

## Emergency Medicine Standard Operating Procedures

### Paediatric Cover/Patient Pathway Arrangements for Emergency Department at Alexandra Hospital

<b>Written by</b>	
<b>Approved by</b>	
<b>Date of Approval</b>	
<b>Date of next review</b> This is the most current document and is to be used until a revised version is available	

#### **Aim and scope of Standard Operating Procedure**

The aim is to develop a stepped approach towards ensuring clinical efficiency and effectiveness and an assurance regarding the ability to provide clinically effective and safe healthcare for paediatric patients presenting at ED at the Alexandra Hospital (Alex) following relocation of Paediatric inpatients from the Alex to Worcester Royal Hospital.

#### **Target Staff Categories**

#### Objectives ;

- Breaking down of professional barriers and successful joint working
- Development of a repeatable methodology for pathway development
- Development of consistent urgent and emergency care signposting and clinical guidance for parents/carers and users of locals services
- Raised profile of children's services within urgent and emergency care
- Identification of metrics and process to measure the impact

#### Strategic;

- An ED Paediatric nursing model will be developed centred around Registered Sick Childrens Nurse (RSCN) and nurses with enhanced paediatric skills as part of the ED establishment
- The public will be informed not to attend the Emergency Department at the Alexandra Hospital with sick children, but take sick children to WRH ED
- Ambulances will be diverted
- The paediatric consultant at WRH is available at all times for advice
- There is an assumption that all possible measures had been taken to prevent very sick children from being taken to the ED department at the Alex

#### Paediatric Consultant;

There will be a paediatric consultant on call or registrar available for advice for Alex ED at all times via bleep 676 contactable via Worcester switchboard. This bleep is always carried by a Paediatric Senior Doctor. Once contact is made to the Paediatric team via bleep, the patient pathway as detailed in appendix 4 will be followed.

#### Cover and Transport;

- 1<sup>st</sup> point of call – The bleep holder 676 and on call Paediatric Consultant for WRH will be available at all times for advice to the ED Department
- Decisions regarding the onward care of paediatric patients will be made following discussion between the ED Consultant/team and the Worcester Senior Paediatrician on call. A discussion between these teams will decide if there is a requirement for a Consultant to attend the Alex site. If this is agreed, the on call Worcester Consultant will call the backup rota consultant

immediately to advise their attendance is required. It is understood that attendance could take up to one and half hours for some Consultants from home out of hours. Most of the time however, attendance would be quicker than this depending on where people live and time of day. (Nine Paediatric Consultants have provisionally agreed to provide emergency cover on a rota basis in the situation that a very ill child who requires on site paediatric support arrives unexpectedly at the Alex)

- If a child dies or is brought in dead to ED at AH, discussion with the Paediatric Consultant on call for WRH should occur. All possible efforts will be made for a Consultant Paediatrician to attend to help with the SUDIC process; inevitably there will be delays in attendance
- The daily Paediatric clinics at the Alex and WRH are to include a number of 'hot' clinical slots. Access to these clinic slots by ED is via on call Consultant Paediatrician.

#### Patient Pathways;

There are three pathway streams identified for "walk in" patients at the Alex;

1. Child with minor illness – will be seen and managed in ED and then sent home. Paediatrics available for advice via bleep 676 (appendix 4), they can arrange Orchard nursing support or urgent outpatient appointment.
2. Very ill child – Will be triaged, stabilised and sent under blue light to a PICU via KIDS retrieval service
3. Intermediate pathway (appendix 3) – Child who requires further assessment or admission to WRH Riverbank ward

