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Admission of Children and Young People to the Inpatient ward at Worcestershire Acute Hospitals NHS Trust

Key Document code:	WAHT-TP- 055	
Key Documents Owner:	Becky Magan	Ward Manger
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	9th February 2024	
Date of review: **This is the most current version and should be used until a revised document is in place**	9th February 2027	

Key Amendment

Date	Amendment	Approved by
19th Nov 2020	Document extended for 1 year	Dr J West/Paediatric Q
26th March 2021	Approved with no amendments	Paediatric QIM
	Inclusion of #CallMe and Gender Identity	
	PEWS changed to NPEWS (National Paediatric Early Warning Score)	
	Safeguarding checks updated to include PAS (Patient Administration System) and CPIS (Child Protection Information Sharing)	
	Streaming criteria from ED to PAP included	
9th Feb 24	Minor amendments	Paediatric Guideline Review Meeting

Introduction

This guideline has two primary purposes:

Section 1:

- Sets out the admission policy for under 18 year olds to Worcestershire Acute Hospitals NHS Trust. The guideline being derived from a mixture of national guidance, local policy and the requirement to offer patient choice. Although anyone up to the age of 18 may be defined as a child, most hospitals in England have 16 as the cut off age between children's and adult services

Section 2:

- Gives an overview of the admission process to the Children and Young People Inpatient ward – Riverbank at Worcester Royal Hospital and should be read in conjunction with the Operational Policy for Paediatric Bed Management including full Capacity management and Nurse staff escalation.

Definitions:

CYP	Children and Young People Aged 0-17 years, 364 days.
Parent	Parent or main carer with parental responsibility
Riverbank	35 bedded inpatient Children's Ward at WRH
ED	Emergency Department
GP	General Practitioner
HV	Health Visitor
Orchard Services	Community Children's Nurses
Open Access	Allows CYP and parents access to telephone advice and review on the ward for a specified period e.g. 24 hrs, 48 hrs, Long Term
PAP	Paediatric Assessment Pathway

Side Room	Single bed accommodation
RN C	Registered Children's Nurse
NPEWS	National Paediatric Early Warning Score which is age related and helps to identify patient deterioration at an early stage to allow proactive management on the ward and therefore reduce the rate of emergency resuscitations on the ward and intensive care admissions
SBAR	Team communication tool – Situation, Background, Assessment, Recommendation (See Appendix 1)
PGD	Patient Group Directives allows the supply and administration of medicines to patients by certain registered healthcare professionals, without a prescription or reference to a prescriber
CAMHS	Child and Adolescent Mental Health Service
AHMHLS	Acute Hospitals Mental Health Liaison Service
WAHT	Worcestershire Acute Hospitals NHS Trust
High dependency care	is a term used to describe the child who is critically ill requiring enhanced observation, monitoring and intervention
High Nurse Dependency	The CYP requires considerable staff input but is not critically ill

Details of Guideline

SECTION 1: Admission Policy

The policy is derived from a combination of national guidance, local policy and the requirement to offer patient choice. Although anyone up to the age of 18 may be defined as a child, most hospitals in England have 16 as the cut off age between children's and adult services.

Admission to the Children's Unit has traditionally been for children and young people between the ages of birth and 16 years. However some units only take children up to the age of 14 years, whilst those with Adolescent Units and specifically trained staff will take up to 19 years of age.

The 'Children Act' (2004), Carlile Review (2002) and Every Child Matters (2003) classifies a child as up to the age of 18 years**. This does not mean that they should be accommodated within children's wards** but staff should be aware that there may be ongoing Child Safeguarding issues relating to these young people. Liaison with the Named Professionals within the Trust will be required where safeguarding concerns are identified.

