

ASSESSMENT UNIT OPERATIONAL POLICY

Purpose of Unit

In response to research findings, changes in disease epidemiology and population dynamics the provision of hospital services for children has altered dramatically over the last 25 years. The number of children admitted to hospital has been decreasing, with a majority staying for less than 2 days, while those attending for emergency assessment have steadily risen.

Consequently the Paediatric Assessment Unit (PAU) has become an essential part of the services offered by the Tree House Childrens Unit. Its purpose is to minimize time spent in hospital and the number of children admitted to the wards by providing rapid access to assessment, observation and appropriate intervention by clinicians with paediatric expertise.

The PAU reduces the pressure on the ward areas by completing documentation and by administering initial investigations and treatments. It also enables fast tracking through ED to reduce waiting times.

The aim is to keep a child's stay in hospital as short as possible.

Provision of Service

- The unit is open 7 days a week from 9 am to 22hours.
- Each shift is covered by 2 nurses or 1 nurse and an assistant practitioner.
- 1 SHO and ST3 plus doctor is assigned to assessment from 11.00-19.00hrs (Mon – Fri). At weekends the medical staff cover the wards, neonatal unit and ED, as well as PAU. During winter months an extra senior doctor is allocated to PAU from 11 til 19.00 at the weekends and there is paediatric consultant twilight (17.00 to 22.00) cover.
- A dedicated nurse clinician is able to assess, admit and discharge children using evidence based clinical guidelines.
- 8 children can be assessed and accommodated on beds at any one time. In busier periods a seated waiting area is provided.
- Should the demand within the unit increase or a seriously ill child be admitted staff will be relocated from the ward areas to assist (see Unit Coordination)

Eligibility Criteria and Referral Process

- All children aged 0-16years (those over 16 years at the discretion of the consultant on call or still under the care of a paediatrician) admitted by ED, GP's, midwives, Childrens Community Nurses or via arranged short term/long-term open access.
- Children with a medical condition and head injuries are assessed.
- Children requiring assessment by surgeons are admitted directly to the ward.
- Sick children seen in ED requiring in patient management are transferred DIRECTLY to the ward.
- Children should not be reviewed on the assessment unit, reviews should be arranged in clinics (authorized by hot/relevant consultant paediatrician)
- Children can be directly referred to the Childrens Community Nurses (see CCNT guidelines) on discharge.
- CCNT will take direct referrals from GP's and ED when appropriate (see Referral Criteria)

Assessment Process

An RSCN/RN Child will assess each child within 15 minutes of arriving on the unit and record Patient Early Warning Score (PEWS)

Vital signs and patient details are recorded and if appropriate initial treatment given by admitting nurse under patient group directives (PGD).

The patients will be seen by the SHO/ nurse clinician in order of arrival unless the admitting nurse feels a child's condition requires more immediate attention and according to PEWS escalation.

Each child will be seen by a doctor/nurse clinician within 1 hour of arrival.

A full history and examination will be performed with a plan of care agreed in partnership with the child/carer. This will be communicated to the nurse caring for the child.

Observation Period

If after assessment the child requires a period of observation longer than 4 hours they should be transferred to the ward area. However in some cases it may be more appropriate to keep the child on PAU if it is likely they will go home.

The observation period will also be dependent on ward bed capacity, staffing levels and the number of patients presenting to PAU (see escalation protocol).

Admit to the children's ward for further investigation or treatment when ongoing care cannot be given safely at home.

Children transferred to the ward areas will be escorted to their bed area by the PAU nurse or the accepting ward area nurse will collect the patient.

The PAU nurse will give a detailed nursing handover to the ward nurse taking over the care.

Discharge

1. Discharge with appropriate verbal advice and reassurance. Written advice in the form of Patient Information leaflet will be given when appropriate.
2. Discharge to the children's community nurse team (CCNT) for support with ongoing treatment at home.
3. All children will receive an electronically generated letter on discharge, stating their diagnosis and the treatment /investigations performed. The letter will include safety net advice for the parents if the child's condition should not improve at home.
4. Discharged children receive 48 hours (longer if required) open access allowing them to return to the unit for review if parental concern about child's condition at home.

Allocation of Beds

Bed availability in the clinical areas is monitored by the designated shift co-ordinator. The nursing staff in PAU liaise closely with the co-ordinator throughout the shift to ensure bed availability for potential admissions.

When there are 4 beds or less the Escalation Protocol is followed.

Children who have open access and require assessment when the unit is on 'status red' are seen in PAU. If they need admission they should be transferred to another hospital if a bed cannot be made available on the Tree House.

Name bands must be placed on all children in accordance with unit policy.

Medication

All medication administered to children is either prescribed by medical staff or under patient group directive.

Patient group directives cover designated RSCN/RN CHILD to administer:

- Anti-pyretics
- Simple analgesics
- Bronchodilators
- Oral steroids for children with asthma.

These can be administered before the child has been seen by medical staff.

Discharge medication can be dispensed from the outpatient pharmacy during office hours.

A limited number of medications can be dispensed by the nursing staff out of hours.