#### Appendices

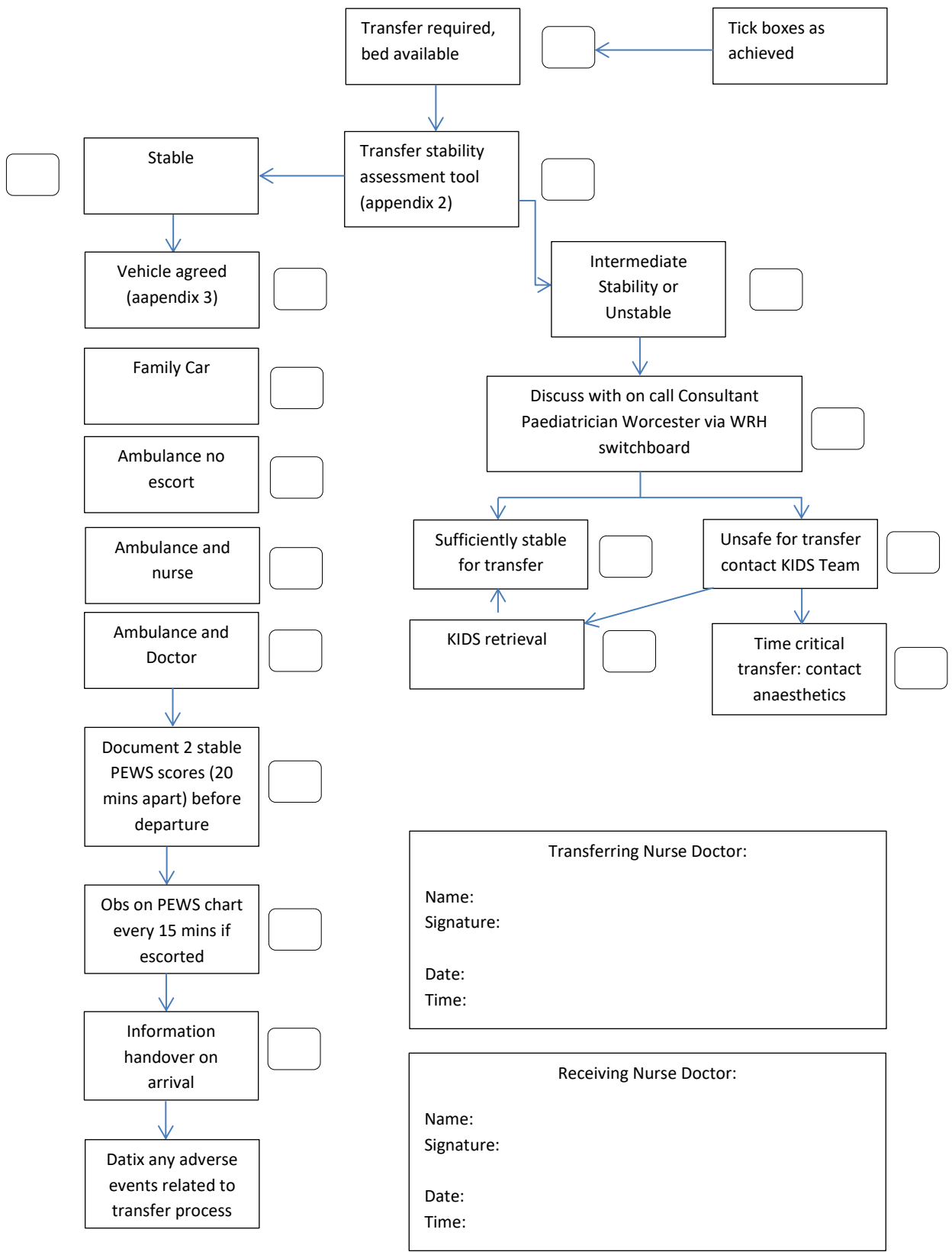
Appendix 1 – Transport Pathway

Appendix 2 – Transport stability assessment tool

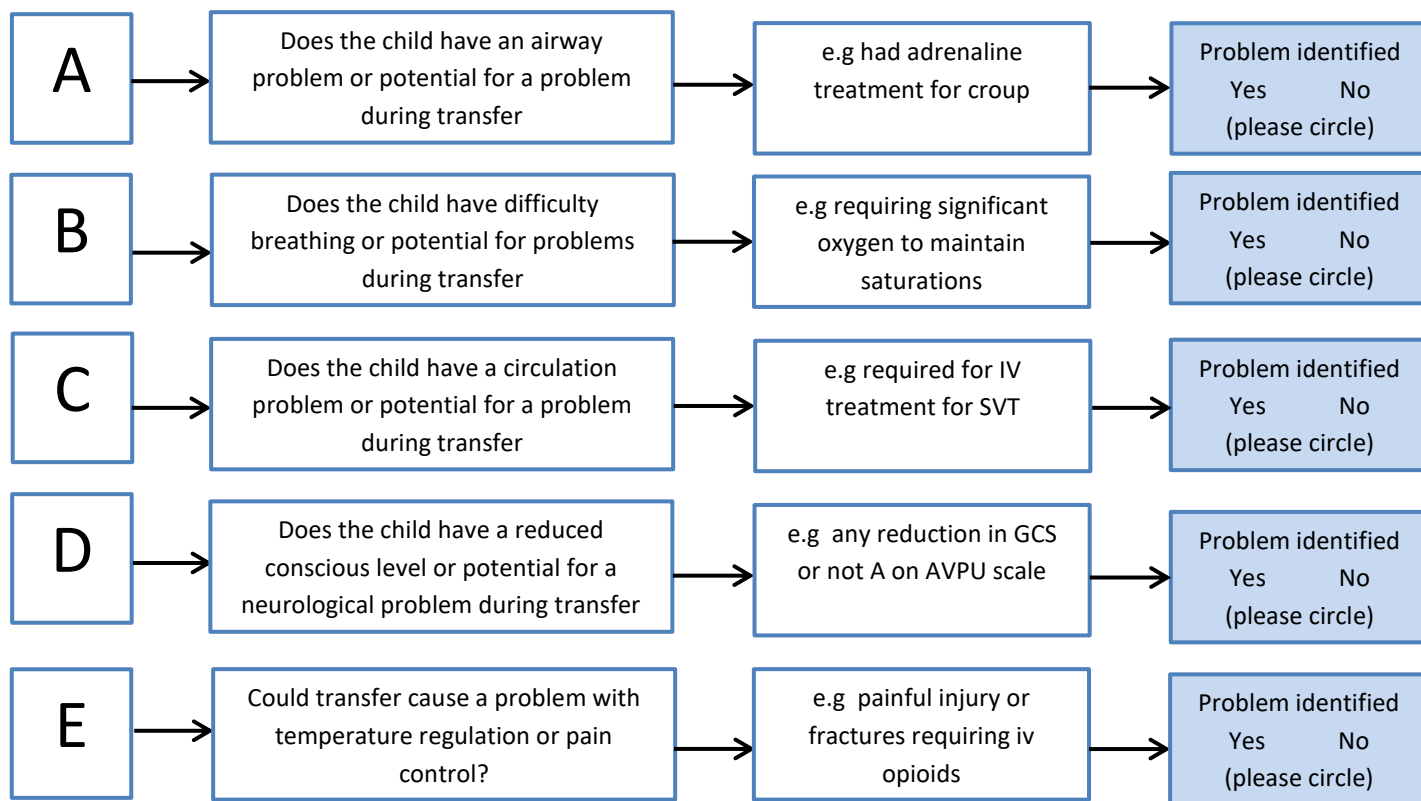
Appendix 3 – Transport Vehicle and escort requirements

Appendix 4 – Patient Pathway

Appendix 1 – Transfer of Children Pathway



Appendix 2 – Transfer Patient Stability Assessment Tool



↓  
 ASSIGN Stability (tick)

**Stable**  
 Escort requirements (see also Appendix 3)  
 No clinician or nurse escort required unless

- Parental support for journey needed
- Treatment required on route not deliverable by ambulance crew e.g. O2 > 30%, continuous drug infusions
- Underlying medical condition liable to unpredictable deterioration
- Requires close nursing care & continuous observation
- PEWS score 4+
- Parental disagreement on lack of escort

**Intermediate stability/unstable**  
 Escort requirements (see Appendix 3)

- This will depend upon the clinical problem and may be ambulance crew alone with nurse or doctor
- The on call Paediatrician must be informed and a joint decision reached on transport mode, staff escort and equipment requirements

Discussion with KIDS Service

- All unstable and high-risk patients must be discussed with KIDS Team
- Intermediate stability patients who are at risk of clinical deterioration en route are also best discussed

