



**Western Health  
and Social Care Trust**

**Policy on Admission of Children  
To The Acute Children's Wards Within  
the WHSCT**

**August 2012**

<b>Title</b>	Policy on Admission of Children To The Acute Children's Wards Within the WHSCT
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## Summary

The WHSCT recognises its fundamental duty to care and protect its patients at all times. The Trust is committed to ensuring that a policy and procedure are available to staff to inform the management of admission to the children's inpatient wards within the WHSCT.

Admission to an acute hospital bed should only occur if the care a patient requires cannot be provided in an alternative environment.

Having been admitted, the patient has the right to expect that they will receive appropriate care in an environment designed to support that care.

See also:

- Mixed Sex Accommodation
- Safeguarding Policies
- Infection, Prevention & control Policies
- Policy on Closing a Paediatric Ward to Admissions
- Discharge Guidelines for children with complex health care needs.

## Purpose

To provide guidance for staff when a child is admitted to the Children's Ward either as emergency or elective admission.

## Introduction

It is the aim of the WHSCT that all children who require inpatient treatment will be admitted to hospital as soon as practicable in accordance with their clinical need.

The responsibility for the decision to admit a child lies with a doctor from which speciality the child is to be treated by.

## Scope

- The scope applies to the 2 acute children's inpatients wards of the WHSCT. 1 ward at Erne Hospital and 1 ward at Altnagelvin Hospital.
- The Children's Unit at the Erne accept children for admission up to 16 years old. Occasionally older children may be admitted if still under review by a Paediatrician, e.g. child with complex health care needs or learning disability. The Altnagelvin Children's Ward accepts children for admission up to 14 years old. However children over 14 years old and still under review as outlined above, with a Paediatrician may be admitted if not yet transitioned to adult services.
- This policy applies to all staff providing clinical care to children and their families who are admitted to the Children's Wards.

## Objectives

- To ensure staff follow correct procedure for admission of a child to the Children's Ward.
- To ensure that elective and emergency admissions are treated accordingly.

## **Roles & Responsibilities**

Admission to the wards fall into two main categories: Elective and Emergency

It is the responsibility of all nursing staff to assess a child on admission regarding their health care needs. Nurses must inform medical staff appropriately when an emergency admission requires urgent attention. This takes priority over any elective patients awaiting admission.

### **Elective Admissions**

These patients have an in-patient admission as a result of a previously agreed need for in-patient care. The need can be identified by a range of health professionals and from a range of environments. The key factor in defining the admission as elective is that admission is not required to occur immediately the decision to admit is made.

### **Emergency Admissions**

Emergency admissions by definition arrive at any time without warning and are listed below.

#### **Emergency Referral by GP**

- General practitioner will discuss the admission of medical admissions with the paediatric SHO.
- General practitioner will discuss the admission of surgical children with the Bed Manager or the surgical junior doctor.

#### **Consultant Referral from Outpatient Department**

- The consultant will arrange admission with the Ward Manager.

#### **Transfers from Other Hospitals**

- Transfers from other hospitals will be arranged in agreement with the relevant consultant / delegated representative and Ward Manager.

#### **Open Access Patients**

- In some circumstances, self-referral is appropriate. Staff will have a database locally of names for those children who have open access.

#### **Children with Complex Health Care Needs**

The relevant CCN team will be notified of the admission of children with complex health care needs.

## **Bed Availability**

- In the event of beds being unavailable the policy on closing the ward to admissions will be implemented.

## **Safeguarding**

- If Safeguarding concerns are identified it is the responsibility of both nursing and medical staff to follow and adhere to Trust Safeguarding policies already in place.

## **Accommodation**

- Every effort will be made to offer patients over 10 years of age, same sex accommodation.
- On rare occasions, where bed occupancy is high, it may be necessary to mix genders in a bay, but this should be discussed with the patient and their parent on admission. Staff on these wards should attempt to correct the situation as soon as possible. The necessity to breach this practice should be escalated to the Head of Service for Paediatrics.

## **Patient Identification**

- All admissions must be entered on the patient administration system (PAS) as soon as possible. The patients Consultant should be inputted onto PAS.
- Health records / documentation and identification bracelets should be prepared prior to admission when possible. If records are not available in Health Records Department after admission, a request must be logged immediately to ensure records are retrieved as soon as possible.
- If records are unavailable, a temporary chart must be initiated on admission.
- All patients should have an identity bracelet put in place as soon as possible following admission, detailing patient's name, date of birth and hospital number.

## **Procedures**

### **Procedure for Emergency Admissions**

- All emergency admissions will be advised to report to the Children's Ward of identified hospital
- All emergency admissions, including those with 'open access' and Assessment Unit referrals will be assessed within 15 minutes of arrival and have their vital signs recorded.
- The nurse will inform the SHO of the child's arrival, and make them aware if child requires immediate attention.
- The nurse will commence the relevant documentation.
- The nurse will ensure that the child's details are checked and correct and are recorded onto the admission sheet together with a full assessment
- The nurse will assist the Doctor as required, e.g. bloods, cannulation and administer any treatment prescribed by the Doctor
- Relevant documentation will be completed as per the Nursing and Midwifery Council Code of Conduct and case notes requested from Health Records Department
- The nurse will allocate a bed taking into account the child's clinical condition but also adhering to Guidelines on Mixed Sex Accommodation
- The Parents, Guardians, Carers will be invited to be resident on the ward with their child. As soon as is practicable they will be shown around the ward facilities and given information on the ward
- The nurse will keep the Parents, Guardians, Carers informed about their child's condition (together with the doctor)
- The admitting nurse will inform other nursing staff of the child and their treatment should admission to the ward be required.



## **Procedure for Elective Admissions**

The following steps provide good practice for planned admissions

- Provide as much information as possible to child and parents before admission
- Information needs to be provided in age appropriate format.
- Parents, carers and guardians are encouraged to stay with their child at all times throughout the admission and given information about accommodation and facilities provided for them
- Parent's, carers and guardians will be given ongoing information about their child's admission and any necessary treatment, investigations and procedures which need to be carried out
- The nurse allocated to care for this child will plan the appropriate care to be given to the child, which will be assessed and evaluated daily or more frequently if necessary. The care will be shared with parent and carers as appropriate
- Discharge will be planned appropriately, with the health care needs of the child and all necessary liaisons will be carried out to support the care needs in the community.