the ambulance.
- Ensure that all team members have their seatbelts fastened before leaving.

At the Referral Hospital.

- Team introductions and multidisciplinary hand over of the patient.
- The CCT must plug the transport trolley into the electricity supply wherever possible to conserve battery life of the equipment.
- The CCT must plug in the Oxygen hose to wall oxygen to conserve the transport cylinder oxygen.
- Carry out an initial A-E assessment of the patient.
- Document the first set of patient observations on PICU iPad.

- Ensure endotracheal / nasotracheal tubes are secured with the Melbourne Strapping Technique. Ventilated children should have a chest X-ray, blood gas and a complete set of observations prior to departure.
- All children should have a minimum of two patent, peripheral lines or one central venous line.
- Ensure all ventilated children have an oro / nasogastric tube in situ.
- Intravenous drug infusions where possible should be made up according to the SORT infusion guidelines.
- Obtain information about the family; ascertain what information the family have been given by the referring hospital, concerning their child's condition.
- Check that the family have been given the PICU retrieval information leaflet prior to departure.
- The pre transfer check on the retrieval form must be carried out by the whole team before departure.
- Ensure the ACCP or Doctor on the retrieval, introduce the team to the family team, and explain the plan of action.
- If the child's condition requires immediate attention, then the family can be spoken to as soon as the child is stabilised.
- Ensure that discussions with the family have included the reasons for the transfer, the mechanisms of the transfer and the risks associated with the transfer. Establish that the family are in agreement with the transfer of their child (this is implied consent) .
- Establish if one parent would like to travel with their child in the ambulance.
- Parents and family members not travelling with the team must be instructed on the dangers of following the ambulance and encouraged to travel with care.
- Ensure that parents have directions to the receiving hospital and the correct unit/ward details.
- Complete the 'Leaving the referring hospital' checklist, using the QR Code with the whole team before departure.
- Prior to leaving the Referral Hospital, telephone the receiving hospital and inform the Nurse in Charge, relay the patient demographic details, provide a clinical update and an estimated time of arrival.
- Request any specific equipment likely to be required, when the patient arrives.
- Once the patient is secured in the Ambulance, record a set of observations onto the iPad and continue to document these observation every 15 minutes, for the remainder of the journey.
- Ensure all members of the team have their seat belts secured whilst in the ambulance.
- Ensure that the team have discussed the required driving category – routine or emergency.

- If any patient intervention is required during the journey, which involves a member of the team removing their seatbelt, the Critical Care Technologist must be made aware immediately. The CCT should then find the earliest and safest place to stop the vehicle. This may take some time, if on a motorway or A-Road, therefore an early instruction is beneficial.

Responsibilities Following the Retrieval

- Please complete the 'Return from retrieval' checklist (QR Code)
- Ensure CD pack is restocked and sealed if used, and signed in and stored in the CD cupboard (refer to the Trust CD Drug Policy).
- Ensure that any drugs or fluids, used throughout the retrieval have been prescribed on MediCus and that drugs signed for, with your unique pin code.
- Any CD drugs or recordable drugs from the CD pack must also have the amount discarded documented in The CD book.
- Restock the fridge pack if used, seal and return to the fridge.
- In conjunction with the other retrieval team members, restock and reseal the Retrieval bag and trolley.
- Ensure the MediCus form is complete and the iPad is synchronised.
- The transport trolley must be cleaned thoroughly with the appropriate cleaning agents. Please refer to UHS infection control guideline. Please place a green 'I am Clean/ date'
- Ensure the Transport Trolley is plugged in to the electricity supply and ensure all the charging lights on the equipment are lit.
- If any critical incidents have been identified during this retrieval, details of the incident need to be recorded as an Adverse Event.

12 Qualifications and mandatory Training

- The requirement is all retrieval nurses are Paediatric trained and are on part 8 or 15 of the Nursing and Midwifery Council Register.
- Each Retrieval Nurse will also have an Intensive Care qualification such as: ENB 415, ENB 100, ENB 405, or the Paediatric Critical Care Course.
- Each Retrieval Nurse should have an up-to-date Paediatric Intensive Care Life Support (PICLS) Course certificate, as a minimum requirement. Each Retrieval Nurse should hold an advanced resuscitation certificate such as EPLS or APLS within 2 years of joining the retrieval team.

Before performing retrievals independently, the retrieval nurse

- Attend the PICU retrieval induction study day.
- Perform at least 3 supervised retrievals with an experienced retrieval nurse.
- Complete the retrieval competency document and have the assessment document signed off by a Band 7 or a Retrieval Coordinator.

Retrieval nurse update Each retrieval nurse will attend a yearly update study day Complete the retrieval competency document and assessment every 3 years Conduct at least 6 retrievals per year.

13 Document review

All Trust policies will be subject to a specific minimum review period of one year; we do not expect policies to be reviewed more frequently than annually unless changes in legislation

occur or new evidence becomes available. The maximum review period for policies is every three years. The author of the policy will decide an appropriate frequency of review between these boundaries.

Where a policy becomes subject to a partial review due to legislative or national guidance, but the majority of the content remains unchanged, the whole document will still need to be taken through the agreed process as described in this policy with highlighted changes.

The Standard Operating Procedure for the Retrieval Nurse will be reviewed in 3 years (2027)

14 monitoring compliance

The purpose of monitoring is to provide assurance that the agreed approach is being followed. This ensures that we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of this policy will be monitored:

[\(Copy this table and insert below if further tables are required\)](#)

| | |
|-------------------------|---|
| Element to be monitored | Retrieval Nurse performance and Training |
| Lead (name/job title) | F.Zanetti Lead SORT Nurse |
| Tool | Annual Appraisals Weekly Governance Meetings |
| Frequency | |
| Reporting arrangements | Dr M Griksaitis SORT Lead F. Zanetti SORT Lead Nurse A. Irwin SORT Lead Nurse |

Where monitoring identifies deficiencies actions plans will be developed to address them.