From the young persons perspective there is also a right to choose, which is supported by the Children Act (2004) but also the Human Rights Act (2000) and Fraser Guidelines (1985). The young person should be given the choice of where they wish to be nursed from the time they are mature enough (deemed to be Gillick Competent) to give informed consent. (NB: Children under the age of 16 years can give consent for themselves if they are judged to be capable of making the decision. This is known as Gillick Competence. However Children under the age of 13 years are rarely asked to consent alone. They can sign consent forms for treatment along with whoever has parental responsibility)

This guideline applies to all patients under 16 years of age. At age 16 and 17 years, patients should be offered the choice of admission to a paediatric ward or to an Adult ward where they will be managed by the relevant specialty (Non Paediatric). Young people aged 18 and over will not be admitted to the paediatric wards (with very occasional exceptions when a young person has:

a) complex neurodisability **and** is under the care of a community paediatrician
b) has ongoing oncology treatment.

This distinct group of young people will be admitted to CYP ward should they or their parents choose, until they are a maximum of 18 year and 364 day olds.

Young people should ideally be nursed in a side room within Adult Ward areas, and should be safeguarded from other patients and visitors. Age appropriate patient information should be available to then in all wards/departments.

The Adult ward will have access to RN C advice 24/7 in terms of safeguarding and the CYP will have access to the Play Team, who can provide YP with activities suitable for age and condition.

In cases of uncertainty each individual case should be discussed with the nurse in charge of the Children's and Young Person inpatient ward and Paediatric Assessment Pathway bleep holder.

Please see Appendix 2: Admission Pathway to Acute Trust for CYP Under 18 years old.

SECTION 2: Overview of Admission Process

Routes of Admission:

- Elective
- Emergency
- GP
- ED
- Orchard Services – Childrens Community Nurse Team
- Open Access

It is envisaged that the nurses will work within a team dividing the CYP in beds and side rooms into manageable numbers in order to deliver care. The team will have 1 nurse co-ordinating the shift, 1 nurse for the Paediatric Assessment Pathway (PAP) and the remaining team care for admitted inpatients. The Nurse in Charge will over-see the care provided by the nursing team. Ideally the nurse in charge should not have patients but if necessary he/she could care for a small group of children with low dependency needs if required. The CYPs allocated to each nurse will be determined by child dependency, staff competence required and ward geography, with due consideration to infection control measures (i.e. a nurse caring for a child with an infectious disease would not also care for a susceptible baby / immune compromised child). For this reason some flexibility will be necessary when deciding allocations.

Medical care will be provided under the direction of a Consultant Paediatrician for CYP less than 17 years of age. A child's designated paediatrician will be the Consultant 'on take', unless they have been admitted by another Consultant, in a planned way, under their own care. Alternatively, the CYPs care may transfer to a previously known consultant if their present condition relates to previous episodes. A CYP may be admitted under the care of a Consultant Surgeon if they have a surgical / orthopaedic / ENT etc problem. All children under the age of 5 years will automatically receive shared care from a Consultant Paediatrician. Children who are receiving High Dependency (HD) care under the care of surgical speciality will have the support of the Paediatric team to fulfil day to day cares. If the nursing staff has any concerns regarding a child over the age of 5 years who is under a surgical speciality, and those concerns have not been addressed to their satisfaction, they may refer to the paediatric team for help and advice. Should the surgical specialities teams wish to refer to the Paediatric team and vice versa this should be a Consultant to Consultant referral or a written referral.

Safeguarding checks via PAS and CPIS must be completed and alerts on the system noted in the patient's record. Discussion with a senior must take place if alerts are on the system. i.e. nurse in charge, ward manager, Registrar or Consultant. Consideration must be given to the need for liaison with Acute Trust Safeguarding Team and Children's Social Care.

Regardless of the route of admission to the Acute Trust, the following elements needs to be incorporated and implemented in the CYP and parents journey:

