Western Health

Joan Kirner Women's & Children's

Division of Women's and Children's Services

Children's Ward

Operating Guideline

Version 3.0 - FINAL

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Children's Ward

Operating Guideline

Document Control

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Abbreviations and Acronyms

AH&CS	Allied Health and Community Services
AHA	After Hours Administrator
AHFIRM	Allied Health Flow & Interdisciplinary Referral Management
APMS	Acute Pain Management Service
BLS	Basic Life Support
BLSD	Basic Life Support and Defibrillation
CL	Clinical Liaison- Psychiatry
CLD	Criteria Led Discharge
CNS	Clinical Nurse Specialist
CSRN	Paediatric Clinical Support and Retrieval Nurse
DDA	Disability Discrimination Act
DHHS	Department of Health and Human Services
DMR	Digital Medical Record
DNE	Diabetes Nurse Educator
ED	Emergency Department
EDIS	Emergency Department Information System
EMR	Electronic Medical Record
EN	Enrolled Nurse
ENT	Ear, Nose and Throat
FSA	Food Services Assistant
GP	General Practitioner
HITH	Hospital In the Home
JKWC	Joan Kirner Women's and Children's
KPI	Key Performance Indicator
MDT	Multidisciplinary Team
NDIS	National Disability Insurance Scheme
NIC	Nurse In Charge
NS	Newborn Services
NLS	Neonatal Life Support
PAH	Paediatric Allied Health
PCA	Patient Controlled Analgesia
PLS	Paediatric Life Support
PNSC	Paediatric and Neonatal Specialist Clinics
PPG	Policy, Procedure, Guideline
PSA	Patient Services Assistant
RCH	Royal Children's Hospital
RN	Registered Nurse

SCAO	Specialist Clinics Administration Officer
W&C	Women's and Children's
WH	Western Health
WHMI	Western Health Medical Imaging
YADS	Young Adult Diabetes Service

1. Introduction

1.1 Purpose

The purpose of this Operating Guideline is to profile the Children's Ward, and to provide details of the day to day operation of the ward.

This Operating Guideline describes the various components and associated processes of the patient journey, staffing requirements, leadership and management structures, clinical and non-clinical support requirements, infrastructure requirements and communications procedures.

1.2 Intended Audience

This Operating Guideline is intended for the following audience:

Who	Utilisation
• W&C Leadership & Management Team • W&C Services Operational Projects Team • AH&CS Leadership & Management Team	• To be used as a baseline plan and overall tool to define what and how the Children's Ward operates.
• Frontline staff	• To provide frontline staff, particularly those who are new to the ward, with a detailed understanding of the day to day operation of the Children's Ward.

Table 1: Intended audience

1.3 Related Documents

This document forms part of a suite of documentation outlining the provision of paediatric and neonatal service delivery across various phases of care at Western Health (WH).

As such, it should be considered in conjunction with the following:

- *Paediatric Services Model of Care (2019)*
- *Paediatric Surgical Services Operating Guideline (2019)*
- *Paediatric and Neonatal Specialist Clinics and Paediatric Allied Health Operating Guideline (2019)*
- *Newborn Services Model of Care (2019)*
- *Newborn Services Operating Guideline (2019)*
- *Neonatal Hospital in the Home (HITH) Operating Guideline (2019)*

2. Service Overview

Western Health's Children's Ward provides general paediatric medical and surgical inpatient services to neonates, infants, children and adolescents aged 17 years and under.

2.1 Services Provided

Table 2 provides an overview of service inclusions and exclusions for both paediatric medicine and paediatric surgery on the Children's Ward.

	Paediatric Medicine	Paediatric Surgery
Services Provided	✓ Low – moderate complexity general paediatric medicine including allergy, burns, cardiology, dermatology, gastroenterology, neonatal care, respiratory, and infectious diseases ✓ General paediatric endocrinology (diabetes in children ≥ 10 yrs. of age and not unwell)	✓ Low – moderate complexity general surgery (children ≥ 10 years old) ✓ Low – moderate complexity sub-specialty surgery including ophthalmology, orthopaedics, ear, nose and throat (ENT) and plastics and reconstructive surgery
Services not Provided	× High complexity general paediatric medicine × Gynaecology × Infectious diseases × Mental health × Nephrology × Neurology × Oncology × Palliative care × PICU × Rehabilitation × Urology × Management of newly diagnosed T1DM	× High complexity general surgery, ophthalmology, orthopaedic, ENT, plastics and reconstructive surgery × Low – moderate complexity general surgery (children < 10 years old) × Burns × Cardiac surgery × Dentistry × Gynaecological surgery × Maxillofacial surgery × Neurosurgery × Thoracic × Transplants × Urology

Table 2: Paediatric medicine and Paediatric surgery inpatient service inclusions and exclusions

2.2 Location and Operating Hours

The Children's Ward is located on Level Six of the Joan Kirner Women's Children's (JKWC) at Sunshine Hospital (SH). The physical capacity of the Children's Ward consists of 32 beds, however the service is currently funded to provide 20 operational beds.

There are eight double bedrooms and 16 single bedrooms on the Children's Ward, with specialised rooms including:

- Two single negative pressure isolation rooms
- One single bariatric room

Figure 1 provides a floor plan of Level Six of the JKWC, highlighting clinical and non-clinical spaces available within the Children's Ward.

