Ashford and St. Peter's Hospitals
NHS Foundation Trust

Admission for Neurodiverse Children and Young People attending for elective procedures such as Day Surgery or MRIs.

To be used in conjunction with the STPN Sedation Guideline.

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Guideline History		
Date	**Comments**	**Approved By**
November 2024	Created by: K. O'Toole (Paediatric Ward Manager) Suzie Logan (Ward Sister, Lewisham & Greenwich NHS Trust)	Paediatric Guideline Committee

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Elective Day Surgery Admission for Neurodiverse Children and Young People Guidelines

Introduction

All patients irrespective of their neurodiversity status are entitled to the same level of care as everybody else.

To ensure the care provided by Ashford and St Peters (ASPH) Trust caters for and adjusts accordingly to the nature of chronic neurodevelopmental conditions such as autism or ADHD, behavioural challenges, mental health conditions such as anxiety and depression, physical health problems such as epilepsy, visual or hearing impairments and any other requirements that may impact upon the patient experience while requiring day surgery at ASPH. Therefore, ensuring the best care is given considering a patient centred and holistic approach for each patient to achieve the best possible outcome.

Explanation of Terms Used

Neurodiversity

Refers to the variations in the way the brain functions; it can manifest in mood, behaviour and other cognitive functions. *RCN Publication - Neurodiversity Guidance For employers, managers, staff and students*

Pre-admission

The ward staff are to be made aware of the admission at the earliest possible opportunity by either the speciality team or the relevant bookings team. As a neuro-diverse child's needs are specific and unique, it is important to approach their care with understanding and individualised support. All reasonable adjustments and additional planning that may be required to facilitate their admission needs to be considered.

- Discuss the patients 'This is me – my Care Passport' if the patient has one. If not provide a blank Care Passport to be completed by the family. Include in the discussion the child's communication style. For example if non-verbal visual aids such as Widgits / PECS or communication cards? and potential factors that may increase changes in behaviour and factor these into the care plan. These changes could include post-operative pain, coexisting physical disorders, anxiety, puberty or the absence of a predictable structure of events.
- Ensure accompanying parent/carer has parental consent.
- Have they had any previous admission to hospital?
- Were there any issues/complications/ things that went really well?
- Any past medical history and allergies.
- Does the patient take any regular medication? If required, enlist the support of the anaesthetists to review the child's current medication and ensure they are appropriately managed before the admission. Inform parent/carer of any restrictions.
- Play Team should be involved in the planning stages prior to admission as hospital environments can be overwhelming for children and young people with sensory sensitivities or sensory processing differences. A visit to the Children's Day Care Unit can be arranged to allow the child to become familiar with the environment and layout of the unit, if appropriate, equipment that might be used can be explained how it works and demonstrated using play. A pre-operative visit can provide an opportunity for the child to ask any questions or express any concerns they may have; they can be provided with adequate information and can be offered reassurance to alleviate any anxiety or fears.
- Signpost parent(s)/carer to The Admission to Oak Ward video available on YouTube with link: http://www.ashfordstpeters.nhs.uk/patient-videos.
- Alert Paediatric Consultant Anaesthetist/Surgeon of patient's admission. Extra time may be required to accommodate the patient's sensory sensitivities and sensory processing differences. Pharmacological intervention may be deemed necessary to help manage the challenging behaviour in the form of a sedative pre-medication which will be prescribed by the anaesthetist.
- If possible, the patient should go first on the operating list to help reduce the waiting time, minimising their exposure to stressors and potential sensory triggers.
- A decision to prioritise a neuro diverse child should be made in collaboration with the surgeon and anaesthetist, taking into consideration the child's specific needs and the impact and requirements of other patients.
- Ensure a suitable bed space is allocated for child's admission. A cubicle may be requested to provide a more controlled and quieter environment. Oak Ward does not have cubicles, consider utilising a bay specifically for this patient's admission. Be aware, this will have an impact on how many children can be accommodated on Oak Ward. Make suitable adjustments taking into account the physical environment in which neurodiverse children

and young people are supported and cared for. This helps to minimise any negative impact. For example, sensory sensitivities like noise levels, lighting and other individuals.
- Ensure Play specialists are aware of the admission and has play resources specific to the patient's interests available on the day of the admission.

Day prior to admission

- Ensure all pre-meds are readily available on the ward to avoid any delays thus reducing any anxiety to the patient and their families/carers.
- Prepare the cubicle/bed space, ensure it is free from any potential hazards.
- Using an appropriate risk assessment remove any unnecessary equipment that may cause confusion or be overwhelming for the child/young person.

