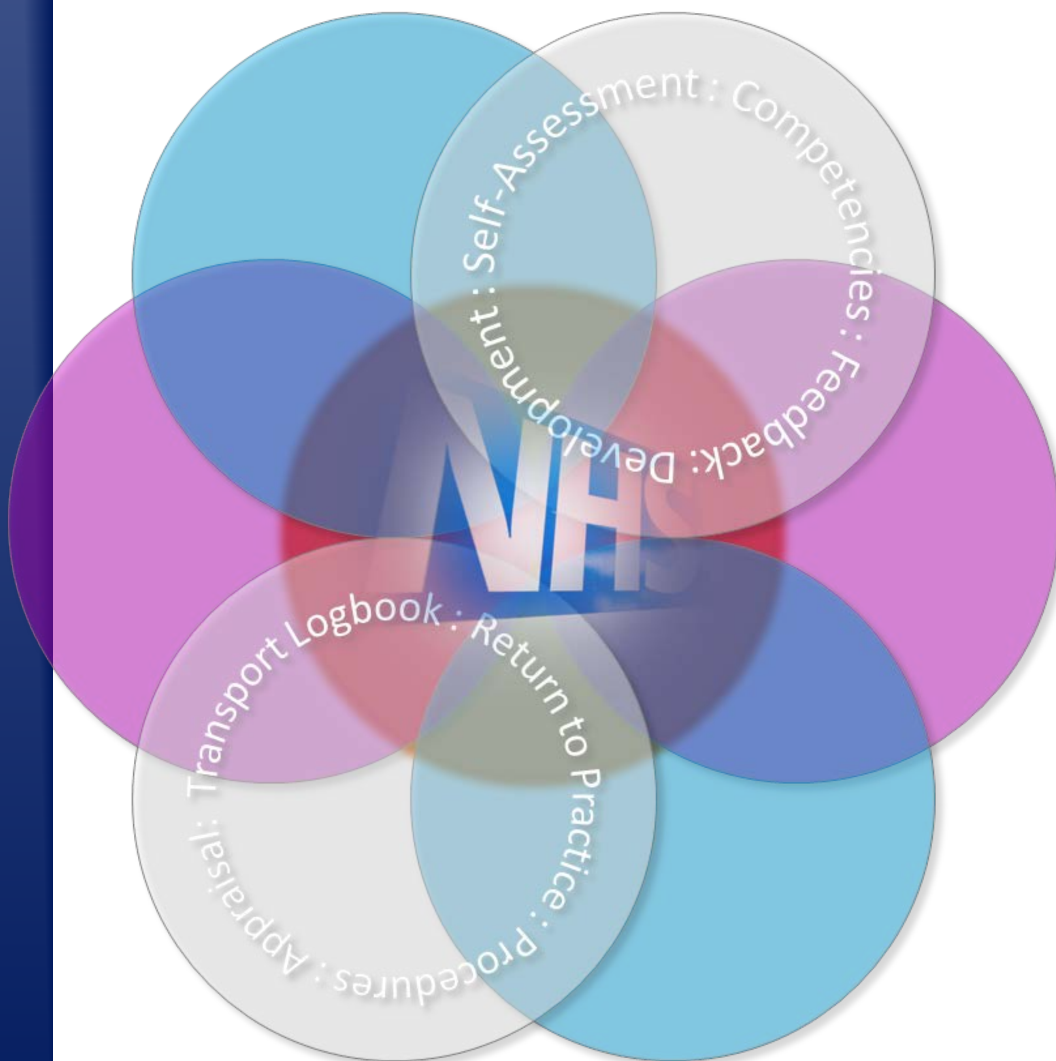
PICS Paediatric Intensive Care Society

Paediatric Intensive Care Society
Acute Transport Group

National Generic Paediatric Critical Care (PCC) Transport Passport



2nd Version of transport passport written & edited by: Kate Parkins on behalf of PICS-ATG July 2018
1st version written & edited by: Shelley Riphagen, Lynn Shields, Chris Walker, & Kate Parkins on behalf of PICS-ATG March 2015

National generic paediatric critical care (PCC) transport passport

The term ‘PCC transport’ is used in this document to refer to the emergency transfer of critically ill children or neonates by specialist teams (as defined in the national service specifications for transport in United Kingdom).