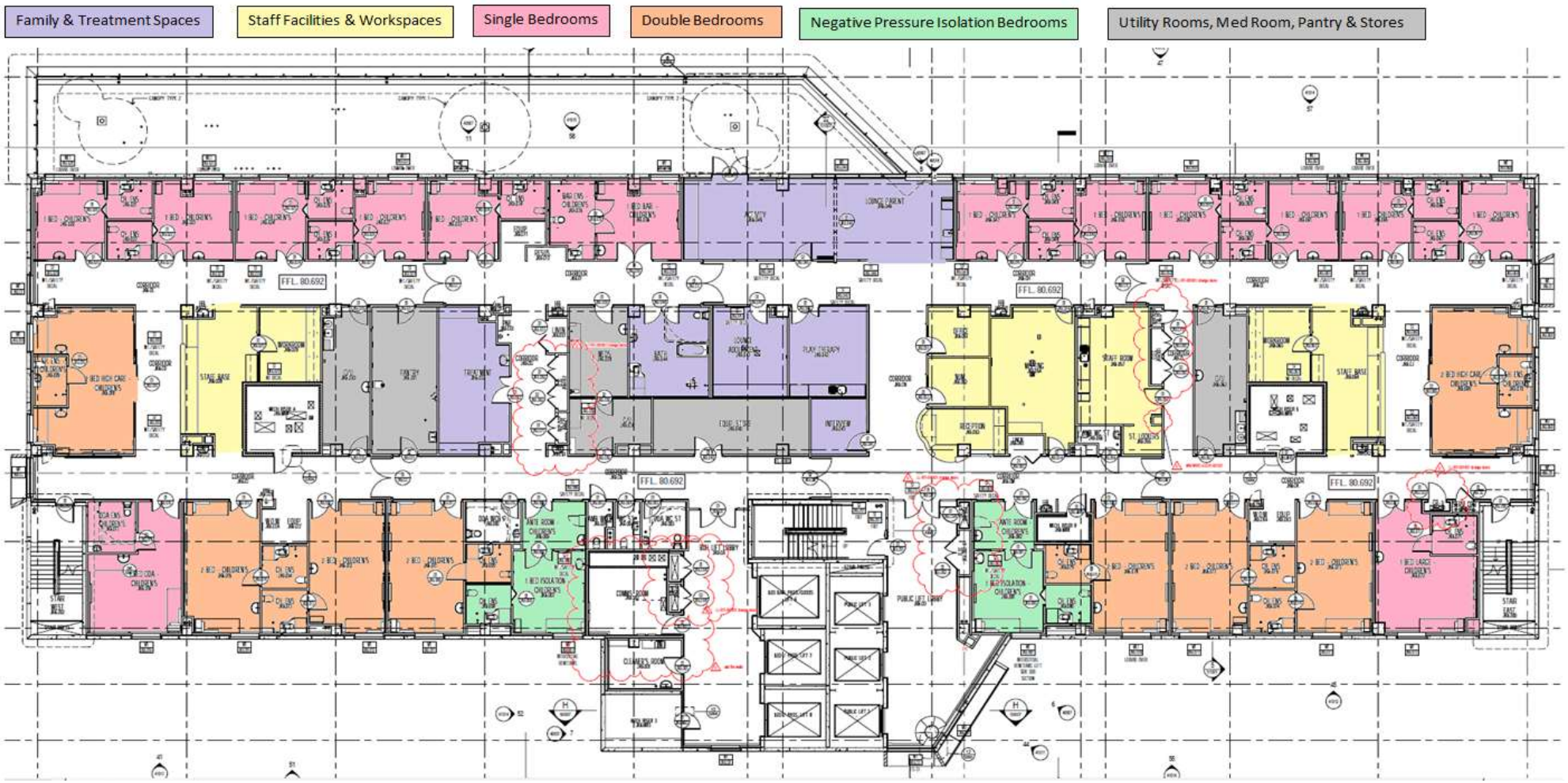


Figure 1: Floor plan of JKWC Level Six, the Children's Ward

The Children's Ward operates 24-hours per day, seven days per week. Standard visiting hours are 08:00 – 20:00 in accordance with WH's Visitor Management- General Public Procedure. Parents have 24 hour visitation rights and one parent/guardian/carer only is encouraged to stay with their child overnight. To support parents to stay overnight, each inpatient bed is supported by an adjacent inbuilt parent bed. The front doors of the Children's ward are locked after hours from 20:00 to 07:00 daily and are accessible only via swipe card access or door release from inside the Children's Ward.

2.3 Patient Profile

The ward provides care to neonates, infants, children and adolescents aged 17 years and under. In special circumstances where it is developmentally appropriate (e.g. a child already known to the service with a developmental disorder or cerebral palsy) children and young adults over the age of 17 years may be admitted to the Children's Ward with agreement from the medical consultant and Nurse Unit Manager (NUM).

The majority of paediatric medical patients are admitted with common conditions that require a short length of stay between one and three days, such as bronchiolitis, asthma and gastroenteritis.

The majority of paediatric surgical patients are admitted post elective ear, nose and throat (ENT) surgery, orthopaedic surgery, and general surgery.

3. Service Delivery

3.1 Referral Sources

Referrals to the Children's Ward are received from sources both internal and external to WH.

3.1.1 Internal Referrals

- WH Emergency Department (ED) including Sunshine, Williamstown and Footscray campuses
- Elective multi-day surgical admissions
- Day of Surgery Admissions (DOSA)
- Planned and unplanned medical admissions (e.g. via the Paediatric and Neonatal Specialist Clinics (PNSC))
- Newborn Services Unit transfers

3.1.2 External Referrals

- External health services

3.2 Referral Process

In accordance with WH's Admission and Transfer of Children Procedure (currently under review), all infants, children and adolescents requiring a medical admission to the Children's Ward must first undergo an initial assessment in the SH Paediatric ED, with the exception of the following cases where direct admission to the ward can be arranged pending authorisation by a Paediatric registrar at a minimum:

- Paediatric Infant Perinatal Emergency Retrieval (PIPER) transfer from an external health service
- If a child has been assessed in the PNSC as requiring admission but does not require stabilisation in the ED prior to admission

Table 3 outlines of the referral process to the Children's Ward for each referral source.

Referral Source	Referral Process
WH ED	• ED staff page the Paediatric Medicine registrar for medical admissions or the relevant sub-specialty surgical registrar for surgical admissions • ED staff complete a bed request via the ED Information System (EDIS) • A four hour management plan should be completed by ED medical staff once a bed request has been made • Where possible, patients requiring admission should be retrieved and transferred to children's ward within four hours of arrival in the ED • The Clinical Support & Retrieval Nurse (CSRN) collects the patient from ED and transport them to the Children's Ward for admission
Elective Surgical admissions	• Elective Booking Office schedule all elective surgical cases • Elective surgical admission lists are accessed via iPM by DOSA and ward staff and the emergency surgery lists are accessed via SIMON • Post-operatively, theatre Stage One Recovery/Post-Anaesthetic Care Unit (PACU) staff notify the Children's Ward NUM/Nurse in Charge (NIC) that the child is ready for transfer back to the ward • The CSRN, or other Children's Ward nurse, collects the patient from Stage One recovery/PACU and transport them to the Children's Ward for admission
DOSA	• If same-day elective surgery patients are not ready to be discharged home from the DOSA prior to 20:00, they will be transferred to the Children's Ward for ongoing care until their condition is suitable for them to be discharged home • DOSA staff phone the Children's Ward NIC when the child is ready for transfer • The CSRN, or other Children's Ward nurse, collects the patient from DOSA and transport them to the Children's Ward for admission
Planned medical admissions	• Consultant contacts paediatric medicine registrar to organise direct admission, unless the child requires urgent stabilisation in SH ED prior to admission • Planned admissions are booked through medical booking office (Level One SH) • Registrar contacts the Access Coordinator/After-Hours Administrator (AHA) • Access Coordinator/AHA notifies the Children's Ward NUM/NIC of admission • PNSC staff escort the patient to the Children's Ward if coming from clinic or, if the patient has a planned medical admission arranged, they will self-present to the children's ward for admission by the ward clerk
Newborn Services transfers	• Medically stable neonates may be transferred to the Children's Ward from Newborn Services for ongoing care when Newborn Services reaches capacity as per the Admission and Transfer of Children Procedure (currently under review) • The Newborn Services NUM/NIC contacts the Children's Ward NUM/NIC to discuss the need for transfer and bed availability on Children's Ward. The Access Coordinator/AHA is then contacted by the NUM/NIC of Children's Ward to arrange the transfer of the neonate to the ward • Verbal handover between neonatal and paediatric medicine registrars • Newborn Services nursing staff transport the patient to the Children's Ward for admission and a clinical handover given is given to the receiving nurse
External health services	• External health service contacts the paediatric medical registrar/consultant or the relevant sub-specialty Surgical registrar to request direct admission • Registrar contacts the Access Coordinator/AHA and discusses the transfer with the Children's ward NUM/NIC • Access Coordinator/AHA notifies Children's Ward NUM/NIC of admission • PIPER transports the patient from the external health service to the Children's Ward or via ambulance service.

Table 3: Referral processes for admission to the Children's Ward

4. Admission

4.1 Clerical Admission

All patients who are admitted to the Children's Ward will undergo a clerical admission or transfer on iPM. Responsibility for completing this clerical admission varies according to the referral source. Table 4 details the clerical admission responsibility for patients admitted to the Children's Ward.

Referral Source	Clerical Admission/Transfer completed by
WH ED	• ED clerical staff
Elective Surgical Admissions	• DOSA staff
DOSA	• DOSA staff
Planned Medical Admissions	• Ward Clerk Children's Ward
Newborn Services transfers	• Ward Clerk Newborn Services
External Health Services	• Ward Clerk Children's Ward (for direct admissions) • ED clerical staff (for admissions via ED)

Table 4: Clerical registration responsibility for Children's Ward admissions and transfers

4.2 Bed Allocation

The Children's Ward consists of 16 single patient rooms and 8 double patient rooms, with a total of 32 beds. Of the 16 single rooms, there are two which are negative pressure isolation rooms, one is a bariatric room and one is a disability discrimination act (DDA) compliant room. Of the eight double rooms, two contain central patient monitoring equipment (total of four monitored beds) and are located directly across from the staff bases to maximise observation.

The NIC is responsible for the allocation of patients to rooms. Allocation is dependent on the child's diagnosis and condition. Single rooms will predominately be used for isolation purposes for children who are deemed to be infectious, or for patients who require privacy due to their social needs. Patients of similar age and gender are cohorted in double rooms where possible.

4.3 Clinical Handover – Admission

Clinical handover for admissions/transfers from internal sources is provided verbally, either in person or over the phone, in accordance with WH's Clinical Handover procedure.