Stable = No ABCDE problems	<input type="checkbox"/>
Intermediate stability = 1 or more ABCDE problems	<input type="checkbox"/>
Unstable = 1 or more ABCDE problems	<input type="checkbox"/>

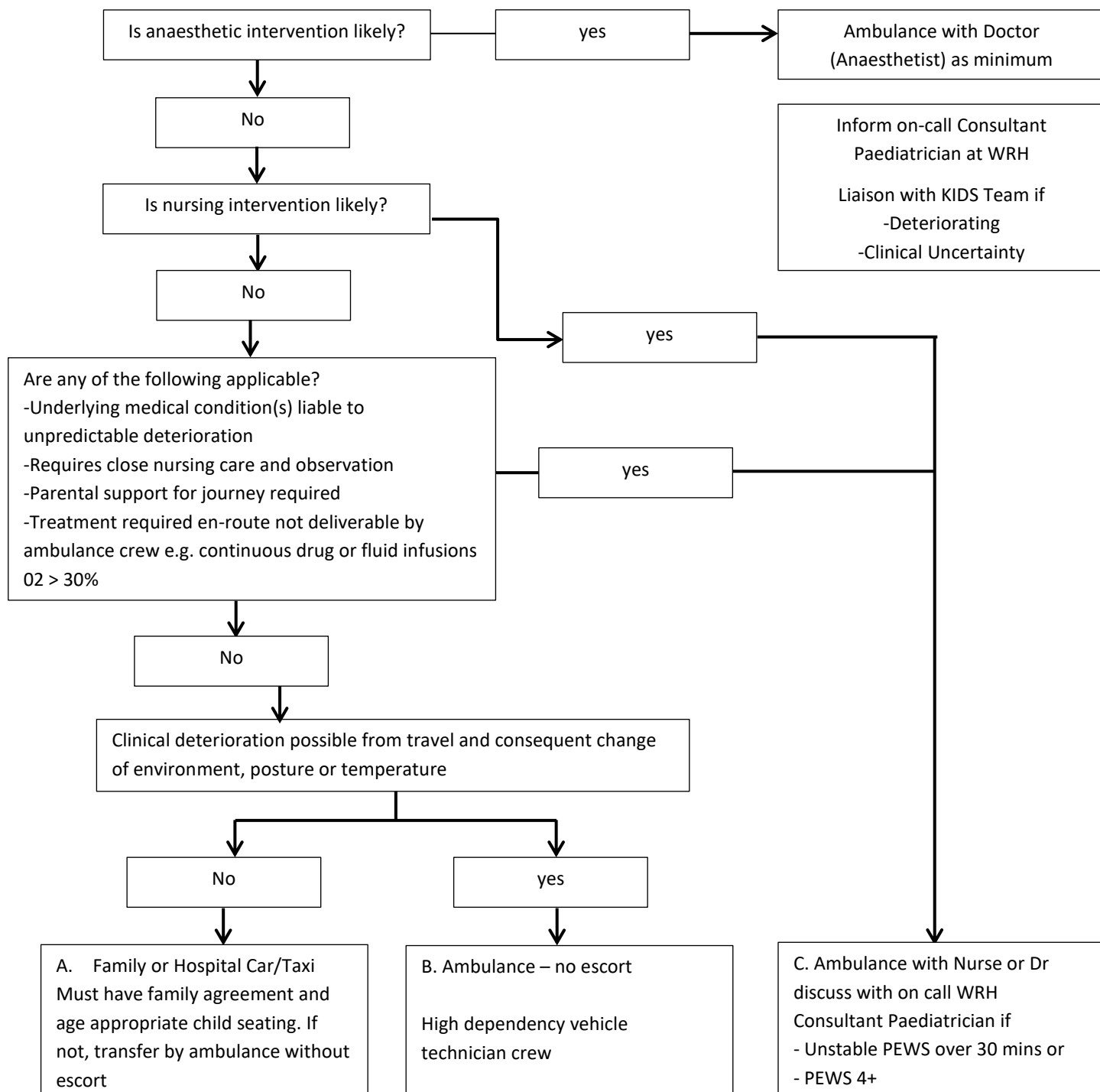
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Appendix 3 – Transport vehicle and escort requirements

