

**Directorate of Paediatrics  
Assessment and Day Care Unit  
Operational Policy**

Document No.	Version	Issue Date	Last Review	Next Review	Impact Assessed	Author/Contact Person Accountable Director
PAED-GL-61	1.0	08/2011	NA	08/2014	10/2011	Matron - Paediatrics & Neonatal Unit

**Approved By:**

Paediatrics and Neonatal Unit CIG – August 2011

<b>For use in (clinical area)</b>	Paediatrics
<b>For use by (staff groups)</b>	Nursing, Medical and Operational Teams
<b>For use for (patients/staff/public)</b>	Nursing, Medical and Operational Teams
<b>Document Owner:</b>	Paediatrics
<b>Document Status:</b>	Approved

**Disclaimer**

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

**Document History**

Version	Date	Name	Reason
1	08/2011		New policy developed to provide clear pathways of communication and responsibilities during increased activity and maintain high clinical standards.

**Consultation History**

Stakeholders Name	Area of Expertise	Date Sent	Date Received	Comments	Changes Made
Consultants Paediatrics	Paediatrics	July 2011	August 2011	Yes	Yes
	Clinical Practice Facilitator	July 2011	August 2011	Yes	Yes
Ward Sisters	Ward 5, PAU	July 2011	August 2011	Yes	No
Specialist Nurses	Respiratory and Diabetes	July 2011	August 2011		
	Interim Assistant General Manager	July 2011	August 2011	Yes	Yes

**Contents**

**1.0 Introduction ..... 4**

**2.0 The Development Of The PAU/PDCU has:..... 4**

**3.0 Purpose of the PAU/PDCU..... 5**

**4.0 Location and Access Routes ..... 5**

**7.0 Exclusion Criteria..... 6**

**8.0 Staff Structure and Working Practices ..... 6**

**9.0 The Children and Young People Assessment/Pathway..... 6**

**10.0 Discharge Processes..... 7**

**11.0 Support Services and Professionals Allied to Medicine..... 7**

**12.0 Performance Evaluation and Quality Assurance/Clinical Governance ..... 7**

**13.0 Information and Support..... 8**

**14.0 Equal Opportunities ..... 8**

**15.0 Audit and monitoring Criteria..... 8**

**6.0 Statement of evidence/references ..... 8**

**7.0 Equality Impact Assessment..... 9**

**8.0 Care Quality Commission Regulations ..... 9**

**9.0 Implementation and dissemination of document ..... 9**

**10.0 Overall responsibility for the document..... 10**

**11.0 Attachments..... 10**

**12.0 Other Associated Documents ..... 10**

## 1.0 Introduction

The Paediatric Assessment Unit (PAU) is a dedicated paediatric facility with appropriately trained nursing and medical staff, Providing:

*“ill children and Young people ... with access to high quality, evidence-based care developed through clinical governance and delivered by staff who have the right skills for assessment and diagnosis, treatment and ongoing care”.*

(National Service Framework for Children and Young People September 2004) –NSF.

The area is divided into two, with one providing emergency assessment and the other a planned care service. Both areas only receive Children and Young People who have been referred, mainly from Primary care and the Accident and Emergency Department.

PAU is a 6 bedded short stay assessment area for all emergency paediatric referrals to the trust, via the General Practitioner (GP), including MKDOC and A&E. There may also be a limited number of referrals from other sources e.g. the Community Paediatric Nursing Team, the Health Visitor and for Red Box patients who have long standing complex conditions. The Children and Young People are between the ages of 0 – 15 years and 364 days. The PAU is a facility offering prompt, specialised evaluation of the presenting symptoms by appropriately skilled/trained staff in an holistic manner with reference to the whole family unit.

The Paediatric Day Care (PDCU) facility is a dedicated 6 bedded area for planned outpatient investigations, treatment and follow up of children and young people, referred by the Paediatric Team or GP.

The Paediatric Consultant on call will have ultimate responsibility for the Children and Young People whilst they are on the unit. The overall management of the PAU/PDCU will be provided by the Matron for Children and Young People. All staff will be responsible for the safeguarding of the Children and Young People’s welfare as per the MKGH Trust Policy.

## 2.0 The Development Of The PAU/PDCU has:

- 2.1) Enabled the creation and implementation of a Pathway designed around the needs of the Children and Young People and their family of Milton Keynes.
- 2.2) Ensured Trust compliance with government recommendations for emergency paediatric care standards.
- 2.3) Empowered staff to innovate and extend practice to improve patient care, **“ensuring that staff of sufficient seniority and relevant experience are available to take rapid and effective decisions”**. (NSF September 2004)
- 2.4) Minimised inappropriate admissions to paediatric in-patient beds by appropriate rapid assessment and diagnosis/treatment.
- 2.5) Reduced pressures on the Accident & Emergency (A&E) department.