- Confirm CYP identity including #CallMe and gender identity, confirm personal details and parental responsibility
- Orientate to ward routine, layout and facilities of the ward and the Trust
- Explain to CYP and their parents the expected care pathway. (Start Discharge planning)
- Impart information regarding procedures and care to help CYP and their parents make informed decisions – provision of important information should be supported in writing.
- Identify medical risk factors and suitability for planned treatment
- Complete appropriate nursing documentation i.e. accountable handover, patient safety checks, NPEWS, Sepsis Screen, pain score, fluid balance chart, prescription chart, PVD forms, care plan, risk assessment, screening tools i.e. STAMP / infection control
- Consider the need to make contact with other disciplines/supporting agencies who are already involved in child's care, to inform them of the child's admission and involve them in plans for discharge home. (please refer to Discharge of Children and young people from inpatient ward at WAHT)
- Consider the family's need for involvement of these disciplines, where there has been no previous support.
- Explore family circumstances and background in the context of planning for discharge and ensuring that appropriate support is in place.
- Identify who has parental responsibility for consent and safeguarding purposes, so that they are able to take part in all decisions about treatment, aftercare, and be advised of the advantages and disadvantages, risks, side effects of treatment
- If not already in place, interpreting services can be arranged for those whose first language is not English. This can either be using Verbal translation, Face-to face interpreting, Video interpreting or Telephone interpreting. British Sign Language interpretation is also available.

Elective admissions:

Children's Day Surgery
CYP presenting at WAHT will have the opportunity to receive telephone pre-operative assessment or attend Pre-Assessment Clinic, part of which will include an opportunity to visit the CYP ward.

All of the CYP's details / medical records will be entered into the Hospital IT systems (eg.PAS, Blue Spier, Clip etc). A paper copy of the medical records and required documents will be available and ready for use on the day of admission

The nurse in charge will allocate an appropriate bed space and designate a nurse to care for the CYP. The bed space safety checks will have been conducted and the bed area and medical records will be prepared and ready for use.

On arrival to the CYP ward, the team will introduce themselves to the CYP, escort the CYP to their bed, whilst orienting them to the ward and it's routine.

The CYP's weight and height will be recorded, their vital signs (including pain score and sepsis screen) measured and a National PEWS score generated. Any allergies are checked and recorded. The CYP's identity, including #CallMe, gender identity and patient details will be checked, before applying an appropriate size and colour patient identity band. Anaesthetic cream (if required) will be applied using

PGD. An explanation of how the day will proceed will be given and the Play Team will speak to the CYP and family.

Nursing staff will liaise with the appropriate surgical speciality and anaesthetic team and complete theatre preparation/ interventions required.

All teams will be responsible for the following Safety Checks on admission and throughout the CYP's journey:

- Correct CYP
- Correct procedure
- Correct starvation time
- Correct site marking
- Correct consent (please see Trust Consent policy for guidance)

Emergency Admissions: via GP / ED

Telephone referral will be accepted either by:

- Nurse in charge - from surgical specialities/adult medics
- Paediatric Assessment Pathway Consultant/ Reg(Blp 676) for GP & ED referrals

Referral details will be logged and captures the following data:

- Name, #CallMe, Gender identity, Date of Birth, NHS number where possible
- Brief Clinical History / treatment given and effect
- Ascertain if a pathway of care has commenced e.g.Gastroenteritis
- Ascertain if there are any safeguarding concerns.
- Document recommendation / outcome of referral e.g. review in urgent care clinic, attend ward
- Ascertain the safest way to transport CYP from GP surgery ie Parents Car/ ambulance
- Name of GP and Practice telephone contact details
- Estimated time of arrival and family contact details

The 676 bleep holder will give the patient details to the Ward Clerk (in hours) to enable admission pack to be made and inform the Nurse in Charge. Patient details will be put onto the ADT whiteboard. The nurse in charge will allocate the patient to be either admitted directly to the ward or onto the PAP. This decision will be made on the basis of provisional diagnosis from the referring source.

If the child is admitted onto the PAP, the CYP should be assessed treatment given and discharged within 6 hours. Any child who is likely to be admitted for longer than this time should be moved onto the ward and re – allocated to be cared for by a ward nurse.

The nurse in charge of the CYP ward will assign an appropriately skilled nurse who has the workload capacity (occasionally this may have to be achieved via workload re-allocation). A bed space is designated in accordance with the CYP's clinical needs i.e. high dependency care (0.5:1 or 1:1), nurse high dependency, infection control etc. The appropriate bed space will have safety equipment checks repeated and any specific requirements prepared.

Out of hours ie 2030-0800 the nurse in charge may take a small group of low dependency patients and allocate referrals to an appropriately skilled nurse who has the work load capacity. All nursing and Child Health Care Assistant will have access to Oasis to enable referrals to be electronically registered.

