Ashford and St. Peter's Hospitals
NHS Foundation Trust

PAEDIATRIC ASSESSMENT UNIT

Author: **Dr Tariq Bhatti**

Supervisor: Dr Claire Mitchell

Contact details: erin.dawson@nhs.net

Guideline History		
Date	**Comments**	**Approved By**
December 2013	First ratified	Paediatric Guideline Group
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Title of Guideline

INTRODUCTION

The Guideline has been written to outline the provision of Paediatric Assessment Unit situated on Ash ward from August 2014.

OVERVIEW OF SERVICE

This document outlines the operational policy for the new observation and treatment unit situated in the Children and Young Peoples' ward (Ash).

The unit will provide a short stay service for the assessment, observation and treatment of children & young people (C&YP). It will aim to improve emergency flow and ensure that C&YP receive care in an appropriate environment, prevent unnecessary inpatient admissions and reduce length of stay.

SCOPE OF SERVICE

From August 2014 onwards, patients eligible for admission to PAU will be admitted to the children's (Ash) ward at St. Peter's Hospital NHS Foundation Trust. Ash ward is operational 24 hours, seven days a week and provides care for children from birth to their 18th birthday. PAU will accommodate C&YP with acute conditions for treatment and /or assessment for a short period prior to being discharged home. A percentage these patients will go on to require inpatient admission depending on their response to treatment.

SERVICE DESCRIPTION

Ash ward has 23 inpatient beds in addition to a 4 bedded bay and 2 bedded cubicle. The ward is under the direct supervision of a Consultant Paediatrician and is staffed by senior paediatric trained nurses and a number of junior doctors. There is a treatment room (shared with Oak ward) and computers to access results/imaging studies. Patients and parents will have access to all the ward facilities available to patients on Ash ward. PAU patients will be subject to the same policies and procedures (including safeguarding) as those governing patients in Ash ward. PAU will admit children from PED, Rapid Access Clinic and outpatient clinics. At present there is no direct access to GP referrals.

STANDARD APPLICABLE

NSF (2004) for children, standard 6 and 7

GUIDELINES FOR PAU

- PAU patients may be admitted 24 hours a day, seven days a week including Bank Holidays (individual admissions are short stay- up to 8 hours duration).
- During the daytime, PAU will be covered by the day shift ward registrar, and the attending Paediatric Consultant. During the night PAU will be covered by the night shift registrar with an on call Paediatric Consultant available.
- Ash ward has an emergency resuscitation trolley, which is checked by the nursing staff on a daily basis.
- The Admissions book will be completed with documentation of all admissions to the unit.
- All children admitted to PAU will have their admission, investigation and initiation of treatment performed in the PED and transferred only when medically stable.
- A full written management plan along with formal handover to both nursing and medical staff should take place when transferring a patient to PAU.
- All notes and any results of investigations should move with the patient when transferring to the unit.
- All children admitted to PAU will be reviewed regularly with a view to timely, safe discharge or admission to Ash ward if needing inpatient stay.
- The Nurse in charge of Ash ward will have overview of the current and projected activity. They will update the ward regularly. They will keep regular and effective communication with the family throughout the child's stay on PAU.
- Patients can be discharged by the nurse in charge (see nurse led discharge criteria).
- The decision to close Ash ward for PAU patients should only be taken by the most senior member of staff (see ward closure policy).
- Children should only be accepted in PAU if they fulfil the criteria for admission (see below).
- All children admitted to PAU will be under the care of the attending Paediatric Consultant.
- All children admitted to PAU will have a nurse assessment within 10 minutes and by a doctor within one hour of their arrival. There will be regular reviews with a view to either discharge the child (if safe to do so) or admit to the ward.
- Clerical and admin support for PAU patients will be given by Ash ward.

ADMISSION CRITERIA

- Children and Young people between 0 to 18th birthday.
- Children with medical conditions e.g. breathing difficulties (bronchiolitis, asthma), croup, viral illness, rash, diarrhoea, vomiting, febrile convulsions, head injuries, accidental overdose, known diabetics (not in DKA) or other medical conditions likely to need a short period of treatment and /or observation.
- Most children will come via PED with medical conditions and will be expected to be discharged after a period of treatment and observation.
- Children can also be admitted for treatment, from outpatient clinics including Rapid Access Clinic who meet aforementioned criteria. This should take place after discussion with the referring clinician.
- It is expected that some children may need inpatient admission. This should be arranged once decision is made to transfer the child to Ash ward.
- All parents should be offered the parent information leaflet- Paediatric Assessment Unit.