PICS-ATG developed this passport, which has received recognition by both RCPCH PICM ISAC and PICS council. The majority of the document should not be altered without agreement of PICS ATG. Some elements in this passport document are service specific and therefore require editing to clarify experience gained by any team member, and these sections only are available in editable form (highlighted in main document in blue type).

This is the 2nd version and should be used in conjunction with the curriculum for transport. To validate this passport please include information provided by the transport team(s) you have worked in.

PCC Transport Service competence progress report

1. Personal profile
2. Topics for work based assessment and/or simulation during placement
3. PCC Referral Log book – please include both transfers and advice only calls
4. Assessment of PCC transport including self-assessment
5. PCC Transport General competencies
6. Procedural / PCC transport summary – end of post / annual review

APPENDIX

Please use templates if no access to similar assessment tools via eportfolio or similar

APPENDIX 1: Template for reflective case summary

APPENDIX 2: Templates for assessment of procedural competence

APPENDIX 3: Record of professional development – to be used if no access to eportfolio

APPENDIX 4: Specific equipment competencies for transport team

1. Personal profile

1.1 Summary document

NAME						
GMC / NMC number						
Previous transport experience (include any courses) & date(s)						
Previous number of independent transfers include level of care eg ward or critical care (HDU / PICU / ECMO)	Neonatal		Paediatrics		Adult	
	No.	Level	No.	Level	No.	Level
APLS/EPLS/NLS & Date or equivalent						
APLS Instructor or appropriate equivalent						
DATE STARTED POST						
EXPECTED END DATE						
DATE OF TRUST INDUCTION						
DATE OF PCC TRANSPORT INDUCTION						
DATES OF MANDATORY UPDATE						
DATES OF APPRAISAL MEETINGS For fixed term posts usually minimum 2	Initial meeting					
EDUCATIONAL SUPERVISOR						
CLINICAL SUPERVISOR/MENTOR						

1.2 PCC Transport Team Induction record

Topic	Date completed	Initials (Supervisor)
Introduction to the service and team - Orientation to team base and locality (parking/access to food etc) - Contact details (including next of kin) completed - Uniform, photo and access fob (if required) - Access codes and fire procedures		
Overview of PCC transport process - Referral process, region covered, categories of patient transferred - Observe referral call (either recorded or actual) - Follow-up of cases - Team composition assessment		
PCC transport documentation, including database & PICANet		
Communication: - Telephone console & mobile phone - Use of social media		
Information resources available: Guidelines, SOPs & Website		
Ambulance familiarisation - Safety policy including use of blue lights and sirens - Use of Babypod / incubator & harness (eg ACR & older child) - Vacuum mattress & scoop - Equipment stored in ambulance cupboards		
Rota - Action following late return from transfer - Recognition and management of fatigue		
Clinical Governance - Team & personal safety during transport - Use of risk assessment tool - Adverse incident/excellence reporting mechanisms - Transportation and use of blood products		
Education and Training - How to use PCC transport passport - Project allocation eg audit, guidelines etc - Reflective cases & work based assessments (WBA)		
Equipment – see appendix 4 (specific to transport team)		
ANTT		
Aeromedical transfers Logistics & physiological effects on patient & staff Training available via partner flight provider teams		

2. Topics for work based assessment and/or simulation during placement

Document fully on e-portfolio (if available)

Topic	Date	Signatures: trainee & supervisor (names & GMC/NMC no.)	WBA eg DOPS CBD Mini-CEX	Learning points
Intubation & ventilation				
Management of difficult airway				
UAO - Infective - Foreign body - Other				
Bronchiolitis				
Pneumonia/LRTI				
Asthma				
Pulmonary hypertension				
Cardiac - Arrhythmias - Cyanotic - Non-cyanotic				
Sepsis				
Time critical transfers - Neurosurgical & Surgical - Other				

