

## GUIDELINE/ PROCEDURE

**SUBJECT: ADMISSION OF A PAEDIATRIC PATIENT IN JHCH  
(excluding NICU)**

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**DATE DEVELOPED:** September 1998  
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**DISTRIBUTION:** JHCH Units H1, J1, J2, but excluding NICU

**PERSON RESPONSIBLE FOR MONITORING AND REVIEW:**

Nurse Unit Managers H1/ J1 / J2

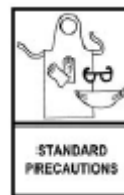
**COMMITTEE RESPONSIBLE FOR RATIFICATION AND REVIEW:**

Kaleidoscope GNS Quality Committee.

### Disclaimer:

It should be noted that this document reflects what is currently regarded as a safe and appropriate approach to care. However, as in any clinical situation there may be factors that cannot be covered by a single set of guidelines, this document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgment to each individual presentation.

# S.W.P.



if required for isolation

**SAFETY ALERT:** Children and young people should only be admitted to paediatric facilities within John Hunter Children's Hospital unless admission to Intensive Care or Nexus is clinically indicated. Children and young people should not be admitted to an adult facility unless there is a specific clinical need, and transfer to the adult facility has been agreed upon by the treating paediatric consultant and senior nurse in-charge of JHCH. The receiving adult facility must comply with the requirements of [HNE Policy 08/04 - Security of Children Admitted to HNE Health Facilities](#).

**SAFETY ALERT:** Children and young people must be admitted to paediatric facilities within John Hunter Children's Hospital under the care of a medical consultant with JHCH admitting rights, and who has accepted responsibility for the admission.

### **OUTCOMES:**

- Children and young people are admitted to the ward safely and with minimum discomfort.
- The patient and their family are welcomed and orientated to the ward area and made aware of admission procedures, staff identification, and an ongoing plan of care.
- The patient and their family are aware of safety, privacy and infection control issues.
- The child's condition, any special needs, and any parental concerns are assessed and documented at the time of the admission.
- Discharge planning is commenced at the time of the admission as per N.S.W Dept. Health Policy [PD2007\\_092](#) p. 6.

### **PROCEDURE:**

#### **Initial Preparation:**

- The Children's Planned Procedure Booklet is used for all planned, procedural admissions. The Children's Unplanned Admission Booklet is used for all unplanned admissions through the JHH Emergency Department, clinics or private rooms.
- The allocation of a bed should consider individual requirements and infection control issues.
- Private patients may be allocated to a single room if one is available; however it must be explained to the patient / parent / caregiver that if that single room is required for isolation purposes, the patient will need to be relocated to share accommodation.

- Allocate the patient's care to a nurse with the appropriate level of experience to meet the patient's requirements.

**Admission Procedure:**

- The patient / parents/ caregiver are welcomed to the ward by staff who introduce themselves and explain their role in the child's care.
- Patient identification is checked against the medical record which should include: -
 

Name	Medial Record Number (MRN)
Contact details	Date of Birth
Religion	Next of Kin
Allergies	
- **Patient Identification (ID) Bands** a must be applied to two limbs – ideally one arm and one leg. Ensure that circulation is not impaired and avoid placement on a cannulated limb. The ID band must contain only the following:

**Medical Record Number**  
**Child's full name** e.g. NAME, Forename.  
**Date of Birth** recorded as dd/mm/yyyy e.g. 01/05/1999

**Confirm the child's details with the parent/carer before placing the ID bands insitu.**

**PRIVACY ALERTS**

**Do not place a patient sticker with the patient's full details including address and phone number on the armband as this contravenes privacy requirements.**

**Red allergy bands and other coloured alert bands are now no longer used in HNEAHS as they also breach patient privacy. All alerts are to be noted on admission, recorded in the medical record, and entered into the iPMS Alerts section by clinical or clerical staff.**

- Notify appropriate personnel e.g. Medical, Dietician, Kitchen and/or Formula Room staff of the patient's arrival and requirements and document this in the medical record.
- iPMS should be used to check whether existing medical records are either available in hardcopy or digital scan. Hardcopy documents are requested through iPMS. Digital records are now accessed using the Digital Medical Record (DMR) icon on the hospital

computers, and by entering your usual personal or unit computer windows login and username to access the system.