Clinical handover for admissions from external health services is provided verbally over the phone and/or in written form.

5. Service Provision

5.1 Medical Allocation, Admission and Care

5.1.1 Medical Allocation

Patients on the Children's Ward are allocated to either a Paediatric Medicine unit bed card or the relevant surgical sub-specialty unit bed card according to their reason for admission. Shared medical/surgical unit bed cards exist for all non-surgical ENT patients and general surgery patients aged 10 to 13 years (inclusive), as well as for other surgical patients at the request of the treating surgical team.

5.1.2 Medical Admission and Documentation

For paediatric medicine admissions, the medical admission is completed by the Paediatric medical registrar working on the Children's Ward. For patients who are admitted from the SH ED, the medical admission may be commenced or completed by a paediatric registrar working in the ED, in which case there is a medical handover to the ward Paediatric medical registrar. In situations where there is uncertainty as to the appropriateness of the admission to Children's Ward from the ED (e.g. concerns over clinical condition, acuity exceeds capability, or possibly requiring tertiary subspecialty care), the patient may need to be reviewed in the ED by the Children's Ward paediatric medical registrar and/or consultant. Transfer to the Children's Ward should not be delayed if the Children's Ward registrar has not completed the admission in the ED as this can be done once the child arrives on the ward.

For surgical admissions, the medical admission is completed by the treating surgeon or surgical registrar in the DOSA for elective surgical cases and in the ED or Children's Ward for emergency surgical cases.

Medical admissions are documented in the patient's Electronic Medical Record (EMR), with all patients to have a documented medical plan outlining the ongoing plan for their management, including whether the patient is to be managed using a clinical pathway or is eligible for criteria led discharge (CLD). Clinical Pathways are utilised for patients with asthma, and tonsillectomy/adenoidectomy. Currently, CLD is applicable for children admitted with bronchiolitis, asthma, croup, and gastroenteritis.

All patients must have medical notes documented in the EMR following any medical review, including ward rounds, and whenever there is a change in medical orders or a change in the patient's condition.

5.1.3 Medical Ward Rounds

All patients admitted under a Paediatric Medicine bed card undergo a medical review at least once daily. The Paediatric Medical ward round commences between 08:30 – 09:00, and consists of the consultant, paediatric registrar, paediatric HMO, the NIC and the nurse looking after the patient. The priorities for the round are determined at the commencement of the round through nursing and medical consultation e.g. those patients who are the most unwell, or are identified as ready for discharge will be seen first.

The night duty paediatric registrar will identify patients who are suitable for early discharge, or are suitable for CLD prior to the morning ward round commencing, and is responsible for preparing the necessary documentation to facilitate early discharge.

All patients admitted under a surgical sub-specialty bed card are reviewed on a daily basis by the relevant sub-specialty unit.

5.1.4 Medical Reviews

Following the morning ward round there is medical review of patients as required throughout the day, including:

- Planned afternoon/later review
- If any concerns are raised by the family
- If any concerns are raised by the clinical nursing staff

There is an agreement between the paediatric surgical subspecialties and the Paediatric Medicine Unit to for Paediatric Medicine staff to assist with review of surgical patients if the patient's condition deteriorates and the subspecialty is unable to attend because they are in theatre, or if there are concerns of a non- surgical nature beyond the scope of the surgical unit medical staff e.g. fluid requirements need to be adjusted, or if the Children's Ward nursing staff feel the need to seek further advice or input.

5.2 Nursing Allocation, Admission and Care

5.2.1 Nursing Allocation

On admission to the ward, each patient is allocated a nurse who is part of a team of nurses responsible for the delivery of care. The nurse: patient ratio on the Children's Ward is outlined in Table 5.

Shift	Nurse: Patient Ratio	Additional Supernumery
Morning 07:00 – 15:30	1:4	• NIC • Retrieval Nurse
Afternoon 13:00 – 21:30	1:4	• NIC • Retrieval Nurse
Night 21:00 – 07:30	1:6* * NIC has a patient load	• Retrieval Nurse

Table 5: Nursing ratios on the Children's Ward

Nurse: patient ratios increase to 1:3 for neonates, 1:2 for patients requiring high flow oxygen, and 1:1 for patients with specialised high care needs such as mental health issues, or behavioural issues as deemed necessary by the Psychiatry Clinical Liaison (CL) Nurse. Mental Health/behavioural specials must be authorised and reviewed by the CL who will recommend the continuation of 1:1 nursing for these patients as needed and required.

Each nurse is allocated a workstation on wheels (WOW) at the beginning of each shift and assigned to provide clinical care to a nominated group of patients by the NIC. Each nurse is provided a wireless phone which is connected to the patient nurse call system and will notify the primary nurse when one of their allocated patients requires assistance.

The NIC on the morning and afternoon shift does not have a patient load and is responsible for managing the shift which involves:

- Allocation of patients to oncoming nursing staff
- Monitoring and facilitating patient flow from the ED
- Facilitating discharges in a timely manner
- Providing leadership and support to all staff
- Attending the morning access meeting at 09:30
- Ensuring staff vacancies are filled for oncoming shifts
- Attending medical ward rounds and communicating ongoing management plans to staff as required
- Ensuring that patient management timelines are met
- Handover to oncoming NIC
- Communicating via email any non-urgent issues to the Nurse Unit Manager

The CSRN is a supernumery role rostered 24 hours, seven days per week. Key responsibilities of the CSRN include:

- Assisting with patient transfers between the ED and Children's Ward
- Assisting with patient transfers between the DOSA and Children's Ward
- Liaising with the NUM/NIC to ensure patient flow occurs in a timely and efficient manner
- Assisting with medical procedures, activities and interventions as required
- Assisting with covering staff meal breaks as required and taking the ANUM/NIC phone when they are on their break, to ensure that patient flow occurs

The bedside nurse is responsible for:

- Providing nursing care to patients, including monitoring vital signs, medication administration, and provision of treatments as appropriate
- Escorting patients to other departments such as Medical Imaging
- Making referrals to allied health and lactation consultants when required
- Documentation of care delivered in the EMR as per the What Goes Where document
- Educating patients, families and guardians prior to discharge in relation to ongoing management
- Escalating any issues or concerns to the NIC

The Clinical Practice Improvement Specialist (CPIS) is responsible for:

- Identifying key service and practice improvement requirements
- Working collaboratively with the nursing leadership and multidisciplinary teams (MDT) to maximise patient safety
- Initiating, managing, and overseeing the delivery of ward projects
- Assists in evaluation of ward projects to demonstrate the value and impact of service improvements
- Engaging clinicians to implement strategies to embed evidence based findings into clinical practice
- Coordinating and delivering clinical practice guideline/policy/procedure development to ensure Best Care

5.2.2 Nursing Admission and Documentation

The primary nurse is responsible for completing a nursing admission and developing a comprehensive nursing plan of care in the EMR as soon as possible after the patient has been admitted to the ward. The nursing plan of care is updated regularly throughout the admission to reflect real time care needs and the plan for ongoing care.

In addition, the *Neonatal & Paediatric Risk Screening Assessment Tool (AD 82.1c)* is to be completed by the primary nurse in the EMR within four hours of admission, and is updated daily until discharge.

The primary nurse will identify any requirement for allied health involvement during their admission, in accordance with the indications for referral detailed in Table 11, and will complete referrals to allied health via the EMR. The majority of documentation will be completed in the EMR, with some documentation to remain paper-based as per the What Goes Where document.

Additional assessment and documentation tools to be completed by the primary nurse are listed in Table 6.

