



Paediatric Diabetes Department

Paediatric Diabetes Escalation Policy for medical staff

Author:

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Guideline History		
Date	Comments	Approved By
December 2013	First ratified	
October 2021	Review of whole document	Paediatric Guideline Group

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

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Paediatric Diabetes Escalation Policy

Introduction

To provide standardised, published contact information for the Diabetes MDT members during office hours and out of hours.

The Paediatric Diabetes service provides assessment, treatment, education and review of children and young people up to their 19th birthday including emergency support and treatment.

The MDT consists of the following healthcare professionals

Consultant Paediatricians	Dr Shailini Bahl Dr Sonali D’Cruz Dr Ellie Day Dr Evelina Paraskevopoulou
Paediatric Diabetes Specialist Nurses	Sophie Clarke Maria Roberts
Associate Paediatric Diabetes Nurses	Ann-Marie Peasey Julie Thomas
Paediatric Specialist Dieticians	Sarah Pearson Cara Retief (Transition)
Psychiatric Liaison Nurse	Taka Ziwenga

Contact during office hours

1. Paediatric Diabetes Specialist Nurses (PDSN)

Office hours (excluding Bank & Public Holidays):

Monday – Friday 08.00 – 16.00

Office - 01932 723314 and 01932 726690

(This is for routine calls. Messages can be left on the answerphone)

Please be aware that the Diabetes Team conduct clinics on Tuesday mornings, Thursday mornings and are not always in the office. Please leave a message on the answerphone.

E-mail – –asp/tr.generalpaeddiabetes@nhs.net

2. Paediatric Dietitians – Sarah Pearson and Cara Retief

Office - 01923 723314 during office hours

E-mail –asp/tr.generalpaeddiabetes@nhs.net

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3. Secretaries to Consultants

Office - 01932 722722 and 01932 722546

Contact out of hours

Access out of hours is available via **the General Paediatric Team through Paediatric A&E** or by **contacting switchboard** for the on call General Paediatric Registrar on 01932 872000.

Initial advice by the General Paediatric Registrar is based on Paediatric Diabetes Guidelines available on the Intranet:

- Guidelines for the management of Hypoglycaemia in Children and Young People with Type 1 Diabetes
- Guidelines for the Newly Diagnosed Child or Young Person with Diabetes
- Guidelines for Sick Day Rules

Escalation

If Registrar is unable to answer a query or unable to give appropriate advice from the Guidelines, they are to discuss the problem with the **General Paediatric Consultant** on call.

If the query remains unresolved, under the instruction of the General Paediatric Consultant, the query should be escalated to the **on-call Paediatric Diabetes Consultant** who can be accessed via the switchboard on 01932 872000.

If at any time during consultation there is concern that the condition of the patient is deteriorating, the parent and / or patient should be advised to attend their nearest Accident and Emergency Department.

Escalation of diabetes emergencies from Paediatric A&E or Ward to a Paediatric intensive care unit are supported by STRS (South Thames Retrieval Service). The PICU is supported by the on-site Tertiary Diabetes Centre (Evelina Children's Hospital, St George's Hospital or King College Hospital).

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2. Supporting References

NICE NG18 (2015) - <https://www.nice.org.uk/guidance/ng18>

NICE QS125 (2016) - <https://www.nice.org.uk/guidance/qs125>

3. Supporting relevant trust guidelines

Guidelines for the management of Hypoglycaemia in Children and Young People with Type 1 Diabetes

Guidelines for the Newly Diagnosed Child or Young Person with Diabetes

Guidelines for Sick Day Rules

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4. 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.

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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: Paediatric Diabetes Escalation Policy

Policy (document) Author:

Executive Director: N/A

		Yes/No/ Unsure/NA	<u>Comments</u>
<u>1.</u>	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<u>2.</u>	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	
<u>3.</u>	Development Process		
	Is there evidence of engagement with stakeholders and users?	Yes	
	Who was engaged in a review of the document (list committees/ individuals)?	Yes	Ratified on December 2013
	Has the policy template been followed (i.e. is the format correct)?	Yes	
<u>4.</u>	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	

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		Yes/No/ Unsure/NA	<u>Comments</u>
	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?	N/A	
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	Clinical Lead, Paediatric Diabetes Service
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	Dr Claire Mitchell	Date	<u>01/12/2021</u>
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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