Ashford and St. Peter's Hospitals
NHS Foundation Trust

STANDARD OPERATING PROCEDURE

TITLE: Admission of Paediatric patients for medical / non-surgical procedures on Oak Ward

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PURPOSE

- To outline the expected care process for patients who attend Ashford and St Peters Hospitals NHS Trust for medical / non-surgical procedures on Oak Ward.
- To outline the roles and responsibilities of those involved in care delivery to ensure that we meet the needs of the patients and their families/carers.

AIM / SCOPE

- To ensure the individual and their families who are attending Ashford and St Peters Hospital NHS Foundation Trust are provided high quality, evidence- based and safe individualised, care prior to, during and after their admission.
- The care must be provided at the right time, in a timely manner and in the right location safest for the procedure being carried out.
- To work with key professionals to ensure that appropriate individualised care plans are in place to best support the young person.

COMPETENCIES

- All staff to carry out their specific job role to the best of their ability ensuring best care is given to achieve the best outcome possible.
- RNs to be BLS / PILS competent.
- RNs to be APLS/EPLS certified if caring for a child requiring sedation.
- RNs to be up to date with their Blood Transfusion competency including to be aware of the Trust Blood Transfusion Policy for Neonatal and Paediatric patients.
- RNs to be IV certified and be aware of the extravasation guidelines.
- RNs to be competent in cannulation and venepuncture, if not to liaise with the paediatric doctors on Ash Ward for support.
- RNs to be competent in accessing Ports.
- RNs to be competent in the administration of IM / SC Injections.
- RNs to be familiar with the Paediatrics Anaphylaxis Guideline.
- RNs to be familiar with the STPN sedation guidelines.

PROCESS

- Referral is made to the Oak Ward team from the named consultant.
- If the referral is for an endocrine investigation or injections, the patient details will be entered into the endocrine / injection diary spreadsheet.
- A member of the Oak Ward team to coordinate and prepare for the patient to be admitted to Oak Ward. This includes contacting the family.
- Once a date has been agreed, the patient is to be booked as a Day Case - Non-theatre procedure and booked into the Oak Ward bookshelf on Cerner by either the nurse or by the ward clerk.
- If the patient is being booked in for an IM/SC injection or bloods, they are to be booked in as a ward attender.
- Patient details and the nature of the planned procedure to be added to the Oak Ward doctor requirements which are emailed to the consultant of the week and put up in the doctor's office on Ash Ward to advise of the doctors of the patients' admission.
- Oak Ward to liaise with the referring consultant or the doctors on Ash Ward if there are any concerns relating to the patient's wellbeing – are they unwell or have a temperature for example. In discussion with the parents/carers and the doctors discuss if it is best to postpone and reschedule the test if necessary.
- Oak Ward to carry out the planned procedure as required. All results to be entered onto Cerner. These include blood sugars and any intravenous readings including pump pressures.
- Once admitted, any additional medications required – oral or IV to be prescribed on Cerner.
- The allocated nurse to keep the patient and family informed throughout the process.
- Patient to be discharged home once the procedure is completed and it is safe to do so.
- If a next appointment is required for the regular attenders such as a blood transfusion or injection ensure the next appointment is made as part of the discharge.

- Oak Ward to liaise with the referring consultant and / or external teams like the Haematology Team at Imperial College Healthcare who may be involved in relation the patient care and any required changes to patient care. The patients care plan will be kept up to date reflecting the latest agreed care plan.

RESPONSIBILITIES

- All clinical staff are responsible for complying with this Standard Operating Procedure.
- For Endocrine patients, the referring consultant is responsible for ensuring the necessary blood tests are requested on Cerner.
- For Endocrine patients, a member of the Oak Ward team will oversee and ensure all aspects of the preparation is carried out as per the Endocrine checklist.
- For all other medical / non-surgical patients where medications are required to be prescribed in advance on a prescription paper chart, a member of the Oak Ward team will ensure any medications are prescribed by the Ash Ward doctors and arranged via pharmacy.
- A member of the Oak Ward team to liaise with the family to book the patient in at a convenient date to the family that can be accommodated by Oak Ward.
- On day of the procedure – the patient is to have a full admission completed on Cerner by the allocated nurse. This includes:
    - Accessible Information Alert
    - Admission history
    - Environmental safety management checks
    - Humpty Dumpty Fall Scale
    - Braden Q Assessment
    - Vital signs - observations
    - Height and Weight
    - STAMP assessment.
- An Information Sharing Form (ISF) to be completed if any child protection concerns or social service involvement.
- The allocated nurse will follow any local guidelines/protocols such as the relevant endocrine guide, Blood transfusion competency thus ensuring the required procedure is carried out safely and in a timely manner.
- Once the patient has been admitted. It is the allocated nurse's responsibility to ensure that any additional medications – oral or IV must be prescribed on Cerner.
- The allocated nurse is responsible for documenting/recording all results pertinent to the procedure on Cerner in 'live time'.
- Oak Ward will liaise with the named consultant and any external speciality teams and update the patients care plan accordingly to reflect the latest agreed plan of treatment.

RISKS

- The following investigative procedures have a risk of Hypoglycaemia. – Oral Glucose Tolerance Test, Fast Provocation Test, Diagnostic Fasting Test for Unexplained Hypoglycaemia, Arginine Test,
- There is a risk of the cannula not bleeding back resulting in the inability to obtain blood samples required as per the protocol being followed.
- There is a risk that the cannula may tissue resulting in the requirement of a replacement cannula or an extravasation injury.
- As with all medications, there is a risk of the patient experiencing an allergic reaction / anaphylaxis / transfusion reaction.

MITIGATION FOR RISKS

- The risk of Hypoglycaemia is a known potential outcome to some of the investigative procedures which is why they are carried out on the Day Unit where the necessary remedial actions can be carried out. Where this is a known risk, the nurse will regularly carry out blood sugar monitoring as per the protocol they are following. Rescue medications – both oral and intravenous are to be prescribed in advance of the commencement of the investigative test.
- Where hypoglycaemia is confirmed, a member of the medical team is requested to review the patient as a standard aspect of treatment.
- A cannula may cease to bleed back at any point, to try and prevent this, where possible we use a minimum of a Blue Gauge (22G) cannula situated in the cubital fossa.
- There is always a risk that a cannula may tissue. The cannula site must be checked at each access or hourly if IV fluids are being administered. The current extravasation guidelines should be adhered too.
- Staff aware of the local anaphylaxis policies.
- Staff aware of local Blood Transfusion guidelines and what to do if a reaction is suspected or occurs.
- Medical team on Ash Ward aware of patient's admission and to support as required.
- Duty of Candour should always be followed when communicating with the patients and their families/carers.