Name	Use	Documentation
Victorian Children's Tool for Observation and Response (ViCTOR): • <3 months (VP0003) • 3-12 months (VP0312) • 1-4 years (VP0014) • 5-11 years (VP0511) • 12-18 years (VP1218)	• Documentation of clinical observations including temperature, heart rate, respiration rate, blood pressure and oxygen saturation •	Paper-based
ViCTOR Fluid Management Chart	• For all children under two years of age in addition to any patients requiring enteral, IV or SC fluids or if clinically indicated	Paper-based
Paediatric Medication Administration Record (MAR)	• Standardised medication management • Commenced by nursing staff on admission including weight and known allergies. Medical staff to complete remaining details	EMR
Peripheral Intravenous Record	• For all patients with an IV cannula or a peripherally inserted central catheter (PICC)	EMR
Neurovascular Assessment Chart (AD 343)	• For all patients with a fracture or limb condition (plastics and orthopaedic injuries/surgeries)	EMR
Clinical Pathway – Paediatric Asthma (AD 141)	• For all patients admitted to the ward with asthma	Paper based
Tonsillectomy & Adenoidectomy Pathway (AD 103)	• For all children undergoing a tonsillectomy/adenoidectomy	Paper based

Table 6: Additional assessment and documentation tools to be completed by the primary nurse

All patients must have nursing shift notes documented in the EMR at least once per shift, or whenever there is a change in the patient's condition or a change in medical orders. Clinical pathways replace the nursing progress notes for patients who are managed using a clinical pathway i.e. asthma and tonsillectomy/adenoidectomy and are signed off by nursing staff each shift.

All paper based documentation will be kept at the bedside in perspex document holders.

5.2.3 Nursing Handover

The Clinical Handover Procedure provides details regarding the standard approach used at WH to ensure safe, effective clinical handover is applied in all clinical situations and with all clinical staff.

Clinical bedside handover is completed three times per day at each nursing shift change. Prior to commencing clinical bedside handover, a short ten minute group brief is facilitated by the NIC at the electronic patient journey board, which entails a general overview of the ward for all incoming nursing staff in relation to:

- Patient allergies
- Medically unstable patients
- Any social issues that cannot be discussed at the bedside

Following this short group brief, a more detailed clinical handover from the EMR will take place at the patient's bedside between the incoming and outgoing primary nurse. The bedside handover will include the patient and their family in the transfer of information using the Identity Situation Background Assessment Request (ISBAR) format as described in Table 7.

The outgoing NIC of the shift also provides a detailed handover to the incoming NIC.

I	**IDENTITY**	Identify yourself, your role and your patient
S	**SITUATION**	State the patient's diagnosis or reason for admission and current problem
B	**BACKGROUND**	Patient history – clinical background or context
A	**ASSESSMENT**	Current problems, observations and treatments
R	**RECOMMENDATION**	What do you recommend next for patient care? Treatments, medications, etc. Are there any specific requests for patient care? E.g. review, discharge

Table 7: ISBAR format for handover

5.2.4 Medical Handover

Medical handover takes place between incoming and outgoing medical clinicians at each shift change. Ward medical handover times are listed in Table 8.

Time of Handover	Attendees	Location
08:00	• Consultant • Chief Paediatric Registrar • Paediatric Registrar • Paediatric JMS • NIC	Level 6 Meeting Room, JKWC
16:30	• Paediatric Registrar • JMS	Level 6 Meeting Room, JKWC
22:00	• Paediatric Registrar • JMS	Level 6 Meeting Room, JKWC

Table 8: Attendees at Medical Handover

Medical staff are allocated a WOW to access the EMR and to review patient results on their ward rounds. The responsibility of the medical staff on the ward round includes:

- Clinically assessing each patient under their bed card and reviewing results as required
- Determining an appropriate management plan for the patient
- Updating family and nursing staff regarding the management plan
- Updating the patient progress notes on EMR with the ongoing management plan
- Reviewing and, where necessary, updating the patient medication chart
- Reviewing and updating the patient intravenous fluid orders
- Completing an EMR generated discharge script when required
- Completing a discharge summary to the referring clinician/s and the patients GP
- Arranging appropriate follow-up of any outstanding results
- Arranging appropriate follow-up of children

Medical staff coverage for the Children's Ward is detailed in Table 9.

Shift Times	HMO	Registrar
Monday to Friday 08:00 – 17:00	✓	✓
Monday to Friday 17:00 – 22:00	✓	✓
Saturday to Sunday & Public Holidays 08:00 – 22:00	✓	✓
Monday to Sunday 22:00 – 08:00	*	✓

Table 9: Children's Ward medical staff coverage *to be allocated depending on need

5.3 Electronic Patient Journey Board

The Electronic Patient Journey Board is located in the workroom adjacent to the staff base at each end of the ward and is used to promote communication between staff and to support discharge planning. The following information is included for each patient:

- Allocated nurse
- Patient name/age
- Bed number
- Unit/doctor
- Length of stay
- Diet code
- Contact precautions
- Internal referrals
- Discharge destination
- Expected discharge date (EDD)
- Waiting for what
- Notes

5.4 Team Meetings

MDT meetings are held for complex patients that need coordination of their inpatient care, and also planning for discharge. MDT meetings currently happen on an adhoc basis as the need arises.

Fortnightly ward meetings are held for nursing staff for the exchange of information and to discuss any issues in relation to the delivery of patient care.

5.5 Responding to the Deteriorating Patient

Recognition and management of the deteriorating paediatric inpatient is supported by the Recognition and Management of the Deteriorating Paediatric Patient Procedure. Response team members for paediatric inpatients are outlined in Table 10.

PAEDIATRIC MET RESPONSE TEAM	PAEDIATRIC CODE BLUE RESPONSE TEAM
• Home Unit (HMO, Registrar &/or Consultant) • Paediatric Senior Registrar • ED Paediatric PG Critical Care Nurse 24/7 • PSA attendance	• T/L Paediatric Senior Registrar • JK Anaesthetic Registrar • ED Paediatric PG Critical Care Nurse 24/7 • PSA attendance
ADDITIONAL STAFF NOTIFIED	**ADDITIONAL STAFF NOTIFIED**
• JK After Hours Coordinator • ED Paediatric Registrar and/or Consultant * Retrieval including Paediatric MET – non inpatient areas and visitors (children)	• Home Unit(HMO, Registrar &/or Consultant) • Paediatric Consultant • JK After Hours Coordinator • ED Paediatric Registrar and/or Consultant * Retrieval including Paediatric Code Blue –non inpatient areas and visitors (children)

Table 10: Paediatric MET and code response teams

The Paediatric Code Blue Procedure (under review) outlines the specific criteria and required action/s for any medical deterioration/emergency that requires an immediate medical response.

5.6 Clinical Support Services

5.6.1 Allied Health

On admission to the ward, nursing and/or medical staff will identify if a referral to allied health is indicated and will complete referrals accordingly. Indication for referral to allied health may also be identified at any stage throughout the patient's admission by medical, nursing or by other allied health disciplines.

Referrals to allied health are made via the EMR and, at a minimum, should state the reason for referral, anticipated discharge date and discharge destination. Allied health staff aim to respond to all inpatient referrals within 24 hours of receipt of referral within the limits of a Monday to Friday service. Please refer to the Inpatient Referral to Allied Health Procedure for further details.

An Allied Health Flow and Interdisciplinary Referral Management (AHFIRM) Lead is allocated to the Children's Ward and will receive a daily handover from the NIC in regard to any allied health referrals or issues. The AHFIRM lead will attend the ward prior to 10:00 Monday to Friday and aims to enhance allied health ward based leadership through communication and assisting in the areas of access and flow.

Allied health services are available 08:00 – 16:30 Monday to Friday, with limited physiotherapy service availability on weekends. Table11 outlines the allied health services available for patients on the Children's Ward, including indications for referral and contact details.

