**Paediatric Escalation Flow Chart**

**e**

**OFFICE HOURS**

**At each status change inform**

* Senior children’s nurse in business group – escalate to Associate Director or HON
* Hot Week Paediatric Consultant

**OUT OF HOURS**

* **1090 Bleep Holder who will escalate to Manager on call**
* **Registrar will escalate to On Call Consultant Paediatrician**

Amber status

Predicted admissions from PAU and ED outnumber beds/cots available on unit

OR

Staffing levels minimal for dependency of children/HDU open – Address staffing problems for future shifts (use NNU staff or ED/NHSP if necessary to maintain staffing at full capacity)

**Actions to be taken:-**

* Assess cubicle and bed occupancy – coordinator liaise with PAU and ward areas
* Discharge any child who can be discharged and looked after safely at home by Community Nursing team.
* Assess potential discharges – encourage early morning discharges of uncomplicated admissions and early medical reviews outside of ward rounds.
* Inform Hot Consultant of amber status and/or delays in discharge.
* Alert all medical staff that we cannot accept referrals from other hospitals
* Check bed status of neighbouring hospitals (Phone 206 5119) – cascade to ED and on call medical team.
* Alert ED/Community team of Status
* If cubicles or unit becomes full – follow next steps

**Managed by Ward Coordinator escalating as follows:**

Staffing levels adequate for dependency of children.

**Managed by Ward Coordinator – no further action**

**UNIT CLOSED**

* **Decision can only be made by Exec on call – escalated up by 1090 to manager on call initially.**

Red status

No beds and/or cubicles - Unit Full.

OR

Staffing levels unsafe for dependency and workload on the wards. – No help available from Neonatal or other paediatric teams and no NHSP or possibility of cover by shift changes.

* Paediatric registrar to assess any children in ED requiring referral to paediatrics.
* Continue process of managing bed occupancy as in AMBER
* Consider cancellation of elective admissions – consult with management team.
* In PAU (in hours) or ED out of hours ‘Treat and transfer’ any GP referrals
* Complete bed management pro forma – record any “Treat and Transfer” and any diverts to other hospitals.

Staffing levels inadequate for dependency of children

Green Status

Beds and cubicles available on Tree House to take referrals from PAU, GP’s , Clinic, Emergency Department, Open Access, Children’s Community Nursing Team, direct Surgical referrals and external transfers

AND

Staffing levels appropriate for dependency of children

**Managed by Ward Coordinator – no further action**