Day of admission

- Greet patient and parent(s)/carer on arrival and show them to their bed space/cubicle allowing time to settle.
- Be aware of any agreed social-communication interventions that have been previously agreed with the parents/carers.
- Orientate parent/carer to the ward environment.
- Play Specialist/Healthcare Support Worker will introduce self.
- Confirm any distraction techniques including the use of the sensory room or play room if required.
- If possible, the allocated nurse should work with parent/carer to obtain the patient's weight, a full set of baseline observations, Temperature, Pulse, Respirations, Blood Pressure and Oxygen saturations. Ensure PEWS is completed on Cerner prior to pre-med administration.
- Document any difficulties in obtaining the observations and make anaesthetic team aware prior to transfer to theatre.
- Discuss pain tools such as Wong Baker Faces and FLACC (as on Cerner) with parents/carer and gain an understanding of how the patient expresses pain, acknowledging the parent/carer as the expert on their child.
- If deemed suitable, members of the recovery team come to meet the patient and their parent(s)/carers prior to going to theatre.
- Nurse to inform recovery nurses any important information, i.e. request early notification of patient transfer to recovery.
- Attempt to put patient's allergy/ name band on, if patient refuses, work with parent/carer to establish the best option without causing undue distress If the patient continues to refuse, document in patient's notes and alert the anaesthetic team when in the anaesthetic room.
- If the patient refuses site marking then a discussion should be held with the operating surgeon to agree a plan. The plan should be clearly documented in the patients records.
- In accordance with the anaesthetist's prescription, administer the sedative pre-med. Monitoring the patient for signs that the pre-medication has / has not been effective. Document the effectiveness of the pre-medication in the patients records.

- If the pre-medication has had a good effect, it can now be attempted to record the vital signs, apply the name band and mark the site.
- If the sedation has been unsuccessful, advise the relevant surgical/anaesthetic teams.
- A nurse and a member of the play team should accompany the patient along with the parent(s)/carer to the anaesthetic room.
- Parent/carer escorted to the ward and updated/supported as necessary.

Post-operative Cares

- Recovery staff to call the ward to notify nursing staff that the patient is showing early signs of waking to avoid distress of the patient waking in an unfamiliar environment.
- Parents/carer to be escorted to recovery upon request of the recovery team and the patient should be returned to the ward as soon as it is safe to do so.
- The nurse and play team will work with the parents/carers to minimise any stress and anxiety caused.
- Complete observations on the Cerner as tolerated, document any difficulties.
- Liaise with the surgical team if the parent/carer requests to speak to them post operatively.
- Ensure the discharge summary is completed and any TTO's are available either from the ward or from pharmacy in a timely manner preventing any delays. If not possible for the family to wait for the medications / discharge summaries, arrange for a suitable time for the medications to be collected or for the paperwork to be sent to the patient's home.
- Understand the patient may not want to eat and drink in unfamiliar surroundings. Take guidance from the parent/carer as they know the individuals eating and toileting habits. Discuss with the anaesthetist/surgeon.
- Discharge the patient when it is safe to do so.
- Offer safety advice both verbally and written, giving the parent/carer any advice leaflets specific to the procedure they have had done.
- Ensure they know how to contact the ward/ ED if advice is required.
- Co-ordinate any requested follow up appointments as per the discharge summary.
- Allocated Nurse to liaise with the inpatient ward if the patient does not meet the discharge criteria and is unable to be discharged.
- Staff to liaise with safeguarding or external organisations like social services as necessary.
- Staff to adhere to Duty of Candour while keeping the family fully informed of any deviations from expected treatment.

Supporting References

1. Autism Spectrum Disorder in under 19s: support and management www.nice,org.uk/guidance/cg170 Last updated June 2021. accessed February 2024
2. Children & Young people, NHS England » Children and young people, accessed December 2023
3. Reasonable adjustments, NHS England » Reasonable adjustments, accessed December 2023
4. Neurodiversity Guidance for employers, managers, staff and students, RCN Publication, April 2022 Accessed April 2024
5. Autism: The Nice Guideline on the management on the management and support of children and young people on the autistic spectrum, June 2021, CG170 Full guideline (nice.org.uk) accessed December 2023
6. Experiences of being in hospital for people with a learning disability and autistic people, 4 November 2022, Experiences of being in hospital for people with a learning disability and autistic people - Care Quality Commission (cqc.org.uk)

Supporting relevant trust guidelines

STPN Sedation Guidelines
https://trustweb.asph.nhs.uk/docsdata/paed/Guidelines_Paediatrics/STPN%20Sedation%20Guideline%20Sep%202021.pdf

2. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Author and the supervising consultants.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document:

Policy (document) Author:

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Yes**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Yes**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Yes**	
	Is the purpose of the document clear?	**Yes**	
	Are the intended outcomes described?	**Yes**	
	Are the statements clear and unambiguous?	**Yes**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Yes**	
	Who was engaged in a review of the document (list committees/ individuals)?		**Paediatric guidelines committee, Senior Paediatric nursing team.**
	Has the policy template been followed (i.e. is the format correct)?	**Yes**	
4.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	**Yes**	

		Yes/No/ Unsure/NA	Comments
	Are local/organisational supporting documents referenced?	**Yes**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Yes**	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**Yes**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Yes**	
	Does the plan include the necessary training/support to ensure compliance?	**Yes**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**Yes**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Yes**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Yes**	
10.	**Equality Impact Assessment (EIA)**		
	Has a suitable EIA been completed?	**Yes**	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Alexandra Jones**	**Date**	**19/11/2024**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			