

## Standard Operating Procedure

**ADMISSION AND STAFFING IN WARD 39**

<b>SETTING</b>	Children's Emergency Department
<b>FOR STAFF</b>	CED medical and nursing staff.
<b>ISSUE</b>	Processes and policies for staffing and admitting patients to Ward 39.

**Standard Operating Procedure (SOP)**

Ward 39 is used for the management of acutely ill or injured children who are unlikely to require inpatient admission but do require a period of observation for their acute presentation. The period of observation is up to 16 hours unless there are exceptional circumstances. Ward 39 is always open.

**Staffing***Medical staff:*

CED medical and ENP team, overseen by CED consultant.

*Nursing staff:*

For 8 patients = 2 registered nurses

For 6 patients = 1 registered nurse and 1 non registered nurse

**Competences of nursing staff**

Children admitted to the observation ward can deteriorate rapidly. This must be recognised promptly and acted upon; therefore one of the nurses allocated to this unit must have at least 1 year post registration experience with acutely ill children.

It should always be nursed with a minimum of one nurse who is familiar with ward 39. Nurses (including bank and agency staff) must have appropriate PLS and child protection training. One nurse should be competent in IV administration (does not apply to agency staff).

**Clinical Responsibility**

The CED clinical team maintain an overview of all Ward 39 patients, and provide care directly to those still under the CED team. If a patient is referred to an in-patient team their care is delivered by that inpatient team – however in the case of an acute deterioration the senior CED clinician should be informed, and the CED team should stabilise the child in collaboration with the inpatient team.

**Handovers and patient reviews**

- Ward 39 patients are discussed during CED handovers. Transfer of clinical responsibility must be documented.
- Ward 39 should be visited by the senior CED clinicians intermittently throughout shifts in order to monitor the clinical and operational situation. Patients must be reviewed in a timely manner through collaborative working between the nursing and clinician teams to facilitate care and discharge as soon as patients are well enough.
- Any clinical deterioration must be reported immediately to the responsible clinician and the Nurse In Charge (NIC) of CED. The patient must be reviewed and appropriate action taken (may include relocating patient back to the CED or resuscitation areas). The CED Consultant/Middle Grade in Charge (MGIC) should be informed. Children requiring Optiflow must be transferred back to the CED. See appendix 1 regarding transfer of children back to main department.
- Criteria led discharge for set conditions is supported in Ward 39 – clear clinical instructions for this must be documented in the patient notes.

## Admission Process

- Prior to admission, the clinical plan should be discussed with the CED Consultant/MGIC and NIC to ensure the admission and management plan are both appropriate.
- If at any time the patient requires formal inpatient admission, the responsible CED clinician will refer to the inpatient team.
- Speciality teams must discuss any proposed admission to ward 39 with the CED Consultant/MGIC and NIC.
- The handover information in the CED notes must be completed prior to onward admission to an inpatient area.
- All patients must have a full set of observations completed on a PEWs chart 15 minutes before admission to Ward 39.

## Criteria for Suitable Patient Admission

Acute management is likely to be completed within 16 hours (patients requiring admission for more than one night must be referred for inpatient admission).

Safe nursing can be delivered with the staffing levels available based on clinical condition.

Parent/responsible adult must be able to stay with child.

### *Examples of suitable conditions (this list is not exhaustive)*

- Children with URTI/LRTI who require a trial of feeding/period of saturation monitoring
- Wheezy children post initial stabilisation who require inhalers/monitoring prior to safe discharge
- Children with gastroenteritis for trial of oral fluids/ng rehydration (rarely IV)
- Children post convulsion who will be fit for discharge following period of observation
- Children with accidental ingestion who need a period of observation or results of investigation
- Children with intentional ingestion who need a period of observation and CAMHS review
- Head injuries requiring observation
- Children to be observed whilst awaiting urine collection, blood results or radiological investigations, who are likely to be discharged

### *Examples of unsuitable admissions*

- Patients already identified as needing a formal inpatient stay (i.e not treatable within 16 hour window)
- Children whose care could be put at risk with the existing nurse staffing ratios (high acuity)
- Patients unlikely to require formal admission but who require a decision regarding management from another team; these children should be seen in the CED in a timely fashion following referral
- Children who require additional oxygen to maintain  $\text{SaO}_2 \geq 92\%$ . (Note: those recovering from an acute episode of bronchospasm whose saturations drop in sleep without any increased respiratory effort can stay **but** need re-assessment by doctor to check all well)
- Babies requiring feeding by nasogastric tube (e.g. due to bronchiolitis), unless very temporary.
- High risk social/mental health patients who are unable to be observed safely
- Ventilated children or those with an unstable airway