### **3.0 Purpose of the PAU/PDCU**

- 3.1) To provide an appropriate environment for the assessment of Children and Young People referred to the trust in an area dedicated to their care, with appropriate surroundings, away from the sights and sounds of a busy A&E department. With staff trained specifically to care for Children and Young People.
- 3.2) To provide appropriate nursing and medical care to Children and Young People whose symptoms require a period of assessment and observation prior to paediatric intervention. To safely discharge Children and Young People if the decision is made not to admit.
- 3.3) To review Children and Young People and the continued care/investigations required in a planned manner within the Day Care facility.
- 3.4) To utilise all paediatric beds more effectively in line with the NSF for Children and Young People.

### **4.0 Location and Access Routes**

- 4.1) The PAU is located adjacent to the Paediatric Ward with access via the main door to the unit and the Ward.
- 4.2) Children and Young People transferred from A&E will be moved internally as per trust policy on patient transportation.
- 4.3) GP referrals that have been assessed by the GP, and accepted by the on-call paediatric team, should enter the PAU directly. The unit is open from 0800 to 2000 during the summer months and open 24 hours a day over the winter period.

### **5.0 Service Access for Children and Young People**

- 5.1) The PAU will be staffed 365 days a year 12 hours a day. During the winter months PAU will be open the PAU 24/7 and this will be communicated with the trust accordingly and an increase of nursing staff will be put in place as necessary.
- 5.2) It is expected that all GP referrals to the Trust for emergency paediatric assessment/intervention will be seen on the PAU. If the PAU is full to capacity the on-call paediatric team will be asked to review Children and Young People in the A&E.

### **6.0 Admission to the PAU/PDCU**

- 6.1) The on-call paediatric team and the GP/referring doctor agree the decision to admit to the PAU for a period of assessment.
- 6.2) Once a decision has been made for a patient to be assessed on the PAU, the nurse in charge of PAU will be informed by the on-take accepting Doctor.

- 6.3) If a review of a pre-existing condition or planned investigations are required the Child/Young Person will be referred to the Day Care facility and seen on an Out - Patient basis with a dedicated, timed slot.

## 7.0 Exclusion Criteria

- 7.1) Any Children and Young People not admitted under the care of the paediatricians.
- 7.2) Children and Young People requiring immediate resuscitation and those who are critically unwell/haemodynamically unstable and requiring high dependency care.
- 7.3) Children and Young People transferred from the Intensive Care Unit.
- 7.4) Any Children and Young People over the age of 15 years and 364 days, unless still under the care of the paediatricians.

## 8.0 Staff Structure and Working Practices

- 8.1) The Senior Doctors role in the PAU will be to assess the patient and **establish the care pathway within 4 hrs** of the Child or Young Persons arrival to the PAU.
- 8.2) The nurse in charge of the shift on PAU/PDCU will be responsible for the operational management of the unit.
- 8.3) All Children and Young People will be assessed using the Paediatric shared documentation.
- 8.4) Each shift will have a staffing skill mix to reflect the varying needs / dependency of the Children and Young People.
- 8.5) Health care assistants will directly support the nursing and medical staff as required.

## 9.0 The Children and Young People Assessment/Pathway

- 9.1) For GP/MKDOC referrals, the GP will provide the patient with a letter describing the presenting symptoms, relevant history and current drug therapy.
- 9.2) All Children and Young People admitted as an emergency will be admitted as an "Inpatient" on to the CRS system.
- 9.3) All Children and Young People who require review after an initial consultation by the GP or Paediatric Team who cannot be seen within the Paediatric Day Care area will be admitted as a "Day Attender" on to the PAS system.
- 9.4) All Children and Young People will be admitted onto the JONAH capacity management system, allowing for the collection and retrieval of statistics related to the pathway through the PAU.
- 9.5) Children and Young People admitted to the PAU from A&E will have had an initial assessment by the A&E Doctor.

- 9.6) If the Child/Young Person requires a longer period of assessment/intervention, arrangements will be made for transfer to Ward 5.

## **10.0 Discharge Processes**

- 10.1) All children/young people will be reviewed by a senior paediatrician and decisions regarding appropriate safe discharge documented.
- 10.2) Where applicable children/young people will be discharged by nursing staff using clear guidelines based around specific conditions; as agreed by the paediatric directorate
- 10.3) A variety of discharge solutions will be employed to minimise hospital admissions whilst maintaining the child/young persons safety. These include open access for the first 24 hours, referral to the Community Based Nursing Team and referral back to their GP.
- 10.4) At the point of discharge all children/young people will be given a discharge summary regarding their care and treatment with a copy for their GP.