Please note that should the CYP not arrive within two hours of estimated time given by the GP, contact must be made with the GP and if possible the family in order to ensure the safety of the CYP.

All children (under 16 years) and young persons (aged 16years and 364 days) who choose to be admitted to a paediatric ward) with acute abdominal pain should be referred to and admitted under the

care of the on call paediatricians (with the exception of pregnancy related conditions, in which case the young person will be admitted via Maternity Services).

GP Referrals – See appendix 3 for overview
WAHT – All GP referrals to Surgical team will be admitted to the ward, the accepting surgical team are expected to attend the ward within one hour whenever possible or on communication with the ward nursing team, within a maximum of 4 hours. In the interim analgesia will be administered via a PGD to relieve pain.

Following referral to the 676 bleep holder. Advice will be given as to how to transport the CYP safely, ie by parents' car or ambulance. The ward will accept children via ambulance providing that the 676 bleep holder is confident no immediate resuscitation will be required on arrival. If this is the case the CYP should be taken directly to ED.

ED Referrals – See appendix 3-5
ED at Alexandra Hospital – Referrals to Surgical team for 16-17y old only.
The surgical team will attend ED. If it is likely that the CYP will be in ED for some time, the nursing team at Alex ED can negotiate with the nurse in charge re: transfer to ward at WRH subject to staffing and bed availability, and that the CYP has been given the choice

Referrals from WAHT ED, will be triaged in the department, appropriate interventions will commence in conjunction and liaison with the appropriate specialist team and prior to referral of CYP to the ward.

It is in the CYP's best interests to be escorted from the ED as safely and as timely as possible, this may take a degree of flexibility in accordance with the pressures in ED and the pressures on the CYP ward. Close liaison and negotiation may be required between the two nurses co-ordinating the departments and should not be to the detriment of patient safety of the CYP or the ED and CYP departments. At a very minimum the CYP should be triaged in ED before accepting transfer to CYP area.
The ED nurse co-ordinator and Nurse in Charge of CYP ward will liaise and agree a transfer time.

The CYP will be transferred from ED in the company of an ED nurse; multiple patients must not be brought to the ward at the same time with one escorting nurse. This is to maintain patient safety, should one of the CYP deteriorate on the way to the ward and also to ensure that the CYP can be seen and assessed by RN Child on arrival to the ward within the prerequisite 15 minutes.
The CYP should be accompanied by an RN familiar with the CYP's background, clinical history, treatment given and plan of care. Safeguarding checks would have commenced in ED.

If pressures within the ED department are high and to aid flow through the Emergency Department, it has been agreed that patients presenting with certain conditions may be sent to the Paediatric Assessment Pathway, space permitting, without being seen by an ED clinician following triage provided that they do not require immediate medical attention. These conditions are:

1. Babies <3 months of age with a hospital documented fever (≥38ºC);
2. Children requiring oxygen to maintain oxygen saturations ≥92%;
3. Children BIBA following a GP review due to concern in primary care but who are clinically stable on arrival.

Admission/Arrival to the ward
On arrival to the ward, either via the GP or ED referral route, the CYP their parents / and transfer nurse will report to Reception Desk. The Ward Clerk will confirm the patients identity and inform the Nurse in charge, or the PAP nurse the CYP has arrived. This is to check the identity of the CYP, and allow the opportunity for the receiving nurse to visually assess the child using ABC criteria (airway, breathing, circulation) and escort CYP to allocated bed space. **This 'Triage' must take place within 15 minutes of arrival to the ward.** On completion of assessment the nurse will assign clinical priority for review: immediate, within 1 hour, within 4 hours.

On receipt of a comprehensive verbal handover using SBAR which is cross referenced with available documentation, the designated nurse will commence the Admission record.

The nurse will record vital signs generating NPEWS (on the appropriate age related NPEWS chart) and perform Sepsis Screen in accordance with Paediatric Observation and Monitoring guideline. Pain score must also be completed using the appropriate pain scale.
The generated NPEWS/Sepsis Screen score will also help to inform the nurse priority of escalation for review to medical staff.