Discipline	Service Description	Indications for Referral	Contact
Audiology	Assessment and management of patients presenting with hearing issues or risk factors for hearing loss.	• Parental concern regarding hearing • Pre-operative assessment. • Post-operative assessment • Meningitis/encephalitis • Ototoxic medications • Skull fracture • Acute ear disease • Congenital abnormality of head/neck • Syndromes associated with hearing loss.	Ext 51613
Nutrition and Dietetics	Assessment, management and education of patients requiring enteral nutrition, patients with Failure To Thrive, food allergies and intolerances that require Dietitian review, weight loss management or information on general healthy eating	• Patient requires enteral nutrition or is being discharged on the Home Enteral Nutrition (HEN) program. • Failure to Thrive • Poor oral intake requiring nutritional supplements. • Patient has newly diagnosed food allergies or intolerances and requires dietitian review	Pager 409/836/802

Discipline	Service Description	Indications for Referral	Contact
Occupational Therapy	Assessment and management of patients presenting with musculoskeletal/orthopaedic issues, particularly regarding discharge planning.	• Assessment or intervention required to enable safe discharge home such as equipment prescription post orthopaedic surgery/injury • Patients requiring intervention to optimise independence in functional tasks	Pager 469
Pastoral Care	Pastoral Care is concerned with the well-being of the human spirit. Pastoral Care staff offer confidential emotional and spiritual support during times of change and challenge that is sensitive to and respectful of each person's individual needs (including all faith traditions, or none).	• Emotional and spiritual support for patients, relatives and carers, especially around fear, anxiety and emotional and existential crises. • Provision of non-religious and/or traditional blessings if/when required • For referrals/links to external faith communities or representatives when necessary	Ext.51307
Physiotherapy	Assessment and management of Paediatric patients presenting with mobility, neurological, developmental and musculoskeletal/orthopaedic issues.	• Mobility assessment and facilitation for discharging patients post orthopaedic surgery/injury. • Neonates, infants and children with positioning/postural, developmental, neurological or orthopaedic concerns.	Ortho: Pager 766/393 Neuro: Pager 768/852
Psychology	Assessment and management of child's presenting problems during inpatient care. Service may include support/advice to parents and support to ward staff regarding discharge planning. Limited Clinical Psychology services are provided on a case-by-case basis to patients on the Children's Ward	• Adjustment • Pain • Anxiety • Behavioural issues • Emotional wellbeing and personal safety • Adolescent Mental Health matters relating to Family Violence and vulnerable children	Pager 539

Discipline	Service Description	Indications for Referral	Contact
Social Work	Provide a range of services through statutory therapeutic, welfare and education interventions. A Psychosocial Assessment of patients' needs is completed during hospitalisation; this includes identification of immediate needs, Child at Risk and family violence assessments and safety planning. Social workers actively risk screen children with the purpose of identifying children at risk and providing early interventions to ensure the safety and wellbeing of children. Assessment of the psychosocial needs of patients in relation to their hospitalisation, chronic/acute healthcare needs, discharge planning, adjustment, crisis and bereavement counselling.	• All Children under 2 years old • DHHS CP involvement • Family Violence • Non Accidental injury • Multiple presentations to ED and Admissions to Hospital • Emotional support with adjustment to illness and diagnosis. • Isolation • Infant-parent relationship concerns (bonding and attachment) • Unattended minors, parents absent from ward • Adolescent sexual health • Grief and loss support • Discharge planning • Refugee families	Pager 395 Duty Pager 401 Mob:0466531855

Table 11: Allied Health services available on the Children's Ward

5.6.2 Medical Imaging

Medical Imaging modalities located within the JKWC to support the Children's Ward include a general x-ray room, located on the Ground Floor, and ultrasound rooms, located on Level One. In addition, there is a mobile x-ray machine located on Level 5, in the Newborn Services Unit. All other medical imaging modalities are located within the main SH medical imaging department, located on the Ground Floor of Building A.

A 24-hour emergency medical imaging service is available for all paediatric inpatients on the Children's Ward.

The process for orthopaedic inpatients requiring an early morning x-ray prior to discharge is:

- 07:30 – Radiographer will commence work in JKWC
- Radiographer will access EMR worklist x-ray requests for Children's Ward discharge patients and will phone the ward by 07:40 to confirm the number of patients requiring an x-ray
- Children's Ward CSRN will escort the patients to JKWC medical imaging department and wait until the x-ray/s is completed to escort the child back to the Children's Ward

The Medical Imaging Patient Transport and ISBAR Nursing Handover Tool must be completed by the ward nursing staff prior to the patient being transported to Medical Imaging. The ward nurse will be required to remain with the patient until the x-ray or ultrasound is completed.

5.6.3 Pathology

There are twice daily routine pathology blood collection rounds on the Children's Ward each weekday. These rounds occur around 10:00 for the morning round and 14:00 for the afternoon round.

All urgent bloods outside hours are collected by the ward nursing or medical staff and are sent to the pathology laboratory via pneumatic tube, pathology samples such as CSF or any samples in formalin are not to be sent by the Pneumatic tube but delivered to pathology in the usual manner. Urgent blood gases may also be processed in the blood gas analyser in Newborn Services. For information regarding the ordering of pathology tests refer to the Pathology Quick Reference Guide.

5.6.4 Pharmacy

Pharmacy provides dispensing and clinical pharmacy services to inpatients on the Children's Ward. Blanket referrals for a Clinical Pharmacist review exist for all patients on the ward and the pharmacist will review all discharge scripts and patient drug charts.

Referrals to pharmacy are made in accordance with the Pharmacy Services and Referral to Clinical Pharmacist Procedure. Clinical Pharmacists aim to review all patients on the ward including discharges and drug chart reviews. The clinical ward pharmacist can be contacted via pager 897 for queries regarding medicine especially sourcing nonstandard/urgent medication requests.

Pharmacists also collaborate to support the development of policies, procedures, guidelines and processes applicable to paediatric services. If a policy, procedure or guideline mentions medication, pharmacy is a mandatory stakeholder.

Pharmacy technicians are responsible for restocking ward imprest items on a weekly basis in the ward medication room. Outside of dedicated restocking times, a pharmacy requisition form is to be completed by ward nursing staff for any imprest medications, or drugs which are not available. The pharmacy requisition form is then faxed to pharmacy on 52055. All other non imprest medications can be ordered via the EMR.

Discharge prescriptions are generated from the EMR, and are printed and signed by the treating medical team. The ward pharmacist clinically reviews the script and facilitates the dispensing process. The ward pharmacist supplies the medications and provides education to the patient and their family in relation to the medications prior to discharge.

On weekends and public holidays, all discharge prescriptions and requisitions should be sent to and collected from the main SH Pharmacy, via the pneumatic tube if applicable. Discharge prescriptions and imprest medication requests can also be faxed down to the main SH Pharmacy on ext. 51532.

The after-hours drug cupboard is located adjacent to the main SH Pharmacy on the Ground Floor of Building B+ and is accessed by the AHA. If the required drug is unavailable in the after-hours drug cupboard and the drug cannot wait until the regular pharmacy hours to be obtained, the AHA will contact the on-call pharmacist.

The satellite pharmacy, situated on the Ground Floor of the JKWC, provides clinical pharmacy services to the Children's Ward as detailed in Table 12. The satellite pharmacy is open from 08:15 to 17:00 Monday to Friday. It is closed on public holidays and weekends.

	JKWC SATELITTE PHARMACY	
Services	**Weekdays 0815 – 1700**	**Weekends/Public Holidays 0830 – 1230**
Clinical Ward Pharmacy	Yes	No Service Contact the Sunshine Hospital Pharmacy (Ground floor in the main building) on Ext #50015
Inpatient Supply	Yes	
Discharges Services	Yes	
Outpatient Dispensing	Yes	

Table 12: Clinical pharmacy services for the Children's Ward

5.6.5 Anaesthesia including Acute Pain Management Service(APMS)

Anaesthetics, including APMS, are available to review and provide education to children and their families using patient controlled analgesia (PCA), or for patients on the Children's Ward with other complex pain issues.

There is currently no dedicated paediatric pain management service. Inpatient referrals to Anaesthesia and Pain Medicine are made through completion of a 'Consult to Medical Specialty', selecting the 'Anaesthesia and Periop Med' service on the EMR.

Anaesthetic consult is available 24 hours, 7 days per week. The APMS registrar can be contacted on pager 848. The Pain Nurse can be contacted between 07:30-16:00 Monday to Friday on Extension 50187.

6. Non-Clinical Support Services

6.1.1 Food Services

A standalone pantry on the Children's Ward will support patient meal requirements for the ward. Ward Food Services Assistants (FSAs) order on a prescribed frequency stores required to support the ward, and these are delivered by the kitchen store person. All dishes, trays etc. are washed and maintained within the ward pantry. Meal ordering is undertaken by the ward FSA on tablets using the CBORD menu management system.