Trauma including burns				
Topic	**Date**	**Signatures:** **supervisor & trainee + name & GMC/NMC no.**	**WBA** eg **DOPS CBD** **Mini-CEX**	**Learning points**
Encephalopathy				
Prolonged seizures				
Metabolic				
Management of sick neonate - common diagnostic categories - Ie sepsis, cardiac, metabolic, surgical, NAI - Hyperbilirubinaemia				
Management of child with complex medical needs				
Ethics and palliative care				
Other				
Practical skills (not included above) - Tracheostomy change - Ventilation strategies - Secretion clearance manoeuvres - Sonosite use - Chest drain insertion - Needle Cricothyroidotomy				

- Chest drain insertion - Other				

3. PCC Referral Log book: please include both transfers and advice only calls

Log no + Transfer or advice	Age /Wt	Diagnosis	Resp: HFHO2 NIV (BiPAP / CPAP) I&V	Inotropes	Procedures undertaken	Management decisions/advice given	Problems	Level of Supervision Ie Direct or Indirectly (via phone)	Outcome: Alive / died
eg 0001 / Transfer	1yr/ 10kg	Seizures	I&V	No	ETT retaped Airway clearance Lines	Choice of sedation & muscle relaxation Management of on-going seizures	On-going seizures in transit	Direct	Alive 24 hrs post transfer

Log no + Transfer or advice	Age /Wt	Diagnosis	Resp: HFHO$_2$ NIV (BiPAP / CPAP) I&V	Inotropes	Procedures undertaken	Management decisions/advice given	Problems	Level of Supervision Ie Direct or Indirect (via phone)	Outcome: Alive / died

4. Assessment of PCC transport

4.1.a Assessment of clinical PCC transport

The supervisor (identified by service as competent supervisor) accompanying the trainee on transport should complete an assessment on return from a transport – aim to complete a number of assessments throughout your post to demonstrate progression in knowledge and skills. Minimum anticipated: start, mid-point and end of time with PCC transport service.
*NB this should be done in the context of previous relevant transport experience

Date & log number		**Assessment no.**	
Mode of Transport			
Diagnosis			
Age of patient			
Interventions performed			

Area Assessed	**Satisfactory Performance**			
Communication	**Yes**	**No**	**N/A**	**Comments**
Taking referral information – systematic approach				
Advice given to referring hospital				
Discussion of case with transport consultant				
Planning between transport team members				
On-going advice to referring team				
With referring team – handover & team work during stabilisation				
With receiving team – phone call before departure & handover				
With parents and family				
Kit				
Pre use ventilator check				
Preparation of potential equipment required eg for specific interventions (difficult intubation, chest drain insertion), oxygen calculation for journey, appropriate lines				
Kit stowed safely in ambulance or on trolley				

Area Assessed	Satisfactory Performance			
Transfer	**Yes**	**No**	**N/A**	**Comment**
SAFE approach				
Rapid clinical assessment				
Identify location of additional O_2 & suction sources				
Prioritises tasks & care including team communication				
Assessment of need for critical care				
Communication of concerns with team & consultant				
Stabilisation of patient				
Competent procedures performed				
Anticipation for return journey				
Completion of documentation				
Handover to receiving clinical team				

Comments

Key learning points:

Key action points:

Signed – supervisor (name & GMC/NMC no.):

Signed – trainee (name & GMC/NMC no.):

4.1.b Subsequent assessment of clinical PCC transport

Date & log number		**Assessment no.**	
Mode of Transport			
Diagnosis			
Age of patient			
Interventions performed			

Area Assessed	**Satisfactory Performance**			
Communication	**Yes**	**No**	**N/A**	**Comments**
Taking referral information – systematic approach				
Advice given to referring hospital				
Discussion of case with transport consultant				
Planning between transport team members				
On-going advice to referring team				
With referring team – handover & team work during stabilisation				
With receiving team – phone call before departure & handover				
With parents and family				
Kit				
Pre use ventilator check				
Preparation of potential equipment required eg for specific interventions (difficult intubation, chest drain insertion), oxygen calculation for journey, appropriate lines				
Kit stowed safely in ambulance or on trolley				