The admitting nurse will also ascertain all of the CYP demographics including

- Name, #CallMe, Gender Identity
- Address
- Contact details (including telephone numbers) and Names for primary carers/ those with parental responsibility
- Those accompanying child
- A Patient Identity band is to be checked with CYP and parents and applied if not already present. A red identity band must be completed if CYP has allergies.

Of primary importance is the completion of the safeguarding assessment section which must be signed once completed. Additional needs such as the requirement for interpreter services, involvement of Childrens services, liaison with Specialist Nurses, Dietician etc should also be identified.

The SBAR communication tool will be used to aid, clear concise handover between attending nursing and medical teams.

Nursing and medical assessments, planning and interventions will commence.

Initial medical assessment will normally be made by the junior doctor/Registrar/PAU Consultant in the ward environment or the paediatric assessment area. The treatment/care will be discussed with the middle grade/consultant as required following this. A further assessment by the middle grade/PAP Consultant is usual. If the CYP is on the PAP, decision to admit or discharge should be made within 6 hours. If the CYP has been admitted straight onto the ward a treatment plan should be initiated. Discharge planning should also start on admission. See Discharging Children and Young People from inpatient wards at WAHT.
The child will receive any medical treatment as soon as it is determined it is required, as an emergency if necessary. The child may be discharged home with a period of open access to the ward or alternatively with the support of the Children's Community Nurse Team (Orchard Service).

The nursing system will be child and family centred, involving a nursing assessment of needs, and a plan of care which is discussed with the parents and CYP if of an appropriate age. The plan will include partnership and negotiation with parents/carers to determine the role of the nurse in supporting their care delivery, taking over care temporarily, or teaching specific nursing care to enable parents to resume full care of their child. This process is ongoing and constantly changing, so excellent communication with the CYP and their family is essential.

During this period the CYP and parent will be shown the facilities of the ward and be given an explanation of the ward routine and facilities available.
Children's names will not be displayed above bed areas for confidentiality and safeguarding reasons.

Referrals via Open Access – Brought in by Ambulance

Occasionally the CYP ward will receive contact from the Ambulance Service in regards to a CYP who has Long Term open access to the ward. This is a small cohort of CYP who have complex needs, admission can be accepted directly to the CYP ward provided the CYPs clinical condition is not such that immediate resuscitation and stabilisation interventions need to be implemented, as the immediate

attention of the paediatric medical staff may not be available on the ward. The paediatric medical on call team will provide cover for Neonatal Services, Delivery Suite, ED and the CYP ward.

If the ambulance is diverted to ED for the above reason or if the CYP ward does not have the capacity, the CYP must be at the very minimum 'triaged' and NPEWS score generated before transferring to the CYP ward.

Please refer to Appendix 2-4 for Patient Flows via:

- GP
- ED – self referral
- ED – 999 presentation

References

- Department of Health (2004) Children's Act. HMSO. London.
- Home Office (2000) Human Rights Act. London
- House of Lords (1985) Fraser Guidelines. Victoria Gillick v West Norfolk and Wisbech Area Health Authority.
- The National Assembly for Wales (2002) Carlile Review. The Review of Safeguards for Children and Young People Treated and Cared for by the NHS in Wales. Cardiff

Appendix 1 SBAR Communication Tool

S

Situation:

I am (name), (X) nurse on ward (X)

I am calling about (patient X)

I am calling because I am concerned that...

(e.g. BP is low/high, pulse is XX, temperature is XX, Early Warning Score is XX)

B

Background:

Patient (X) was admitted on (XX date) with...

(e.g. MI/chest infection)

They have had (X operation/procedure/investigation)

Patient (X)'s condition has changed in the last (XX mins)

Their last set of obs were (XX)

Patient (X)'s normal condition is...

(e.g. alert/drowsy/confused, pain free)

A

Assessment:

I think the problem is (XXX)

And I have...

(e.g. given O_2/analgesia, stopped the infusion)

OR

I am not sure what the problem is but patient (X) is deteriorating

OR

I don't know what's wrong but I am really worried

R

Recommendation:

I need you to...