*Admission to Ward 39 should be prioritised for children who require a formal period of observation, but who are likely to be discharged home directly from Ward 39. However, on occasions where there is benefit to a family to be admitted to Ward 39 while waiting for an inpatient bed, this may be supported – this should be discussed with the CED Consultant/MGIC and NIC. There should be no more than 2 such patients at any one time, and they must have a clear admission plan (including nominated ward).*

### Visiting

- Ward 39 does not restrict visiting, but visitor numbers should be kept at a level that enables nursing and medical staff to provide appropriate care to the patients.
- One family member can stay with each patient overnight. All other visitors should leave the ward by 10pm.
- On some occasions children may be admitted to Ward 39 late at night while awaiting test results. On these occasions, nursing staff can consider allowing two family members to stay until result are available and a final plan of care is made.
- As a hospital we do not now allow co-sleeping, either in patient cots/beds or parent/carer beds. All children (including babies) should sleep in their own allocated cot/bed and not with parent/carers. If parents/carers are insistent regarding co sleeping, this should be discussed with the NIC or CED Consultant/MGIC and the outcome clearly documented in the patients notes.

### Discharge/Transfer

- Children who require to be admitted to an Inpatient Ward will need to be transferred **from** Ward 39 Bed States **to** the Inpatient Ward Bed State; and under the correct admitting Consultant.
- Children on a criteria led pathway can be assessed by any Band 6 or 7 nurse working within the department alongside a substantive member of the nursing team when discharge criteria is met.
- All children leaving Ward 39 (discharged or transferred) must have a discharge summary completed within 24 hours of discharge.

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### QUERIES

## Appendix 1

For patients who require to be transferred from Ward 39 back to CED due to deterioration or being placed on Optiflow, the following process should be followed, and updated on Medway.

- Patient physically moved back to CED.
- Patient remains on Ward 39 bed state, and is re booked into CED on Medway with 'deteriorated Ward 39 patient' documented in presenting complaint (see screenshot below)

### Incident Details

Attendance

Attendance type: First Attendance

Encounter:

Duty consultant:

Incident Details

Complaint: Deteriorated Ward 39 Patient

Incident date/time: 09-Mar-2017 08:35 Estimated

Incident location: Hospital

Location description:

Registration Details

Arrived: 09-Mar-2017 08:35

Registered: 09-Mar-2017 08:35

Mode of arrival: Other Ambulance ref:

Ambulance HCO:

Accompanied by: Other

Accompanying Person Name:

Referral source: Outpatient Clinic GP

Accepted: No Specialty:

Patient group: Other

Overseas visitor status: Not overseas visitor

Waiting area: Resus

Admission Details

Admission source: Usual place of residence

Admission organisation:

Admission method:

- Once patient journey is completed in CED and patient is transferred to inpatient Ward, disposal on Medway from ED module needs to be 'Patient already admitted' (see screenshot below)

### Discharge Details

Fit for discharge:

Discharge method: Patient Already Admitted

Discharge destination:

- Patient will then require to be transferred from the Ward 39 inpatient module on Medway to the inpatient ward that they have been admitted to.

## JOB DESCRIPTION

### *Emergency Nurse Practitioner Band 7*

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<b>Post:</b>	<b>Emergency Nurse Practitioner</b>
<b>Band:</b>	<b>Band 7</b>
<b>Division:</b>	<b>Women's &amp; Children's</b>
<b>Department:</b>	<b>Children's Emergency Department</b>
<b>Responsible to:</b>	<b>Emergency Nurse Consultant and Matron for Children's Emergency Department</b>

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#### **Job purpose**

##### *A summary*

- To function as an autonomous practitioner specifically focused on the management of non-life threatening injuries.
- To deliver a consistently high quality of care
- To develop and maintain the role of the ENP
- To contribute to professional leadership throughout the directorate.