Patients are offered a selection of cold and hot meals for lunch and dinner from a range of 15-20 items.

The Children's Ward pantry is staffed by n FSA between 06:30 – 18:30 seven days per week.

	Weekday		Weekends	
	Shift Time	**Hrs**	**Shift Time**	**Hrs**
FSA	06:30 – 14:00	35	06:30 – 14:00	14
FSA	13:30 – 20:00	30	13:30 – 20:00	12
		41		**26**

Table 13: Children's Ward FSA shift times

The Diet Monitor is responsible for the following tasks:

- Electronically document patient's selection of meal just prior to meal times.
- Generate a meal ticket which is sent to FSA in the Children's ward pantry.

The FSA is responsible for the following tasks:

- Ordering and replenishing stores for the ward pantry
- Reheating, plating and delivery of meals
- Washing dishes and trays in the ward pantry

Meal periods for the Children's Ward are as follows:

- Breakfast: 07:00 – 08:30
- Lunch: 12:00 – 13:30
- Dinner: 17:00 – 18:30

Outside of the designated meal periods, a selection of frozen meals and sandwiches are available within the ward pantry and are provided by the FSA during their rostered hours and by ward nursing staff outside the FSA rostered hours.

In addition to the pantry, the beverage bay located in the patient lounge is available 24 hours per day, seven days per week for patients and their families to access hot and cold beverages and snacks.

6.1.2 Patient Services Assistant (PSA)

The Division of Health Support Services manages the environmental services workforce that supports the Children's Ward. This workforce includes cleaners and PSAs. The PSAs/Cleaners are available as per Table 14.

	Weekdays		Weekends	
	Shift Time	**Hrs**	**Shift Time**	**Hrs**
PSA	07:00 – 15:30	40	07:00 – 15:30	16
PSA	08:30 – 17:00	40	08:30 – 17:00	16
Cleaner	08:00 – 15:30	37.5	08:00 – 15:30	15

Table 14: Children's Ward PSA /Cleaner shift times

6.1.3 Ward Clerks

The Division of Health Support Services manages the clerical workforce (ward clerks) that supports the Children's Ward.

The ward clerk on the Children's Ward is available between 07:00 – 15:30 seven days per week, with a ward clerk shared between the Children's Ward and Newborn Services between 15:30 – 07:00 as per Table 15.

	Weekdays		Weekends	
	Shift Time	**Hrs**	**Shift Time**	**Hrs**
AM– Level 6	07:00 – 15:30	40	07:00 – 15:30	16
PM – Shared Level 5/6	15:30 – 22:30	32.5	15:30 – 22:30	13
NIGHT – Shared Level 5/6	22:30 – 0700	40	22:30 – 0700	16

Table 15: Ward clerk shift times Children's Ward

6.1.4 Language Services

Interpreters should be used for patients and their families whenever key information is being communicated or discussed. On-site interpreting services are provided by in-house interpreters between the hours of 08:30 – 17:00, Monday to Friday. Outside these hours, and for languages not provided by in-house interpreting services, external provider services (Language Loop) and telephone interpreting services (All Graduates Interpreting and Translation Services) can be used.

When face to face interpreter is essential out of hours, such as in an emergency, an interpreter can be requested through the same number as the telephone interpreting service.

The Language Services page on the WH Intranet provides details on how to book interpreting services both in and out of hours.

6.2 Transfers Out from the Children's Ward

If a child's condition deteriorates beyond the scope of care provided at WH, the child will be transferred to a tertiary centre for ongoing care, as outlined in Figure 2. Whilst awaiting transfer, if the child's condition deteriorates to the extent that ventilator support or cardiovascular support with inotropes is required, the child will be transferred to the SH ED to await retrieval by PIPER. All other patients will remain on Children's ward until PIPER arrives.

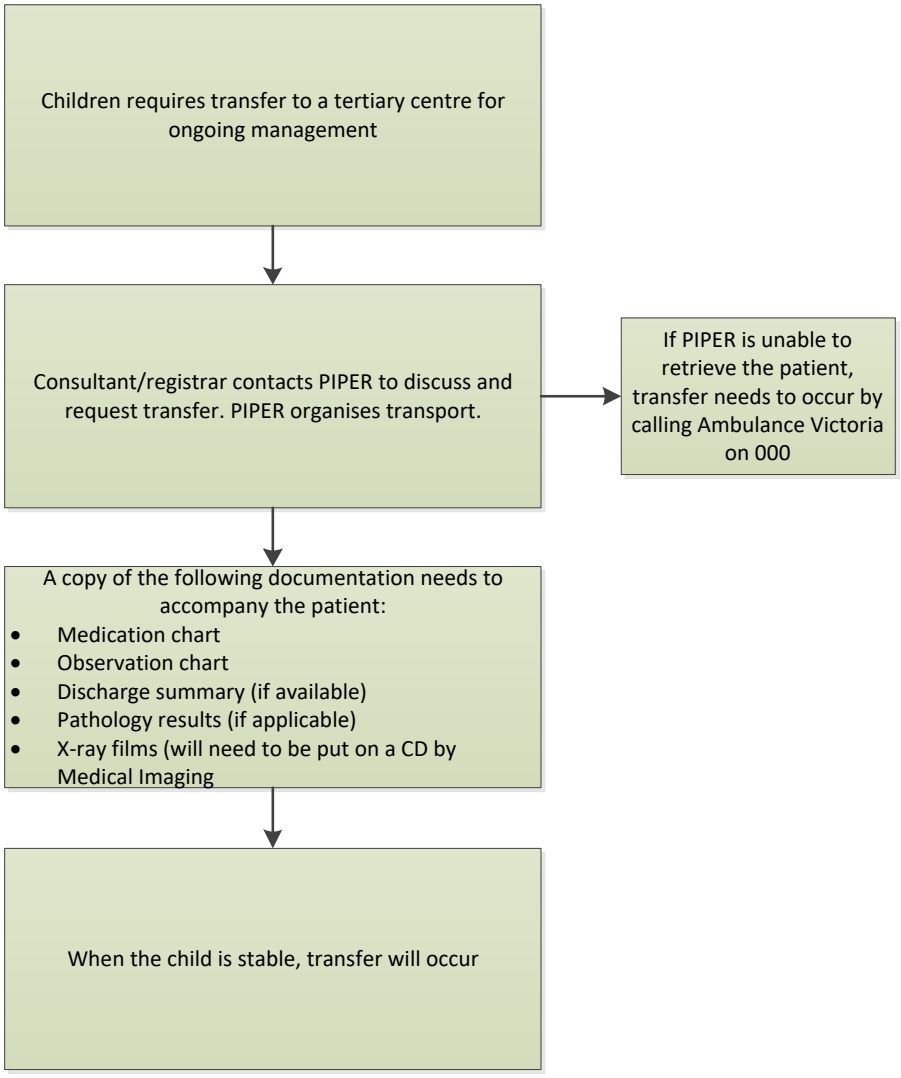


Figure 2: Children's Ward pathway for external transfers to a tertiary centre

7. Discharge

WH's Discharge Procedure outlines the guidelines for discharge of patients from WH, including criteria based discharges. Where psychosocial risk is identified, a collaborative MDT meeting will be required to identify and mitigate unsafe aspects to discharge. This may include external services such as DHHS Child Protection or Family Violence Specialist Services.

A routine, formal discharge planning process is implemented for each episode of care. The guiding consideration should be to minimise hospitalisation where possible and appropriate.

Discharge planning for elective surgery patients commences in clinics and continues through to the ward. Discharge planning for acute medical admissions commences in ED, and is a component of review by medical staff at any time of day. In more complex cases, an MDT approach is required.

Criteria Led Discharge (CLD) is in place for children with a number of commonly occurring presentations (asthma, bronchiolitis, croup, gastroenteritis). This criteria enables the primary nurse to discharge the patient without further medical review when criteria are met.