EXCLUSION CRITERIA

- Sick children in PED who need inpatient ward or close observation in COB should be transferred directly to the ward.
- CAMHS patients
- Children transferred back from Tertiary units
- Children referred by their GP should go directly to the PED.
- Children with "Open Access" should be seen in PED or Oak/Ash ward, however admission to PAU can be arranged if child is likely to improve and only needs short stay.

DISCHARGE PROCESS

- Child should be discharged after a period of observation/treatment once it is safe to do so.
- Child should only be discharged if care can be given safely at home.
- Parents should receive advice and or written information as necessary.
- Patients can be discharged by the nurse in charge (see nurse led discharge criteria)
- Children discharged from the PAU if they become more unwell, should either attend their GP or come back to the PED if less than 72 hours since discharge.
- All children when discharged should have discharge letter with copies sent to the GP. They should also have a 72 hour discharge leaflet which will allow them to be seen in PED rather than UTC.
- Arrange appropriate follow up in the outpatient clinics when necessary.

NURSE LED DISCHARGE CRITERIA

Children admitted in the PAU can be discharged by the nurse if they meet the following criteria:

- Child should have a clear written management plan for observation and treatment. They have a clear written plan for admission and discharge criteria.
- Nurse in charge ensures child meets the criteria for discharge. Patient discharge letter should be ready for parents to take with copies for GP and notes.
- Parents are given advice and written information (where necessary) with discharge letter.

ACTIVITY AND PERFORMANCE

This will be assessed regularly. Safety and efficiency of the unit will be audited and clinical risks assessed regularly.

PARENT INFORMATION SHEET

Please see Appendix 1.

ADMITTING PATIENTS: DISCHARGING AND TRANSFERING PATIENTS TO/FROM PAU ON PAS

Please see Appendix 2.

Appendix 1: PARENT INFORMATION SHEET

Paediatric Assessment Unit (PAU) is a newly operational unit opened 21st January 2012 which consists of a 4 bed bay and 2 bed cubicle situated in the children and young person's ward to provide safe observation and treatment to those children who are likely to need only a short stay in hospital before they are able to go home.

The PAU aims to minimise time spent in hospital and number of children admitted to the ward by providing rapid assessment, observation and appropriate treatment by clinicians with paediatric expertise.

Your child will initially be assessed in PED and if it is decided that your child is likely to need some treatment and longer observation, but not necessarily an admission to the inpatient ward, he/she will be transferred to PAU. Your child's nurse or doctor will discuss with you the care plan before such transfer. Your child may receive initial tests and treatment in PED, however, further care will be carried out in the PAU.

You need to stay with your child during his/her admission to PAU. The nurse and doctor will keep you informed about the progress of your child during your stay and will try to keep you informed about when we expect you will be able to take him/her home.

The doctor and nurse will do regular checks on your child (observations) during his/her stay this will help them to decide if your child can be discharged home.

At discharge you will be given a "discharge letter" with the details of the child's medical condition and further advice if necessary.

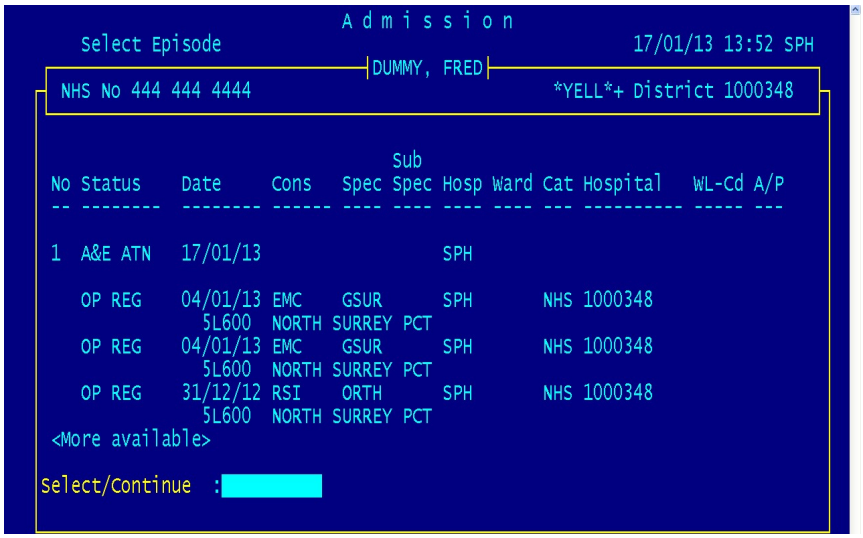
Once discharged home if your child becomes more unwell you can get further advice from your GP or take your child back to our PED. A 72 hour discharge letter will be provided which will allow your child to be seen in PED rather than having to go to UTC.