Come to see the patient in the next (XX mins)

AND

Is there anything I need to do in the mean time?

(e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

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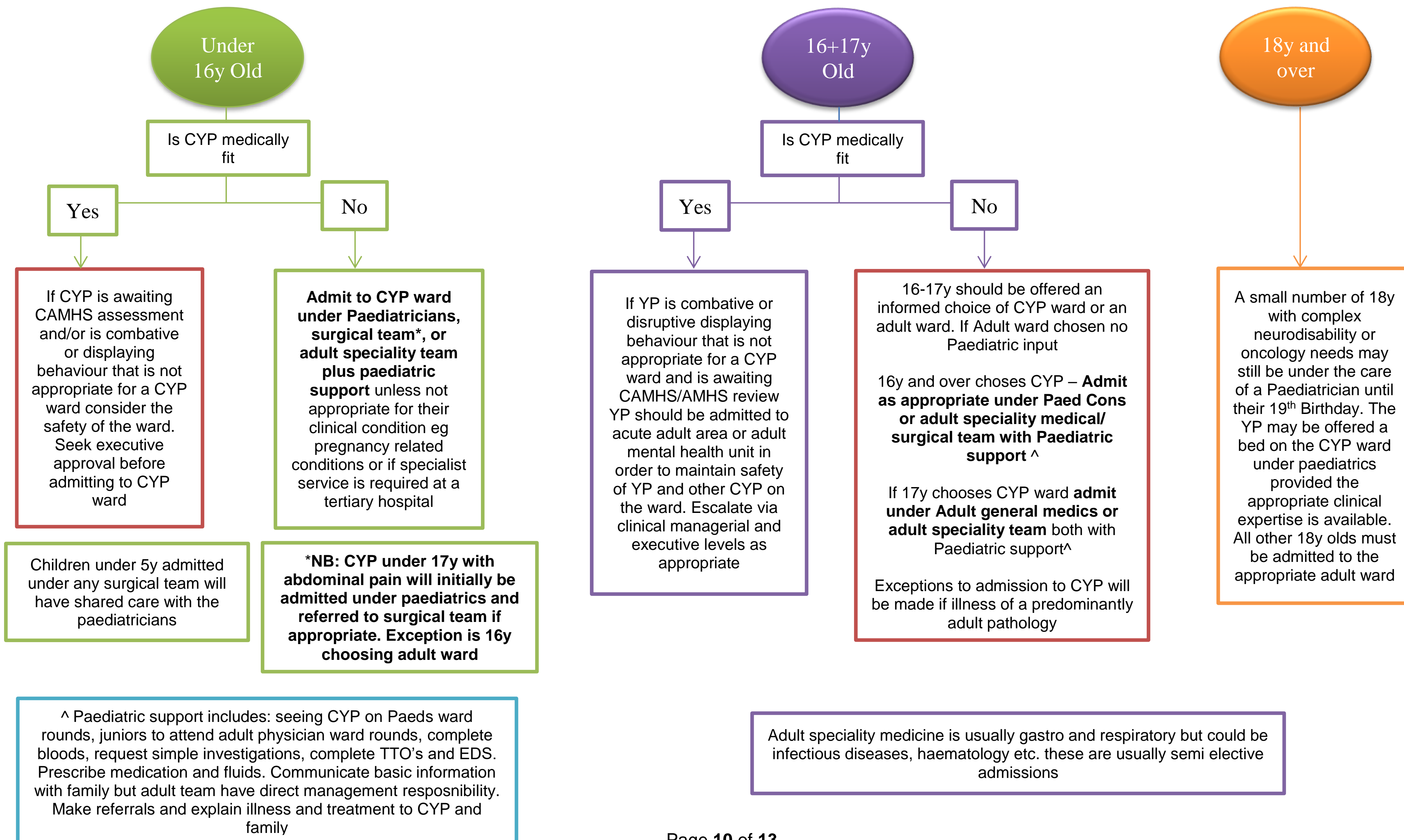
All under 18y admitted to adult wards must be offered the same rights and level of safeguarding as would be offered on the CYP ward. Staff on the adult ward will have access to RN Child advice