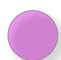
Area Assessed	Satisfactory Performance			
Transfer	**Yes**	**No**	**N/A**	**Comment**
SAFE approach				
Rapid clinical assessment				
Identify location of additional O_2 & suction sources				
Prioritises tasks & care including team communication				
Assessment of need for critical care				
Communication of concerns with team & consultant				
Stabilisation of patient				
Competent procedures performed				
Anticipation for return journey				
Completion of documentation				
Handover to receiving clinical team				

Comments

Key learning points:

Key action points:

Signed – supervisor (name & GMC/NMC no.):



Signed – trainee (name & GMC/NMC no.):

4.1.c Subsequent assessment of clinical PCC transport

Date & log number		**Assessment no.**	
Mode of Transport			
Diagnosis			
Age of patient			
Interventions performed			

Area Assessed	**Satisfactory Performance**			
Communication	**Yes**	**No**	**N/A**	**Comments**
Taking referral information – systematic approach				
Advice given to referring hospital				
Discussion of case with transport consultant				
Planning between transport team members				
On-going advice to referring team				
With referring team – handover & team work during stabilisation				
With receiving team – phone call before departure & handover				
With parents and family				
Kit				
Pre use ventilator check				
Preparation of potential equipment required eg for specific interventions (difficult intubation, chest drain insertion), oxygen calculation for journey, appropriate lines				
Kit stowed safely in ambulance or on trolley				

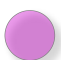
Area Assessed	Satisfactory Performance			
Transfer	**Yes**	**No**	**N/A**	**Comment**
SAFE approach				
Rapid clinical assessment				
Identify location of additional O_2 & suction sources				
Prioritises tasks & care including team communication				
Assessment of need for critical care				
Communication of concerns with team & consultant				
Stabilisation of patient				
Competent procedures performed				
Anticipation for return journey				
Completion of documentation				
Handover to receiving clinical team				

Comments

Key learning points:

Key action points:

Signed – supervisor (name & GMC/NMC no.):



Signed – trainee (name & GMC/NMC no.):

4.2. **Self-Assessment** plus on-going assessments

PCC transport training assessment should continue throughout your time working in a transport team. A self-assessment should be completed at commencement of training for **all** staff (using 1- 5 performance evaluation table rating below). Self-assessment should be completed by trainee and then reviewed with supervisor at initial meeting and then again at final meeting. Please use grading system below (either numeric or descriptor) for both self-assessment and subsequent assessments. Trainee and supervisor are expected to sign and date each assessment, which may be part of CBD, mini-CEX, DOPS etc and be fully documented in e-portfolio.

NB consider completing a reassessment with a supervisor every 6 weeks

Performance evaluation table

Numeric level	Descriptor	Skills	Knowledge	Overall competence
1	Novice	No experience	None	Not competent
2	Advanced beginner	Performs with close support	Basic knowledge	Observation and assistance
3	Competent	Performs with distant* supervision	Good working knowledge	Distant* supervision
4	Proficient	Performs independently	Competently applies theory to practice	Unsupervised
5	Expert	Performs consistently to a high standard	Consistently applies theory to practice	Teaches/ instructs others

Novice to Expert: Excellence and Power in Clinical Nursing Practice by **Patricia Benner** RN Ph.D. (ISBN: 9780130325228)

***Distant supervision or support refers to telephonic advice/support from a senior transport competent practitioner**

KEY:
Perform = (P) or assist = (A) or both= (PA)
Competency (C) as per evaluation above

Assessments are as expected for your role/post, eg:
PICM trainees/ANPs will be expected to be able to perform & assist intubation
PICM nursing colleagues are expected to be able to assist at time of intubation

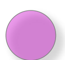
4.2.a Assessment of procedural competencies

Assessments of procedural competency can be made in various settings including during a transport episode, in a paediatric intensive care unit, in theatre, on a ward or in A&E, as long as the assessment is made by a qualified assessor.