## **11.0 Support Services and Professionals Allied to Medicine**

- 11.1) Pathology and imaging requests will be taken directly to the department to enable fast-tracking of results enabling a speedier initiation of the pathway.
- 11.2) There will be direct liaison with the Community Paediatric Nursing Team where appropriate, to ensure prompt assessment of Children and Young People in need of this service, or those previously receiving it. Referrals will be made to other Professional's if appropriate.
- 11.3) Support Services and transfer team will facilitate the transportation of Children and Young People between the PAU, radiology, theatres, diagnostic services and wards.
- 11.4) The bed manager will be advised of the PAU activity at regular intervals and of any plans to admit the Child/Young Person.
- 11.5) Ward clerk(s) will provide administrative support to clinical staff and act as an ambassador for the PAU – meeting and greeting Children and Young People and family.
- 11.6) Training and development needs will be supported by the Trust as identified in the staff's annual Personal Development Plan.

## **12.0 Performance Evaluation and Quality Assurance/Clinical Governance**

- 12.1) The Modern Matron for the PAU will provide regular statistical data to the Divisional Manager on request, and conduct audits as indicated for the PAU's effective operation.
- 12.2) Regular evaluations of the PAU will be undertaken and changes made to the service, as appropriate.

- 12.3) Clinical guidelines have been developed with the involvement of the relevant medical personnel.
- 12.4) All staff are encouraged to use clinical governance approach as part of their day to day practices.
- 12.5) All staff will use the internal reporting mechanisms highlighting clinical risks and use risk assessment to address clinical and non-clinical risks. Root cause analysis will be used to investigate incidents with an emphasis on an open and honest culture.

### 13.0 Information and Support

- 13.1) Children /Young People and their families will be provided with the appropriate information about their care/management in accordance with the Trust Policy on Data Protection and Confidentiality as well as “Your Guide to the NHS”. There will be a leaflet in place to explain how the unit operates, information as to the processes Children and Young People may encounter and who staff are and how they are able to help them during their stay.
- 13.2) As part of the discharge procedure all Children and Young People will have a letter sent to the GP and all professionals involved in their care (copied to the patient or carer). Appropriate advice will be given as to continued treatment, drug therapies and implications for School attendance.
- 13.3) Patients and relatives will be able to offer their comments/complaints via the Trust’s Complaints Procedure.

### 14.0 Equal Opportunities

- 14.1) All pay and non-pay staff will be subject to the same terms and conditions as determined by the Trust including Indemnity cover.

### 15.0 Audit and monitoring Criteria

<b>Document Audit and Monitoring Table</b>	
<b>Monitoring requirements:</b>	a) Processes and Pathways
<b>Monitoring Method:</b>	a) Data from Information Department and audit
<b>Monitoring prepared by:</b>	a) Clinical Lead and Matron
<b>Monitoring presented to:</b>	a) Paediatrics and NNU CSU/Governance Meeting
<b>Frequency of presentation:</b>	a) Annually



## 16.0 Statement of evidence/references

Not Applicable

## 17.0 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

## 18.0 Care Quality Commission Regulations

Area	Definition/Evidence
<b>Involvement and Information</b>	<b>Meets Outcome 1</b> Ensures that clear lines of communication during high activity periods maintain safe standard of care.
<b>Personalised Care, Treatment and support</b>	<b>Meets Outcome 4</b> Outlines the contingency plans to respond to additional demands while maintaining safe and high quality care.
<b>Safeguarding and Safety</b>	<b>Meets Outcome 10</b> Informs staff of the security arrangements in place regarding accessing the ward.
<b>Suitability of Staffing</b>	<b>Meets Outcome 13</b> Outlines how to respond to unexpected and changing circumstances in service provision.
<b>Quality and Management</b>	<b>Meets Outcome 16</b> Ensures that the service provided is continuously evaluated by collecting and analysing the data.

## **19.0 Implementation and dissemination of document**

This document will be available on the Trust's Intranet. Staff will be informed through the Clinical Governance and Ward meetings.

## **20.0 Overall responsibility for the document**

Matron for Paediatrics and Neonatal Unit  
Clinical Lead for Paediatrics and Neonatal Unit

## **21.0 Attachments**

None

## **22.0 Other Associated Documents**

Paediatrics operational policy for the surgical day care unit  
Paediatrics operational policy for Ward 5  
Trust bed management policy