Appendix 2: Admission Pathway to acute Trust



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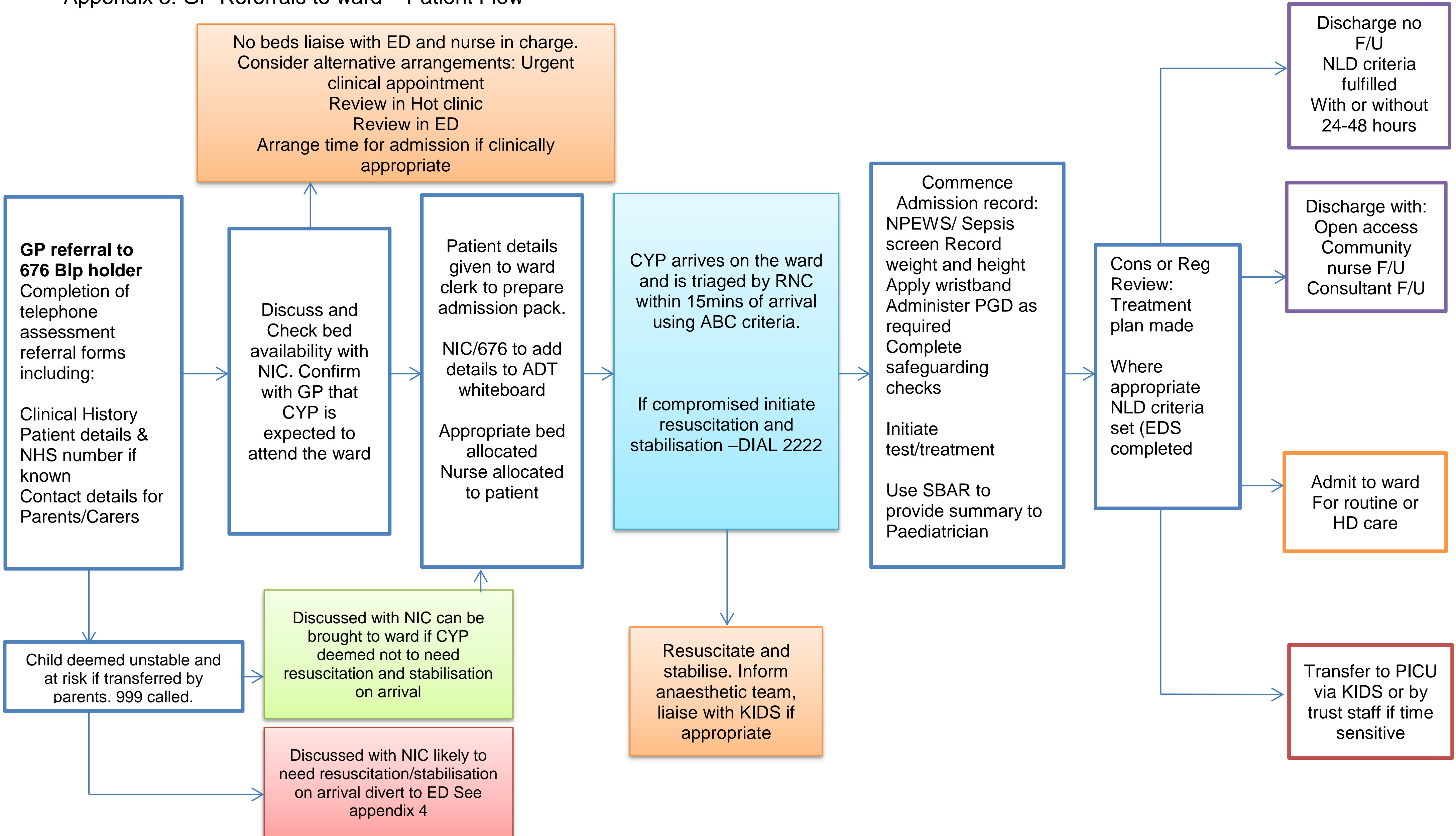
Appendix 3: GP Referrals to ward – Patient Flow