#### **Main duties and responsibilities**

##### **1. Clinical**

- 1.1 Demonstrate specialist skills, knowledge and expertise in clinical practice managing entire episodes of care for patients with previously undiagnosed and undifferentiated clinical conditions
- 1.2 Ensures that clinical practice is evidence based.
- 1.3 Aware of professional limits in clinical skills and knowledge, referring patients on to definitive care as appropriate
- 1.4 Ensuring appropriate use of 'patient group directives' in line with the Trust policy. To participate in developing and expanding the range of patient group directives.
- 1.5 To act as a role model
- 1.6 Act as support for staff, patients and relatives particularly in the event of a distressing/stressful situation
- 1.7 To identify and act upon situations which may be detrimental to health and well-being of patients

1.8 To undertake appropriate health promotions and provide accident prevention advice

## **2 Professional**

2.1 To be conversant and adhere to the NMC Code of Professional Conduct for nurses, midwives and health visitors. To be conversant with nationally agreed guidelines for autonomous practice.

2.2 To be familiar with the Trust's Child Protection policy and their application to children within the emergency department.

2.3 To take personal responsibility for updating his/her own professional development. This includes remaining up to date with changing clinical practice and undertaking further training as necessary.

2.4 To participate in education, teaching, research and audit as necessary and to promote these skills amongst the team.

2.5 To maintain his/her appearance and behaviour in accordance with the standards expected for a member of the nursing profession.

2.6 To provide professional leadership to the multi-disciplinary team, actively participating in the support and implementation of any Trust wide Nursing initiative.

2.7 To be part of the Trusts disciplinary procedure. To be able to assess and monitor conduct and capability issues.

2.8 Encourage reflective practice and utilise opportunities to engage in clinical supervision and to undertake peer review through regular case review/clinical audit.

## **3 Managerial**

3.1 To ensure compliance with all Health and Safety standards and directives.

3.2 To be aware of and comply with all Trust policies, procedures and codes of conduct.

3.3 Exercise professional accountability and responsibility in changing clinical environments across professional boundaries.

3.4 As an expert practitioner has the ability to facilitate, initiate, manage and evaluate change in practice to improve the quality of care.

3.5 To report and record all incidents and accidents in accordance with Trust policy and to take the appropriate action required as necessary.

3.6 To take prompt and appropriate action on receipt of complaints in accordance with Trust policy.

3.7 To use the Trust computer systems as required collecting clinical and non-clinical data.

## **4 Education and Training**

4.1 To assist, in liaison with teaching staff and lecturers, in setting learning objectives for nurse learners. To assist, as required, in the achievement of learning objectives and

to participate in the assessment of nurse learners as appropriate.

4.2 To be a mentor and to supervise other mentors working within the clinical area, providing professional support and clinical supervision as required.

4.3 To be responsible for participating in and evaluating the learning experience for nurse learners. To participate in the teaching of medical and other student

### **General Information:**

University Hospitals Bristol NHS Foundation Trust is committed to provide patient care, education and research of the highest quality. In delivering this ambition, we will be guided by the following values:

- Respecting Everyone
- Embracing Change
- Recognising Success
- Working Together

The Trust expects all staff to work in ways which reflect these values at all times as follows:

#### *Respecting Everyone*

- We treat everyone with respect and as an individual
- We put patients first and will deliver the best care possible
- We are always helpful and polite
- We have a can do attitude in everything we do

#### *Embracing Change*

- We will encourage all change that helps us make the best use of our resources
- We learn from our experiences and research new ideas
- We look to constantly improve everything we do

#### *Recognising Success*

- We say thank you and recognise everyone's contribution
- We take pride in delivering the best quality in everything we do
- We share and learn from each other
- We encourage new ideas that help us to be the best we can

#### *Working Together*

- We work together to achieve what is best for our patients
- We support each other across the whole Trust
- We listen to everyone
- We work in partnership

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### **Equal Opportunities**

The Trust is committed to eliminating unlawful discrimination and promoting equality of opportunity. All staff have a personal responsibility to contribute towards an inclusive and supportive environment for patients, carers, visitors and other colleagues from all the equality strands (race, gender, age, sexual orientation, religion, disability).

Staff have a personal responsibility to:

- Ensure their behaviour is not discriminatory
- Does not cause offence
- To challenge the inappropriate behaviours of others
- Adhere to the Trust's values, including 'Respecting Everyone', as well as the Staff Conduct Policy and the Equal Opportunities policy

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## Health and Safety

Under the provisions contained in the Health and Safety at Work Act 1974, it is the duty of every employee to:

- Take reasonable care of themselves and for others at work
- To co-operate with the Trust as far as is necessary to enable them to carry out their legal duty
- Not to intentionally or recklessly interfere with anything provided including personal protective equipment for Health and Safety or welfare at work.