Procedure/Skill Competency	Self – assessment (start)			Mid-point assessment with supervisor			Final assessment with supervisor		
	P A PA	1-5	Date Signed (NMC/GMC)	P A PA	1-5	Date Signed (NMC/GMC)	P A PA	1-5	Date Signed (NMC/GMC)
Airway assessment									
Intubation: neonates/infants									
Intubation: older children									
RSI/modified rapid sequence induction (paediatrics)									
Use of laryngeal mask airway									
Change of tracheostomy									
Use of size approp. anaesthetic bagging circuit ie Ayres T piece, Mapleson C etc									
Manual decompression & airway clearance manoerves via ETT or trache.									
Use of non-invasive ventilation									
Use of high flow humidified oxygen									
Arterial line access/use									
Central venous access / use									
Intra-osseous needle insertion									
Urinary catheterisation (indicate if male/female or both)									
Insertion nasogastric tube									

4.2.b Assessment of PCC transport competencies

PCC Transport Competencies	Start of post		Mid-point assessment		End of post assessment	
	1-5	Date Signed (NMC/GMC)	1-5	Date Signed (NMC/GMC)	1-5	Date Signed (NMC/GMC)
Understands why a child/neonate may require inter-hospital transfer						
Organises logistics PCC transport from referral to admission to critical care						
Able to triage & prioritise referral calls ensuring each child is cared for appropriately						
Communicates effectively with referring & receiving clinical teams +/- other appropriate clinical team						
Effective handover to receiving team (verbal & written)						
Recognise & minimise potential risk associated with transfer to patient and team						
Able to lead the PCC transport team in assessment, stabilisation & transfer critically ill or injured child from one location to another						
Consider a wide differential diagnosis						
Understand medico-legal importance of clear, concise, comprehensive documentation						
Monitor & respond to physiological changes during stabilisation & transfer						
Anticipate & plan for likely events during transfer						
Troubleshoot equipment failure						
Recognise own limitations & risks working in new team & environment						
Calls for help appropriately – both from expertise at referring hospital & within own team						
Communicates effectively within transport team						
Recognise & understand need for stabilisation before transfer						
Recognise child/neonate requiring rapid transfer for time critical intervention eg neurosurgical, acute abdomen etc						
Understand the stressful nature of transfer on both the awake child and the family						
Understand emotional impact of critical illness & transfer on child & family						
Reduces parental anxiety through clear communication, calm demeanour and minimising time spent parents separated from child						
Knowledge of safety aspects of vehicles						
Understand physiological challenges of road transport						
Understand physiological challenges of air transport						
Understand equipment required & logistical challenges of PCC transfers by road						



Understand equipment required & logistical challenges of PCC transfers by air – fixed & rotary						
Understand the medicolegal implications of PCC transport						

5. PCC Transport General Competencies

The following competencies are applicable to all multi-disciplinary critical care transport providers, including nurses, advanced nurse practitioners and medical trainees or consultants.

Some assessments, mainly of knowledge, may be determined in a one to one evaluation, case based discussion or simulation setting

The lists and details of competencies are not exhaustive, and individual services may require more detailed demonstration of competence.

The identified action plan at the end of each set of competencies is to be completed by supervisor/mentor. This should state whether an individual is competent, and if any action is required to maintain competencies.

If an individual is deemed not competent the action plan should, define any areas requiring further specific training (state what) and timing of reassessment (type and date).

It is highly recommended that at least part of the assessment is done using work based assessment tools, especially for medical trainees and advanced nurse practitioners.