- Adolescents, children and infants are admitted to the ward utilising the appropriate admission booklet, which is completed at the time of admission or as soon as possible.
- An admission report is documented in the medical records as soon as possible after the patient is admitted and stabilized / settled.
- Observations must be attended upon admission to the unit, and should include a pain assessment, a manual handling assessment and a review of any equipment in use. e.g feeding pump, insulin pump, intravenous therapy pump, oxygen therapy.
- **Intravenous therapy** (See 13.5) must be checked against the medical order to ensure that the infusion on admission is correct and appropriate. The insertion site must be visually assessed for patency, inflammation and pressure area risks.
- **Enteral feeds** (See 5.9) must be checked as correctly ordered, correctly connected and delivery rate set appropriately. The formula should be kept chilled with a freezer brick placed beside the delivery bag and changed prn. The entry portal site must be visually assessed for inflammation, leakage and pressure area risks.
- **Oxygen therapy** (See 6.6) must be checked for correct rate of flow, appropriated delivery system, connection and comfort.
- An **Insulin pump** must be assessed as being correctly connected and patent with a visible display, as set by the Endocrine team.
- Medication, Intravenous and Enteral feed orders should be reviewed as being correctly and legally charted, and appropriate for the child.
- Any detected errors in ordering or delivery must be notified using the Incident Information Management System IIMS (See 4.9 “Using the Incident Information Management System – IIMS”).
- Nursing care must be planned and documented in consultation with medical staff and the parents/caregiver. Any changes in care are to be recorded on a shift by shift basis on the nursing care plan.
- The patient / parents / caregivers are orientated to the ward and provided with information on their right and responsibilities including: rooming in, infection control, meal times for the patient, safety issues e.g. no hot drinks on H1 and J1, the Starlight Room, Ronald McDonald Family Room, Cafeteria and visiting times, along with parent/caregiver/visitor conduct expectations.
- The patient / parent / caregiver must be instructed on the use of the call bell or buzzer, including instructions on how to call for assistance in an emergency. The call bell must

be working and accessible at all times. A larger “Jelly Bean” call bell may be obtained for disabled patients through the occupational therapist.

- Parents / Caregivers are given the option of one adult rooming in with their child. This person should be > 16 years of age and is to be supplied with bedding, a towel, and water jug/cup.
- Rooming–In parents/carers are required to sign an identification slip using formal identification, witnessed by staff or security, each day that they room in so as to facilitate the record of persons for evacuation and child protection purposes. These slips are available in each of the clinical units and at Security in the main foyer.
- A partnership approach to care is practiced within Kaleidoscope. This should be explained to the parent / caregiver, and the child’s care plan should be negotiated with the parent/ caregiver so that observations, administration times for medications or dressings, feeds e.t.c. are discussed, along with any planned parental input into the cares. The parent should also be supplied with the ward information sheet.
- If the patient has their own medications, the parent / caregiver should send home any medications which are not required. All medications which are not sent home should be labelled with the patient’s details, stored in the locked Medication Room separate to ward stock, and documented in the patient’s notes including the discharge planning form so that they are returned when the child goes home. (See NSW Health Policy PD2005\_206 Page 16).
- S4D and S8 Medications must be entered into the “Patient’s Own” Drug Register and locked in the drug cupboard after bagging and labelling with the patient’s details.
- If the patient has private X-rays or scans, these must be documented in the admission report and discharge plan, and returned at the time the child goes home (GNAH, 2009, p.2).
- Discharge planning should begin with the admission and should be completed contemporaneously by the health team to facilitate a timely discharge. Changes to the estimated date of discharge (EDD) should be recorded in the admission booklet with notation made in the medical record to explain the changes.

**Terminate the admission by ensuring that the patient is comfortable and stable, and the parents/carers are happy with the negotiated plan of care.**

**REFERENCES:**

N.S.W Dept. Health Policy PD2006\_054.

NSW Health Policy PD2005\_206.

HNE Policy 04/08 – Security of Children admitted to HNE Health Facilities

GNAH Policy Private XRays

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KGNS Quality Committee -