*Senior Management* is responsible for the implementation throughout the Trust of suitable arrangements to ensure the health, safety and welfare of all employees at work and the health and safety of other persons who may be affected by their activities. Where health and safety matters cannot be resolved at Senior Management level the appropriate Executive Director must be notified.

*Each Line Manager* is responsible for the health and safety management of all activities, areas and staff under their control. This includes responsibility for ensuring risk assessments are completed and implementation of suitable and sufficient control measures put in place. Health and safety issues are dealt with at the lowest level of management practicable. Where health and safety matters cannot be resolved at a particular management level the appropriate Senior Manager must be notified.

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## Safeguarding Children and Vulnerable Adults

University Hospitals Bristol is committed to safeguarding and promoting the welfare of all children, young people and vulnerable adults, and as such expects all staff and volunteers to share this commitment.

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## Clinical Governance

Clinical Governance is the framework through which this Trust is accountable for continuously improving the quality of its services and safeguarding the high standards of care. It does so by creating and maintaining an environment in which excellence in clinical care will flourish.

Every member of staff must work within this framework as specified in his/her individual job description. If you have concerns on any clinical governance matters these should be raised with your line manager, professional adviser, or a more senior member of management. Your attention is also drawn to the Trust guidance on Raising Concerns about Provision of Patient Care.

You have a responsibility for contributing to the reduction of infections.

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## Information Governance



It is the responsibility of all staff to respect the confidentiality of patients and staff, as specified in the Caldicott Principles, Data Protection Act and the Human Rights Act. It is the duty of every employee to:

- Only access person identifiable information as required in the execution of their duties.
  - Disclose information appropriately, in line with the Data Protection Act 1998.
  - To ensure good quality data by recording, promptly and accurately, clinical and non-clinical information within agreed timescales to PAS, the health record or the appropriate clinical or non-clinical information system
  - Always trace patient notes on the Patient Administration System
  - Maintain the confidentiality of their password / username and if in possession of a 'Smartcard' abiding by the terms and conditions of its use.
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**Job Description completed/reviewed by: Katherine Hance**

**Managers name: Sue Humphreys**

All job descriptions are subject to review. Post holders are expected to be flexible and be prepared to carry out any similar or related duties which do not fall within the work outlined. The Line Manager, in consultation with the post holder will undertake any review.

The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a consistent, comprehensive and explicit framework on which to base review and development for all staff. Closely aligned with this job description is a KSF profile supporting the effective learning and development of the post holder in a variety of ways.

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**PERSON SPECIFICATION**

***Emergency Nurse Practitioner***

<b>Education and Qualifications</b>		<b>Essential</b>	<b>Desirable</b>	<b>To be evidenced by *</b>
<b>Q1</b>	RN (Child) or RN (Adult)	✓		A
<b>Q2</b>	Recognised Nurse Practitioner Qualification	✓		A
<b>Q3</b>	Radiological Interpretation		✓	A
<b>Knowledge and Experience</b>		<b>Essential</b>	<b>Desirable</b>	<b>To be evidenced by *</b>
<b>E1</b>	Minimum of 2 years paediatric emergency care experience		✓	A/I
<b>E2</b>	High level of clinical expertise including history taking and physical examination	✓		A/I
<b>E3</b>	Detailed knowledge of minor injuries / illness and a sound understanding of anatomy and physiology	✓		A/I
<b>E4</b>	Ability to function autonomously.	✓		A/I
<b>E5</b>	Already working as an ENP		✓	A/I
<b>E6</b>	Participation / good knowledge of standard setting, audit and research		✓	A/I
<b>Skills and Abilities</b>		<b>Essential</b>	<b>Desirable</b>	<b>To be evidenced by *</b>
<b>S1</b>	Enthusiastic and Motivated	✓		A/I/P
<b>S2</b>	Flexible	✓		A/I
<b>S3</b>	Dynamic and innovative	✓		A/I/P
<b>S4</b>	Ability to work under pressure	✓		A/I/P
<b>S5</b>	Team Player	✓		A/I
<b>S6</b>	Confidence in clinical ability	✓		A/I

Behaviours and Values		To be Evidenced by*
B1	Respecting Everyone	I
B2	Embracing Change	I
B3	Recognising Success	I
B4	Working Together	I

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\*     **A = Application Form**  
**I = Interview**  
**P = Presentation**  
**T = Test**