5.1 Safeguarding	**Competency level**
Ability to recognise potential non-accidental injury including factitious illness	
Understands importance of clear documentation and investigation of probable safeguarding cases	
Communicates safe-guarding concerns effectively to relevant agencies	
Able to recognise and manage potential accidental or non-accidental ingestion	
Able to recognise when to refer to CAMHS teams	
Able to discuss potential admissions to AICU	
Identified Action Plan	
Key Learning Points	
Competencies signed off by **Print Name & Designation (GMC/NMC):**	**Signature:** **Date:**

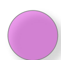
5.2 Resuscitation	Competency level
Understands and can demonstrate effective advanced life support in paediatric, neonatal and trauma settings	
Able to discuss when further resuscitation is futile and should be discontinued	
Able to discuss termination of resuscitation attempts and withdrawal of intensive care	
Able to discuss the paediatric considerations for organ donation	
Able to discuss the normal emotional & behavioural responses of bereaved parents & siblings	
Able to discuss the emotional impact of a death during stabilisation or transfer on both the referring/receiving team and transport team.	
Able to discuss the importance of debrief after a significant untoward event or death during transfer	
Understands when to refer to coroner and coronial investigation including SUDI process	
Identified Action Plan	
Key Learning Points	
Competencies signed off by **Print Name & Designation (GMC/NMC):**	**Signature** **Date**

5.3 Communication	Competency level
Understands principles of crew resource management and human factors	
Is able to take a focused emergency history, and offer clear and concise appropriate advice on clinical management of the remote patient to the referring multi-disciplinary team	
Is able to formulate a diagnosis and management plan for an acute referral and discuss with the PCC transport team	
Can collaborate with relevant specialist services during the referral process	
Is able to take handover at referral hospital	
Is able to recognise and utilise the experience and skills in both the referring and transport team during the stabilisation process	
Is able to communicate effectively with child and family where appropriate	
Is able to give a clear and concise verbal and written handover at the receiving unit	
Understands risk of loss of crucial information at handovers and how to mitigate these risks with clear, concise written Documentation	

Identified action plan

Key Learning Points

Competencies signed off by **Print Name & Designation (GMC/NMC):**	**Signature** **Date**

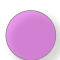


5.4 Mode of transfer	**Compentency level**
Able to discuss the factors that determine the choice between road, fixed wing or rotary wing transfer.	
Able to anticipate and manage the physiological impact of transfer, including acceleration/deceleration and cornering on patient	
Able to discuss transport team policy for use of blue lights and sirens	
Able to discuss the risks and limitations of working in isolated environment whether road or air transfer	
Able to discuss the physiological impact of road transfer on transport team	
Able to discuss the physiological impact of altitude on patient and transport team	
Can collaborate and communicate with ambulance driver or air crew effectively	
Aware of the specific equipment requirements for road, rotary and fixed wing transfers	

Identified action plan

Key Learning Points

Competencies signed off by **Print Name & Designation (GMC/NMC):**	**Signature** **Date**



5.5 Safety and Governance during PCC Transport	Competency level
Understands the importance of PPE & is aware of local policies	
Aware of potential infection control risks during initial stabilisation of patients and is able to give advice on and take appropriate precautions to protect patient and staff	
Aware of local infection control policy including ANTT, hand hygiene, cleaning of equipment, trolley and ambulance	
Is able to communicate potential infection control risks to referring and receiving teams	
Is aware of local SOP regarding hazardous materials/waste management & decontamination of both staff and equipment (including ambulance)	
Aware of local SOP if PCC transport team involved in RTC or if team arrive at the scene of an RTC or other medical emergency before other emergency services	
Understands how adverse events are managed, including reporting and review procedures	
Understands local escalation plans in event of major incident or for management of times of peak demand	

Identified action plan

Key Learning Points

Competencies signed off by Print Name & Designation (GMC/NMC):	Signature Date

6. Procedural / PCC Transport summary – end of post /annual review

Date	**Supervisor** (name/GMC/NMC):			**Signature**	
1. Overview	**No. advice calls:** **No. transfers:**	**Complexity :** NIV (BiPAP or CPAP) HFHO$_2$ invasive vent Inotropes		**Outcome:** Survived Died	
2. Review no. of procedures performed	**Intubation**	**CVL**	**Arterial**	**Chest drain**	**Intraosseous**
	Retaping ETT	**Catheterisation**	**NGT placement**	**Assisting with CVL/ chest drain / intubation**	
	Planned Extubation	**CPR**	**Management of end of life care**	**Airway clearance manoerves** **+/-** **Manual decompression**	
3. Review advice & management				**Clarity** **Conciseness** **Appropriate** **Prioritised**	
4. Review Transport documentation				**Clearly written** **Complete**	
5. Handover				**Discussion with family**	
6. Adverse incident +/- excellence review				**Involvement** **Reporting** **Feedback**	
7. Log book	**Complete**		**Incomplete**	**Absent**	
8. Competence level (end of post)					
9.Any recommendations					
10. Lessons Learnt / tips that will influence future practice					

