



HDU Provision – Ash Ward

Author: Dr Kate Irwin – Paediatric Consultant

Supervisor:

Contact details: k.irwin@nhs.net

Guideline History		
Date	Comments	Approved By
July 2019	First version	
Nov 2021	Minor adjustments to HDU link nurses. Amended by Sacha Light/Jess Oldham	

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Section 1 Organisational Policy	Current Version is held on the Intranet	First ratified: July 2019	Review date: Nov 2024	Issue 2	Page 1 of 10
---------------------------------------	-----------------------------------------------	------------------------------	--------------------------	------------	--------------

Contents

	Page
1. Guideline	
a. Introduction	
b.	
2. Supporting References	
3. Supporting Trust Guidelines	
4. Guideline Governance	
a. Scope	
b. Purpose	
c. Duties and Responsibilities	
d. Approval and Ratification	
e. Dissemination and Implementation	
f. Review and Revision Arrangements	
g. Equality Impact Assessment	
h. Document Checklist	
5. Appendices	

1.

Section 1 Organisational Policy	Current Version is held on the Intranet	First ratified: July 2019	Review date: Nov 2024	Issue 2	Page 2 of 10
---------------------------------------	--------------------------------------------------------	------------------------------	--------------------------	------------	--------------

HDU provision Ash Ward ASPH NHS Foundation Trust

LEVEL 1 PCC

Expected interventions:

AIRWAY:

Care of child with airway pathology with anaesthetic team support;

Intubation and ventilation of child or baby awaiting retrieval;

Management of the unventilated child with tracheostomy;

BREATHING:

Severe asthma – IV bronchodilators or continuous nebulisers with full monitoring;

Deliver CPAP < 1 yr;

Deliver high flow oxygen via Vapotherm or Optiflow < 2 yrs;

Chest Physiotherapy for respiratory diseases;

Apnoea requiring intervention in past 24 hours;

Severe croup requiring adrenaline nebulisers;

Chest drain in situ – with or without being under pressure.

CIRCULATION:

Resuscitation and initiation of inotropes;

Establishment of arterial monitoring and central monitoring with anaesthetic support while awaiting retrieval;

Continuous appropriate monitoring for shocked children;

Arrhythmia due to SVT that responds to adenosine and is now controlled, with cardiac support from Royal Brompton Hospital;

Detailed fluid balance recording measuring strict input and output either continuously or hourly; including children who are catheterised and who have deranged renal function.

Section 1 Organisational Policy	Current Version is held on the Intranet	First ratified: July 2019	Review date: Nov 2024	Issue 2	Page 3 of 10
---------------------------------------	--------------------------------------------------------	------------------------------	--------------------------	------------	--------------

NEUROLOGY:

IV anticonvulsant loading to terminate seizures;

Care of un-intubated child recovering from status epilepticus;

Care of intubated child recovering from status epilepticus awaiting retrieval;

Care of temporarily intubated child now extubated recovering from status epilepticus;

Resuscitation and management of child with altered level of consciousness;

Raised ICP including use of IV mannitol or hypertonic saline, with support from St Georges neurology/neurosurgery teams.

ENDOCRINE/METABOLIC:

DKA as per national guidelines with IV insulin and careful adherence to local ICP;

[Microsoft Word - DKA ICP Aug 2020.docx \(asph.nhs.uk\)](#)

Management of acute deterioration in long standing endocrine or metabolic condition according to their personal care plan.

Parvolex infusion for management of paracetamol overdose with levels in treatment zone.

SURGERY:

Post-op child with mild cardiovascular instability requiring fluids but not inotropes;

Child requiring dedicated pain service including PCA;

Administration of TPN via PICC line.

Expected medical input:

To be seen daily by the attending consultant on morning ward round;

To be seen by either the attending consultant or the on call consultant in the evening;

To be reviewed by registrar or above at any time the nursing staff feel there has been a deterioration;

Care to be escalated via STRS or stepped down to main ward as soon as medical condition dictates; decision to be made by consultant.

Section 1 Organisational Policy	Current Version is held on the Intranet	First ratified: July 2019	Review date: Nov 2024	Issue 2	Page 4 of 10
---------------------------------------	-----------------------------------------------	------------------------------	--------------------------	------------	--------------

Expected nursing input:

1:2 ratio;

Attend every ward round review;

HDU nursing station in old cubicle 4;

Central monitoring as required;

Completion of PEWS escalation criteria chart;

All observations charts to be kept at the bed space;

Any deterioration in condition escalate to registrar or above as well as the nurse in charge.

HDU link consultant – Kate Irwin

HDU link nurse(s) – Jessica Oldham Surge Nurse/Amber Cousens Deputy Sister

2. Supporting References

High dependency care for children: A time to move on RCPCH 2014

Facing the future; standards for paediatric care RCPCH 2018

PCC provision recommendations NHS London

3. Supporting relevant trust guidelines

None

Section 1 Organisational Policy	Current Version is held on the Intranet	First ratified: July 2019	Review date: Nov 2024	Issue 2	Page 5 of 10
---------------------------------------	-----------------------------------------------	------------------------------	--------------------------	------------	--------------

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 guideline 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.

Section 1 Organisational Policy	Current Version is held on the Intranet	First ratified: July 2019	Review date: Nov 2024	Issue 2	Page 6 of 10
---------------------------------------	-----------------------------------------------	------------------------------	--------------------------	------------	--------------

g. Equality Impact Assessment

<p>Background</p> <ul style="list-style-type: none"> Who was involved in the Equality Impact Assessment
<p>Author and the supervising consultants.</p>
<p>Methodology</p> <ul style="list-style-type: none"> 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?)
<p>All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.</p>
<p>Key Findings</p> <ul style="list-style-type: none"> Describe the results of the assessment Identify if there is adverse or a potentially adverse impacts for any equalities groups
<p>There is no evidence of discrimination.</p>
<p>Conclusion</p> <ul style="list-style-type: none"> Provide a summary of the overall conclusions
<p>There is no evidence of discrimination.</p>
<p>Recommendations</p> <ul style="list-style-type: none"> 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
<p>This guideline is appropriate for use.</p>

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: HDU provision Ash Ward ASPH NHS Foundation Trust

Policy (document) Author: Dr Kate Irwin

Executive Director: N/A

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

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

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	Dr Claire Mitchell	Date	<u>09/11/2021</u>
----------------------	---------------------------	-------------	--------------------------

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