Appendix 2

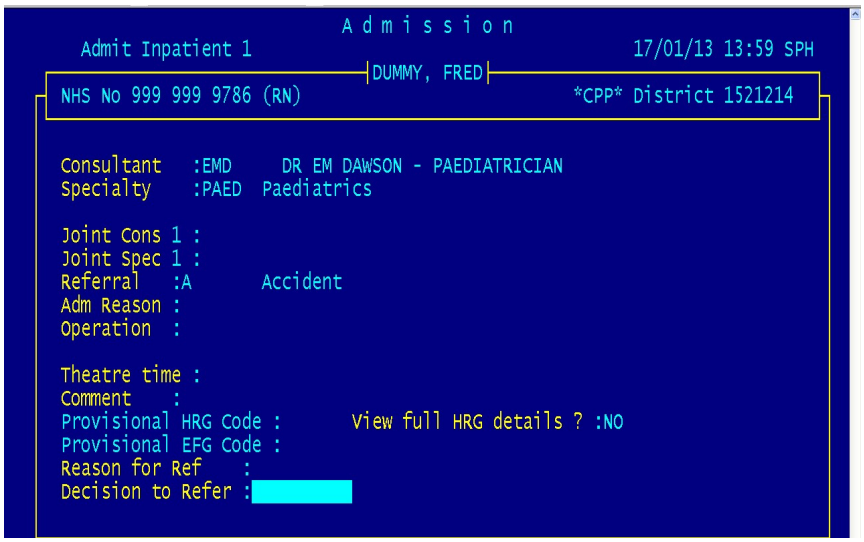
Admitting PAED A&E patients in PAU

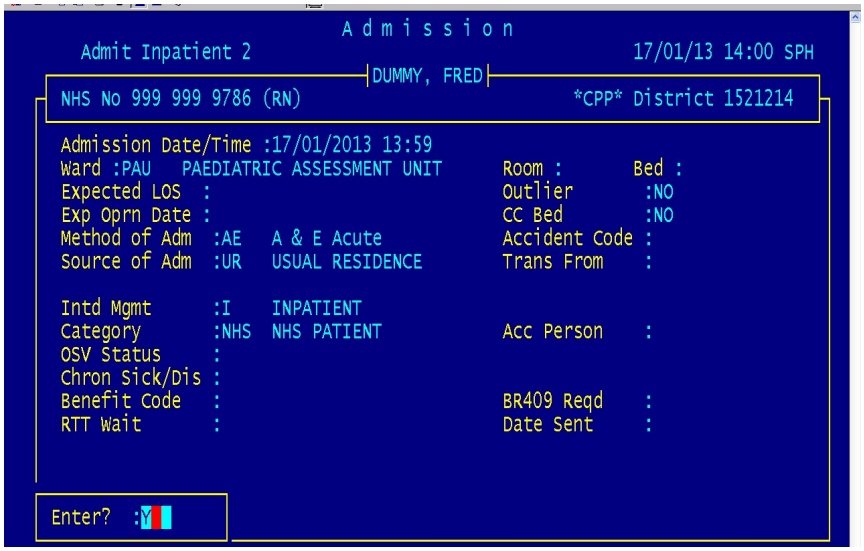
To admit a patient from A&E to PAU ward, select function ADM.

Type in Patient number, then select the A&E ATN by selecting the number



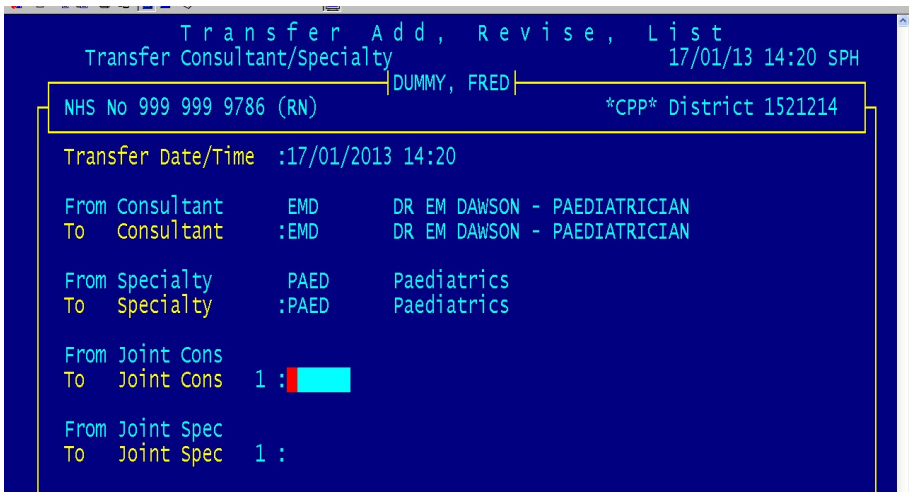
Press enter until you reach the following screens. Add relevant information.