5.7 Reflective case summaries

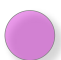
It is expected that you complete at least 1 reflective case per month during your transport post. These should be brief and have clear learning goals/action points. See appendix 1 for template.

DATE	CASE No.	LEARNING OR ACTION POINTS

APPENDIX 1: Template for reflective case summary

Patient age:	Patient Weight:	Appraisee referral log no:
Diagnosis (es):		
Narrative (keep brief, anonymised including referral information/advice given):		
Brief summary of management during transfer (including any logistics/non-clinical details):		
Reflections from case review/case based discussion/literature review:		

Lessons learnt/action plan:	
References & further reading completed:	
Date of discussion/review with appraiser:	
Identified action plan & review date if applicable:	
Reviewed (date) & any further actions:	
Name/signature/designation (NMC/GMC appraiser):	
Name/signature/designation (appraisee):	



Template for reflective case summary

Patient age:	Patient Weight:	Appraisee referral log no:
Diagnosis (es):		
Narrative (keep brief, anonymised including referral information/advice given):		
Brief summary of management during transfer (including any logistics/non-clinical details):		
Reflections from case review/case based discussion/literature review:		

Lessons learnt/action plan:

References & further reading completed:

Date of discussion/review with appraiser:	

Identified action plan & review of action plan date if applicable:

Reviewed (date) & any further actions:	

Name/signature/designation (NMC/GMC appraiser):	
Name/signature/designation (appraisee):	

APPENDIX 2

Templates for assessment of procedural competence

Task : TRACHEAL INTUBATION	Competence level	Comments
Defines indication (eg airway obstruction, respiratory failure)		
Patient risk assessment (eg anticipated difficulty, patient stability, empty stomach)		
Informs parents of above		
Prepares all appropriate equipment		
Defines plan B C D equipment & establishes presence of kit		
Ensures adequate monitoring for entire procedure incl. monitor on audio, ET CO_2		
Defines roles of personnel involved		
Verbalises process to team		
Adequately pre-oxygenates patient		
Administers anaesthesia safely		
Performs laryngoscopy safely		
Intubates trachea within 30secs or 2 attempts without desaturation (fall sats <10%)		
States position of ETT at cords & lips/ nostril		
Confirms tracheal intubation by direct visualisation, ET CO_2 trace, misting, & asculation		
Secures ETT correctly		
Documents procedures correctly		
Informs parents		
Checks ETT position on CXR (T2 –T3)		

Observed (date)	**Actual case or simulation scenario**
Age /weight patient	**Any difficulties**
Action points / Lessons learnt	
Competencies signed off by (print name / designation + GMC/NMC):	**Signature** **Date**

Task : CENTRAL VENOUS LINE INSERTION	Competence level	Comments
Defines indication (eg cardiovascular support, specific drug administration)		
Patient risk assessment (eg anticipated difficulty, patient stability)		
Informs parents of above		
Prepares all appropriate equipment incl flushing and clamping all lines		
Checks vascular ultrasound equipment		
Ensures adequate monitoring for entire procedure incl. monitor on audio and $ETCO_2$ (esp if face under drapes)		
Defines roles of personnel involved incl designated helper to watch for ectopics		
Verbalises process to team		
Administers anaesthesia safely including local anaesthesia to site (ensures ventilation mode appropriate for muscle relaxation)		
Adequately positions patient		
Cleans and drapes area to be accessed		
Locates vessel with ultrasound or landmark technique		
Ensures all equipment with easy reach		
Establishes vascular access within 2 attempts		
Ensures all lumens draw back, flush easily, are locked closed & kept sterile		
Follows correct procedure for seldinger technique with specific attention to wire		
Secures device correctly		
Covers site correctly		
Documents procedure correctly incl labelling type & date of line on line dressing		
Informs parents		
Checks CVL position on CXR (if upper body insertion site)		