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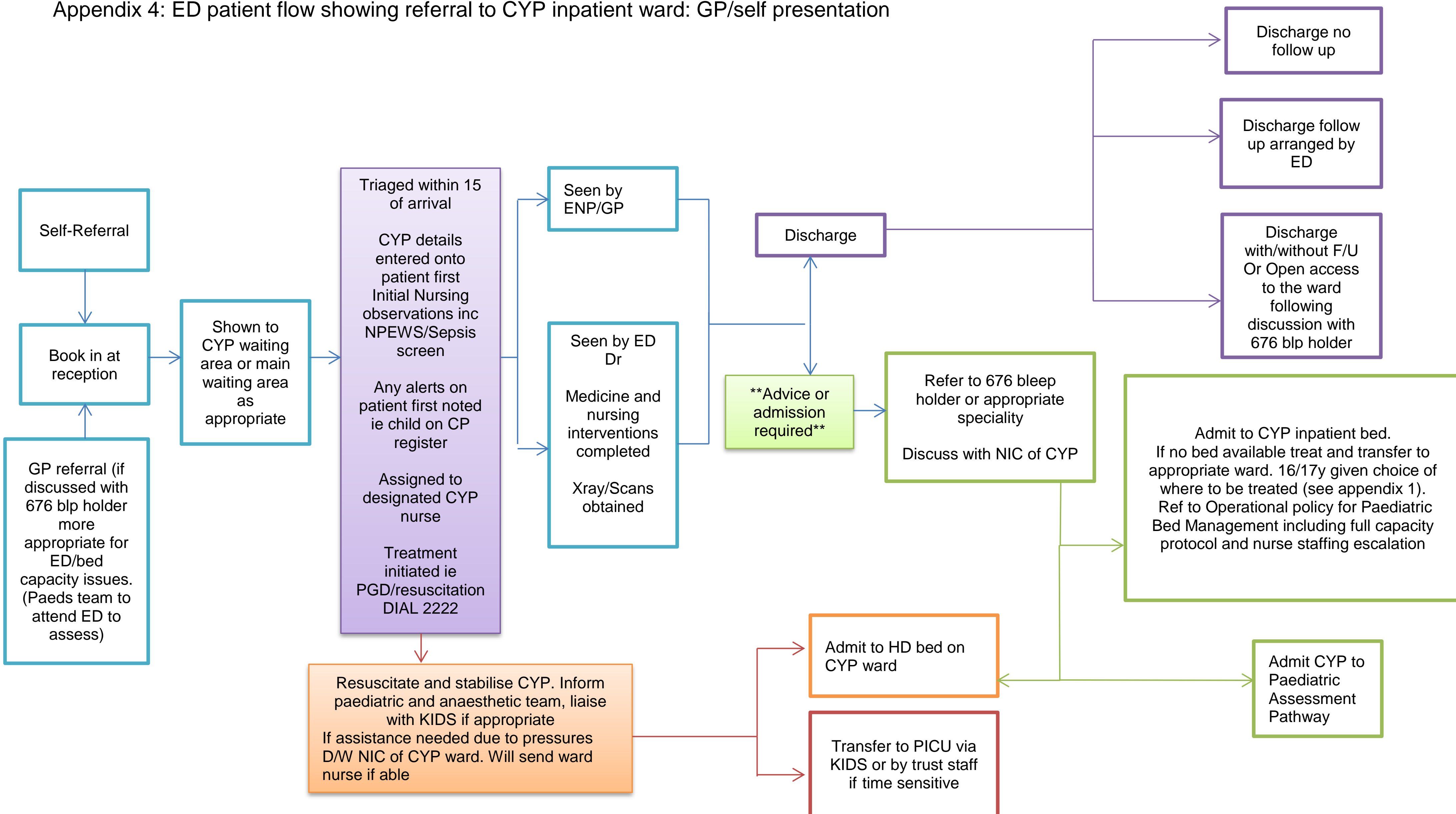
Appendix 4: ED patient flow showing referral to CYP inpatient ward: GP/self presentation



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Appendix 5: ED patient flow showing referral to CYP inpatient wards: 999 Presentation