Ashford and St. Peter's Hospitals
NHS Foundation Trust

STANDARD OPERATING PROCEDURE

TITLE: Children and Young People Acute Mental Health Emergency Department pathway (under 18 years)	
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PURPOSE

This Standard Operating Procedure (SOP) outlines the pathway for Children and Young People attending Paediatric ED (PED) at Ashford and St Peters Hospitals NHS Trust with a primary concern related to their mental health.

AIM

The aims of the SOP are:

- To provide a standardised pathway for all children and young people (CYP) presenting to CYPED with a mental health concern.
- To ensure that the correct health care professionals conduct the appropriate assessments to provide a holistic approach to the child/young person's care.
- To promote best practice for the patient and prevent unnecessary delays to care.
- To ensure correct process are followed prior to discharge.

SCOPE

- CYP under the age of 18 presenting to PED at ASPH NHS Foundation Trust who present with mental health concerns.
- All staff members who work within the PED in ASPH NHS Foundation Trust.

COMPETENCIES

- Both medical and nursing staff to remain up to date with mandatory training required for caring for CYP including safeguarding level 3.
- Registered nurse competencies for care requirements within PED will define skills and knowledge required. Paediatric nursing statutory and mandatory training days which provide up to date policies/procedures.

PROCESS

Children and Young People Acute Mental Health Emergency Department pathway (under 18 years)

This pathway should be used for all CYP mental health related visits to the Paediatric Emergency Department. Any GP/community referrals to the paediatric team (via bleep 5315) for CYP in MH crisis or suspected eating disorder should be directed to CYPED.

Patient arrives in CYPED due to a reported mental health concern.

Triage completed by an experienced nurse and documented on Surrey Safe Care. Patient should be moved to a side room as appropriate. ED Paediatric Challenging behavior risk assessment form to be completed as required.

If patient has arrived due to an overdose, TOXBASE is to be checked and instructions followed including bloods for overdose, ECG and cardiac monitoring if required.

Medical Assessment to be carried out by Paediatrician. Patient to remain under the care of the Paediatric team. If clinically indicated or bloods return requiring treatment; DTA and bed booked by Nurse in Charge to ASH ward. Treatment to be started in department. If required, management of patient should be supported by adult ED/ STRS/ Anaesthetic team.

In hours

If no medical treatment needed & patient deemed medically fit for discharge, patient remains in the CYPED or CYPED SDEC (please see SDEC criteria) until mental health assessment completed by Paediatric Liaison Nurses.

If mental health assessment (carried out by a mental health professional) deems the patient is unsafe to be discharged, **admission to ASH ward to be arranged and correct level of supervision to be arranged**.

Out of hours

Out of Hours Medical team to contact:

If CYP from Surrey: **CYP Paediatric Triage-** from 17:00-23:00. Contact details located in Mental Health folder in CYPED (daily including weekends) for advice.

Admit to ASH for review by the CAHMS Crisis Team if advised by Triage Line or service not available.

Regardless of admission or discharge a **R**equest **for S**upport (RFS form) must be completed. If already known to professionals an **I**nformation **S**haring **F**orm (ISF form) should be completed by medical staff and nurses. The completed forms must either be emailed to asp-tr.safeguardingchildrenteam@nhs.net or documented on Cerner. Ensure the latest version of the form is completed (available on Trustnet).

If discharged:

- The patient will be discharged home from CYPED with a **safety plan (either their own known personalised care plan or a new safety plan devised by mental health professional in CYPED or by phone).**
- Paediatric Dr to ensure discharge letter has been completed on Surrey Safe Care to be sent to GP.
- After discharge, all CYP presenting in mental health crisis can expect a contact from community crisis teams within 7 days. This will ensure that a follow-up by community services is implemented within 7 days.

In event of escalating behaviour/patient absconding:

- Follow **Children (<18years) Rapid Control of Acutely Disturbed Children & Adolescents** (Trust Intranet)
- If CYP physically aggressive, call **security: ext. 3240** (24/7) or **bleep 5148** and identify safest space on CYPED. Put on cameras located in Sisters office in CYPED.
- If CYP absconds, always call **Security ext. 3240/ Police 999 (if leaves the grounds), CSNP out of hours** and **EDT Children's Services** as this is a potential safeguarding risk. Contact details in mental health folder.
- Document actions and updates within patient's notes.

In event of patient deemed unsuitable for ASH ward:

- Discussion with ASH NIC & attending consultant- Out of hours joint with Paeds Reg
- If deemed unsuitable patient to remain in Paediatric ED

RESPONSIBILITIES

Nursing

- Competent CYPED nurse will complete the Triage on A&E FirstNet using Manchester triage and allocate to Paediatric speciality. Safeguarding concerns box must be ticked. Triage nurse to record description of patient and who is accompanying CYP including first name, surname and relationship to patient. Challenging behaviours form to be completed as part of triage.
- If CYP presenting with suspected/confirmed overdose nursing team to ensure TOXBASE is contacted.
- If admission is indicated **NIC** to book a bed with recommended supervision with NIC on ASH ward
- The PED NIC will ensure an **RSF/ISF** is completed (either by medical staff, PLN or nursing team).
- PED Nursing team to complete transfer to ASH ward following 'paediatric transfer policy'

Medical

- Paediatric doctor in CYPED will complete an assessment and document this stating whether the CYP is medically clear. This may happen before or sometimes after the Paediatric Mental Health Liaison Team (PLN) has reviewed the patient.
- If no initial medical stabilisation required, Paediatrician to contact PLN in hours and PLN will review the CYP in CYPED and complete assessment. Patient to remain under paediatric care until discharge.
- Out of hours medical staff to contact Triage line.
- Ensure CAMHS are notified of all Mental Health attendances.
- Regular medication to be prescribed.
- Assessment by PLN to be documented Millennium EPR by PLN, DR, NIC or Safeguarding children team.

If Discharged:

- Paediatric Dr to ensure discharge letter has been completed on Surrey Safe Care to be sent to GP.

RISKS

- Risk of CYP absconding.
- Risk of escalating behaviour.
- Risk of delay in recognition of adequate or appropriate staffing.
- Risk of further harm &/or injury to CYP, relatives, staff and other CYP.

MITIGATION FOR RISKS

- Body cameras are located in the Paediatric ED for staff to wear for recording of escalating behaviour.
- Security to be called on 3240 or bleeped 5148 for support with escalating behaviour or if a patient absconds within the hospital grounds.
- 999 to be called if patient has absconded off hospital grounds.
- Microsoft Word - Psychiatry - Control of Acutely Disturbed Dec 2019.doc (asph.nhs.uk)
- In hours: escalation to Unit manager/ matron to arrange overnight cover
  Out of hours: to escalate to CNSP- HCA to remain with patient until appropriate RMN can be arranged