Once a patient has been deemed suitable for discharge, a discharge summary is generated from the EMR. Discharge education and information is provided and a discharge prescription is generated if required. Discharge investigations and follow-up are arranged as required.

Discharge can occur at any time of day, however consideration should be given to the wellbeing of the child and family when considering discharges overnight. Whilst where possible all children should be seen by a consultant, discharge of a suitable, non-complicated patient (such as using CLD) should not be delayed waiting for consultant review.

Patients who are identified to require a paediatric medical review within two weeks of discharge should be booked into the Paediatric Rapid Review Clinic in the Paediatric Specialist Clinics (referral and triage guideline for this clinic under development).

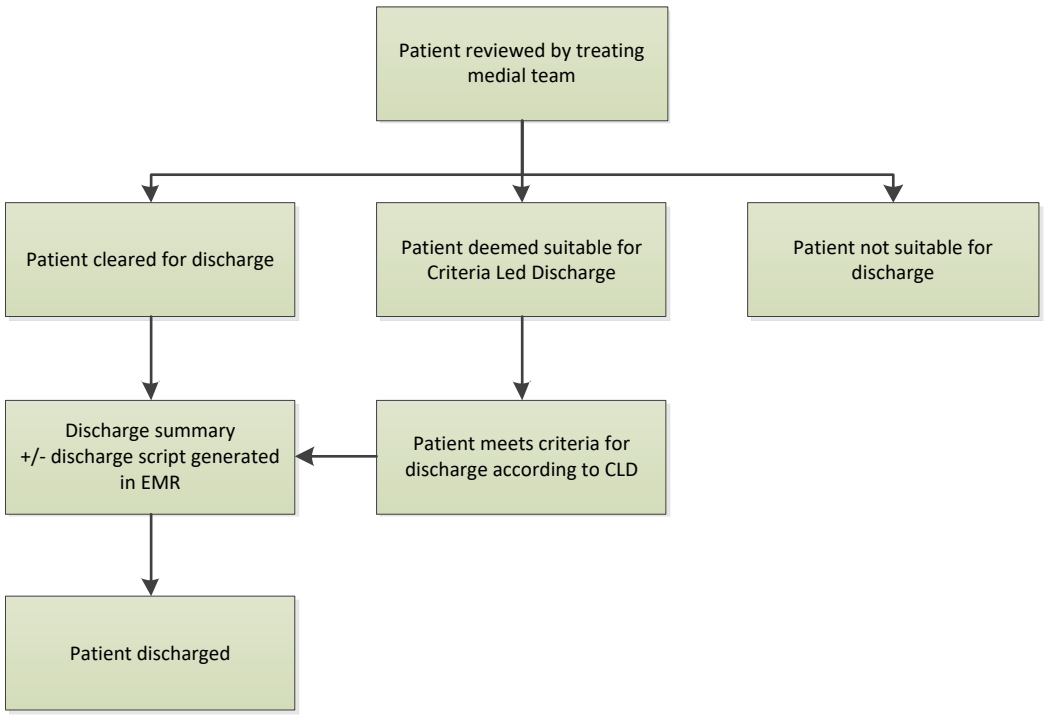


Figure 3: Discharge pathway from the Children's Ward

8. Follow-Up

In accordance with the WH Discharge Procedure, the discharge process must include arrangements for a follow-up appointment, in the Paediatric Specialist Clinics if required, or with an appropriate medical officer for example the patient's local GP. Table 16 outlines the available follow-up options available for children who have been discharged from the Children's Ward.

Service	Location	Description	Referral Process
Paediatric and Neonatal Specialist Clinics	JKWC, Ground Floor	Both medically & surgically managed patients may be referred to Specialist Clinics for review post-discharge.	BOSSnet
Paediatric Allied Health Clinics	JKWC, Ground Floor	Allied health offers outpatient consultation for certain conditions. Refer to the Paediatric and Neonatal Specialist Clinics & Paediatric Allied Health Operating Guideline, as well as specific paediatric allied health *Access and Referral Guidelines* (currently under development), for details on services provided and criteria for referral.	BOSSnet e-referral
Neonatal Hospital in the Home (HITH) RCH HITH (brokered service)	Home based service	HITH provides care in the home that would otherwise need to be given during a stay in hospital. HITH often provides an alternative to admission to hospital, or an opportunity for earlier transfer home, than would otherwise be possible. WH Neonatal HITH provides services for neonates only. All other patients from the Children's Ward who require HITH are to be referred to RCH HITH.	Initial referral via telephone. Consent form signed by patient and referral then completed in iPM. Paediatric services are brokered through RCH HITH Wallaby ward 93454770
Local GP	Various	Patients are encouraged to organise a follow-up appointment with their local GP following discharge from the ward.	Details included in GP discharge summary
External Hospital and Community Services	Various	Following discharge, referrals may be made to medical and allied health services either in specialist tertiary hospitals or in the community, including via the National Disability Insurance Scheme (NDIS)	Varies according to individual service. Referrals for NDIS can be made via the local area coordinator (Brotherhood of St Laurence) referral form online by professionals or carer. Refer to NDIS website for further details.

Table 16: Children's Ward post-discharge follow-up options

9. Infrastructure

9.1 Patient Care Environment

The Children's Ward is located on Level Six of the JKWC at SH. The ward has 32 bed capacity for inpatient overnight accommodation, 16 of which are single rooms and 8 of which are double rooms. There are two negative pressure isolation rooms, one bariatric room and one DDA room on the ward.

Each bed space is divided into three zones; the clinical zone, the patient zone and the parent/support zone. The parent/support zone has a dedicated day bed to enable one parent/guardian to stay overnight next to the child's bed. Parents/guardians who stay overnight will be managed as per the WH Visitor Management Guideline (under review).

The patient bedroom should be considered to be a safe place for the child; to ensure that this principle is maintained, any procedure/s which are required to be performed on the child, should be carried out in the ward treatment room away from the bedside. Patients, where possible, will be cohorted according to age and gender.

9.1.1 Clinical Treatment Areas

In addition to the patient rooms, the Children's Ward is supported by the following clinical treatment areas located on the ward:

- Activity room
- Play therapy room
- Treatment room

9.2 Non-Clinical Areas

The Children's Ward contains the following non-clinical support areas:

- Adolescent room
- Ronald McDonald multipurpose room
- Parent lounge/outdoor play area
- Bathroom
- Clean utility room
- Medication room
- Dirty utility room (x 2)
- Equipment storeroom
- Pantry

9.3 Staff Facilities

Staff working on the Children's Ward can access the Level Six staff lounge, lockers and toilets as required. These facilities are available via swipe card access.

Dedicated offices and shared office and workstation facilities are available for use by Children's Ward staff on Level Six. In addition, staff can access shared workstation facilities on Level Four, the Clinical Directorate.

10. Workforce

Clinical care on the Children's Ward is delivered by a multi-disciplinary workforce that is staffed from both within and external to the Division of W&C Services as listed in Table 17.

Discipline/s	Division/Directorate	Role/s
Nursing	W&C Services	• Nurse Unit Manager (NUM) • Associate Nurse Unit Managers (ANUM) • Clinical Practice Improvement Specialist (CPIS) • Paediatric Nurse Educator • Clinical Nurse Specialist (CNS) • Registered Nurse (RN) • Graduate Nurse (GNP) • Enrolled Nurse (EN)
Medical	W&C Services	• Head of Unit – Neonatology • Head of Unit – Paediatrics • Consultant – Neonatology • Consultant – Paediatrics • Registrar – Paediatrics/Neonatology • Paediatric HMO
Surgical	Perioperative & Critical Care Services	• Consultant – ENT • Consultant – General Surgery • Consultant – Orthopaedics • Consultant – Plastics • HMO & Registrar – ENT • HMO & Registrar – General Surgery • HMO & Registrar – Orthopaedics • HMO & Registrar – Plastics
Allied Health	Allied Health, Community Services & Service Planning	• Nutrition & Dietetics • Occupational Therapy • Pastoral Care • Physiotherapy • Psychology • Speech Pathology • Social Work • Linguistic service
Clinical Support	Clinical Support & Specialist Clinics	• Pharmacy

Table 17: Children's Ward multi-disciplinary staffing profile

10.1 Mandatory Competencies

All WH staff are required to undertake annual mandatory training, as outlined in the Mandatory Training Procedure. Table 18 outlines the mandatory competencies for staff working on the Children's Ward. In addition, nursing staff working on the Children's Ward will be required to undertake credentialing in the administration of nitrous oxide prior to use.