Observed (date)	**Actual case or simulation scenario**
Age /weight patient	**Any difficulties**
Action points / lessons learnt	
Competencies signed off by (print name / designation + GMC/NMC):	**Signature** **Date**

Task: ARTERIAL LINE INSERTION	Competence level	Comments
Defines indication (eg Cardiovascular monitoring, gas exchange)		
Patient risk assessment (eg anticipated difficulty, patient stability)		
Informs parents of above		
Prepares all appropriate equipment incl preparation of transducer		
Checks vascular ultrasound equipment		
Ensures adequate monitoring for entire procedure incl. monitor on audio		
Defines roles of personnel involved		
Verbalises process to team		
Administers anaesthesia safely including local anaesthesia to site (ensures ventilation mode appropriate for muscle relaxation)		
Adequately positions patient		
Cleans and drapes area to be accessed		
Locates vessel with ultrasound or landmark technique		
Ensures all equipment with easy reach		
Establishes arterial access within 2 attempts		
Ensures peripheral perfusion not compromised		
Follows correct procedure for seldinger technique with specific attention to wire		
Secures device correctly		
Covers site correctly		
Documents procedure correctly incl type & date of line on line dressing		
Informs parents		

Observed (date)	**Actual case or simulation scenario**
Age /weight patient	**Any difficulties**
Action points / lessons learnt	
Competencies signed off by (print name / designation + GMC/NMC):	**Signature** **Date**

Task : CHEST DRAIN INSERTION	Competence Level	Comments
Defines indication (eg pleural effusion, pneumothorax)		
Patient risk assessment (eg anticipated difficulty, patient stability, need for speed)		
Informs parents		
Prepares all appropriate equipment		
Defines plan: equipment & establishes presence of kit (seldinger & blunt dissection both available)		
Ensures adequate monitoring for entire procedure incl. ET CO_2, monitor on audio		
Defines roles of personnel involved		
Verbalises process to team		
Ensures appropriate ventilation prior to anaesthesia		
Administers anaesthesia safely including local anaesthesia to site		
Adequately positions patient		
Cleans and drapes area to be accessed		
Landmarks point on chest wall to be accessed		
Ensures all equipment with easy reach		
Chooses & uses technique correctly (seldinger or blunt dissection)		
Establishes intra-pleural access within 2 attempts		
Follows correct procedure for chosen technique with specific attention to wire (seldinger)		
Confirms pleural access by fluid or air in drain		
Attaches drain to appropriate drain tubing correctly		
Secures drain correctly & dresses site appropriately		
Confirms chest drain position on CXR		

Observed (date)	**Actual case or simulation scenario**
Age /weight patient	**Any difficulties**
Action points / lessons learnt	
Competencies signed off by (print name / designation + GMC/NMC):	**Signature** **Date**

APPENDIX 3: Record of professional development

3.1 Educational meetings or courses attended (any related to PICM or transport during post)

Include PCC transport update days, M&M, Risk/excellence meetings, Research, Journal Club, Core PICM Curriculum, Simulation/human factors training sessions & any other

DATE	MEETING/COURSE DETAILS	TOPIC	PRESENTER	CPD points

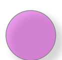
3.2 Presentations eg at PICM teaching

DATE	MEETING TYPE	TOPIC/DESCRIPTION

3.3 Audits and/or projects completed with transport team

TITLE	PRESENTED AT	DATE

APPENDIX 4: Equipment Competency (specific for each transport team)



PICS Paediatric Intensive Care Society

National Generic Paediatric Critical Care (PCC) Transport Passport

2nd Version of transport passport written & edited by: Kate Parkins on behalf of PICS-ATG July 2018
1st version written & edited by: Shelley Riphagen, Lynn Shields, Chris Walker, & Kate Parkins on behalf of PICS-ATG March 2015