1. Summary Algorithm



2. Family Car Transfers

Transfers of a child by the family car may be acceptable if all the following criteria are met:

1. The family wish to use their own transport
2. The child is stable using the “Transfer Patient Stability Assessment Tool”
3. The child has stable or improving observations on two occasions at least 20 minutes apart

4. The car has an age-appropriate car-seat
5. None of the following conditions exist
  - Safeguarding concerns
  - Underlying medical condition(s) liable to unpredictable deterioration
  - Clinical deterioration possible due to change of environment, posture or temperature
  - Requires close nursing care and observation
  - Parental support for journey required

### 3. Ambulance Transfer

Whilst emergency procedures can be undertaken by ambulance crews, it is important to filter those children at potential risk of deterioration en-route who might require nursing or medical interventions.

The competencies of ambulance crew in managing acute paediatric emergencies are variable according to vehicle type.

High dependency vehicles are usually equipped to a lower level than an emergency ambulance, and are staffed by either technicians or advanced healthcare assistants.

Paramedic-staffed ambulances are equipped to a higher level, and crew have greater training in acute paediatric emergencies, though variability will still exist. They should not however be considered a substitute for a nurse or doctor for the elective transfer of children.

In practice if a nurse or doctor is escorting a child then a paramedic crew is not required.

#### 3.1 Ambulance transfer without escort

A 999 ambulance with technician crew or high-dependency vehicle is the likely transport available for a child considered for ambulance transfer without escort if

- A. Stable on "Transfer Patient Stability Assessment Tool"
- B. A stable PEWS score on two occasions at least 20 minutes apart
- C. A maximum PEWS score of 3
- D. None of the following conditions exist
  - Safeguarding concerns
  - Requires close nursing care and observation
  - Likely to require administration of medication en-route
  - Requires continuous intravenous infusion of fluids or medication
  - Requires more than 30% oxygen
  - Underlying medical condition liable to unpredictable deterioration #

#### 3.2 Ambulance with Escort

The escort required will depend upon the nature of any likely intervention required for the journey. Paramedics are able to undertake advanced airway management, administer a wide range of drugs and perform IV cannulation.

#### 4. Transfer Escort Requirements

Intervention	Examples	Escort
Nurse intervention Possible	IV infusion device care Bronchiolitis in 30-40% oxygen, no apnoeas Improving asthma requiring no more than hourly inhalers	Nurse
Medical intervention Possible	Bronchiolitis in > 40% O2 or with apnoeas Asthma requiring intravenous infusion and hourly inhalers Seizure requiring treatment	Paediatrician/Advanced Clinician
May require airway intervention	Intubation possible Clinical instability Time-critical problem	Anaesthetist or KIDS Retrieval service

Where no nursing, medical or anaesthetic intervention is possible, the child may be transferred by ambulance without escort or by family car if stable on “Transfer Patient Stability Assessment Tool”



5. Escort Training

	Minimum	Desirable
Nursing Staff	<ol style="list-style-type: none"> <li>1. PILS or PLS in past 12 months</li> </ol>	<ol style="list-style-type: none"> <li>1. APLS or EPLS in past 4 years</li> </ol>
Advanced Paediatric Nurse Practitioners	<ol style="list-style-type: none"> <li>1. APLS or EPLS in past 4 years</li> </ol>	<ol style="list-style-type: none"> <li>1. Transportation scenario in past 12 months</li> <li>2. Regional/National Transportation course</li> </ol>
Consultant Paediatricians	<ol style="list-style-type: none"> <li>1. APLS or EPLS in past 4 years</li> </ol>	<ol style="list-style-type: none"> <li>1. Transportation scenario in past 12 months</li> <li>2. Regional/National Transportation Course</li> </ol>
Anaesthetists	<ol style="list-style-type: none"> <li>1. APLS or EPLS/Equivalent experience in past 4 years</li> <li>2. Transportation training at ST4+</li> <li>3. Minimum 6 months paediatric anaesthesia experience or equivalent</li> </ol>	<ol style="list-style-type: none"> <li>1. Transportation scenario in past 12 months</li> </ol>

Appendix 4 Patient Pathway