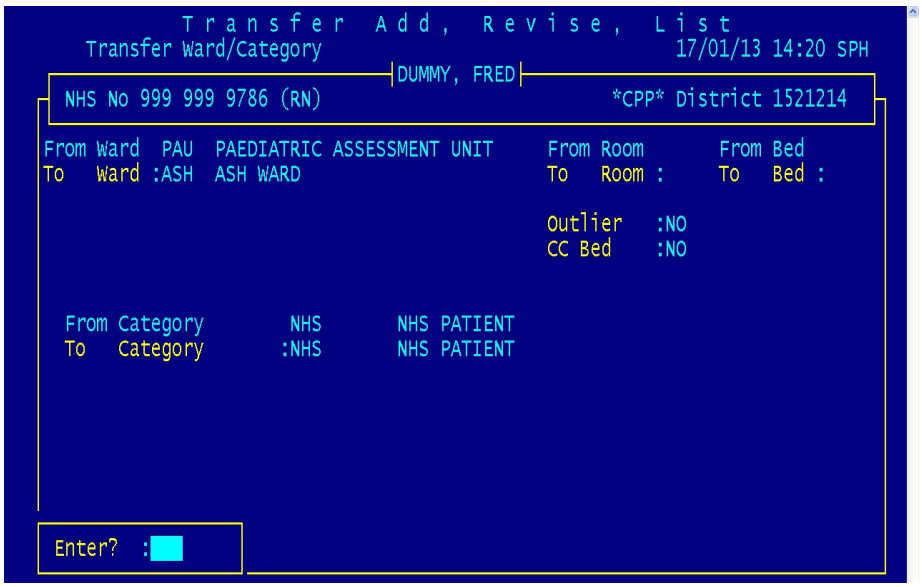


To Transfer a patient from PAU to ASH use the XFR function.

Press enter until you see the following screen then enter relevant information

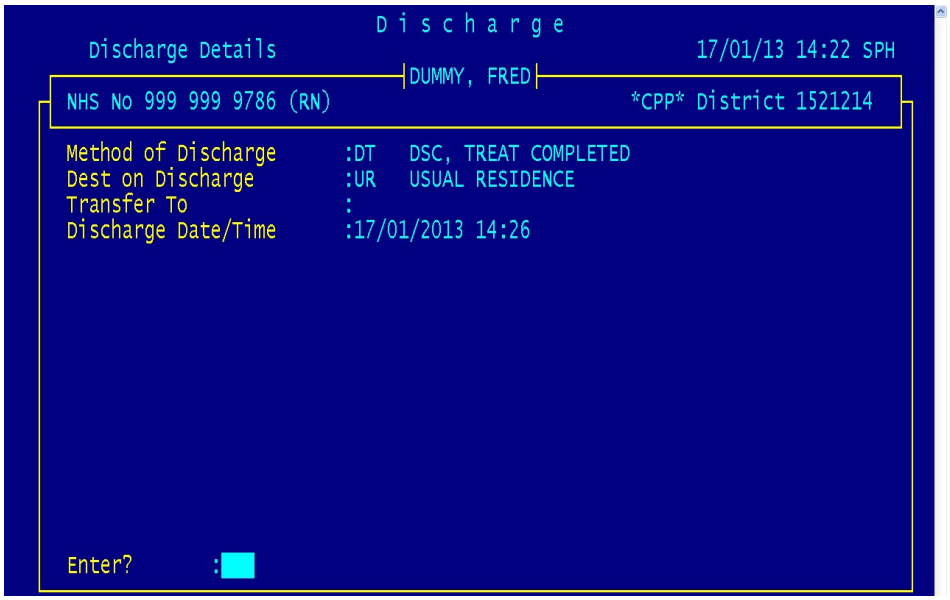


Enter Ward patient is being transferred to.



To Discharge patient use DSC function, press enter until you reach the following screen.

Enter relevant details.



2. **Supporting References**

Standards for short-stay paediatric assessment units (SSPAUs) | RCPCH

3. **Supporting relevant trust guidelines**

Discharge to Assess

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)?		**Paediatr9c Guideline Group**
	Has the policy template been followed (i.e. is the format correct)?	**Tes**	
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**	**Nov 2024**	
	Is the review date identified and is this acceptable?	**Yes**	
9.	**Overall Responsibility for the Document**		**Paediatric Guidelines group**
	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	**Dr Claire Mitchell**	**Date**	**November 2021**
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			