	Nursing	Senior Medical Staff	Registrars & HMOs	Allied Health
Fire and Emergency Procedures	✓	✓	✓	✓
General Manual Handling	✓	✓	✓	✓
Back 4 Life Patient Handling	✓	×	×	✓
Therapeutic Handling	-	-	-	✓*
Hand Hygiene	✓	✓	✓	✓
Aseptic and No Touch Technique (ANTT)	✓	✓	✓	×
Basic Life Support and Defibrillation (BLSD) or ALS	✓	✓	✓	✓
*Pediatric Life Support (desirable but currently not mandatory)	✓	✓	✓	×
Neonatal Life Support	×	✓	✓	×
Blood Components and Blood Transfusion Practice	✓	×	✓	×
Prevention and Management of Occupational Violence	✓	×	×	✓

Table 18: Mandatory competencies for clinical staff working on the Children's Ward

*Applies only to physiotherapy, occupational therapy and allied health assistant staff

11. Education and Training

11.1 Service-Based Nursing Education

The Children's Ward has dedicated clinical education staff to support the planning and delivery of education for ward nursing staff. Education sessions are planned on a weekly basis, and an education calendar is displayed on the ward notice board with time and date of the in-service to be provided

11.2 Medical Education

Western Health is a teaching facility and there is an expectation that the teaching of medical students, nursing staff, allied health staff and junior medical staff will be part of ward rounds and every day clinical work on the Children's ward. When able, verbal consent should be obtained from patients or family, particularly where physical examination is involved in the teaching process.

HMOs and registrars are employed on three to twelve month contracts and receive some education as part of the orientation process, in addition to participating in the generic hospital wide education program. There are weekly education sessions specific for HMOs and registrars covering neonates and general paediatrics, including tutorials, lectures, medical imaging meetings, case based discussions, multi-disciplinary bedside scenarios, and unit meetings.

11.3 Research

Clinical research is encouraged, either as a Paediatric Unit led initiative, or for medical students, paediatric trainees, and nursing staff as part of their training.

12. Policies, Procedures and Guidelines

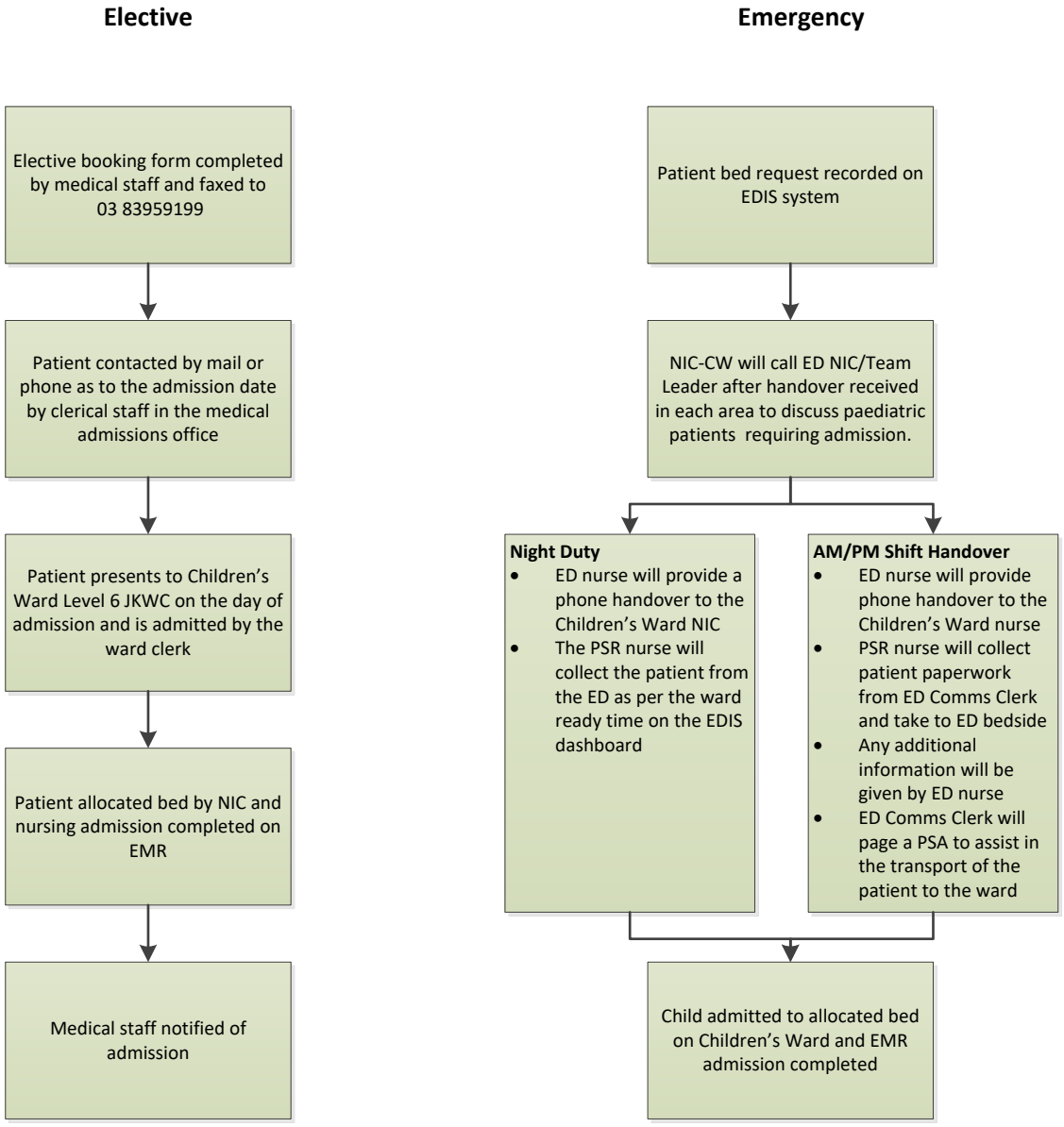
Table 19 lists the WH policies, procedures and guidelines (PPGs) that are pertinent to the Children's Ward.

Title	Policy, Procedure or Guideline
Paediatric (including Neonatal) Code Blue	Procedure
Paediatric Cardiopulmonary Resuscitation (Paediatric CPR)	Procedure
Buccal Midazolam for Children	Procedure
Diabetes Mellitus (Paediatric) Patients Aged <18 years on Insulin Therapy: Guidelines for Patients undergoing Elective or Emergency Surgery	Guideline
Gentamicin Administration in the Neonate and Child	Procedure
Palivizumab in Neonates and Infants	Procedure
Humidified High Flow Nasal Oxygen Delivery in Children	Procedure
Management of Percutaneously Inserted Central Venous Catheter (PICC) in Neonatal and Paediatric Patients	Procedure
Neonatal and Paediatric Oro/Nasogastric Tube Insertion and Management	Procedure
Paediatric Palliative Care	Guideline
Safe Sleeping for Babies	Guideline
Recognition and Management of the Deteriorating Paediatric Patient	Procedure
Victorian Children's Tool for Observation and Response Chart Guideline	Guideline
Admission and Transfer of Children	Procedure
Admission Criteria for Older Children and Teenagers with Type One Diabetes Mellitus(T1DM) and Insulin Dependent Type Two Diabetes Mellitus (T2DM)	Procedure
Nurse Initiated Paracetamol Loading Dose Before Elective Surgery	Procedure
Extravasation Injury Management - Paediatric Neonatal	Procedure
Working with Children	Procedure
Child Wellbeing and Safety-Reportable Conduct Scheme	Procedure
Paediatric Holter Monitor Management	Procedure
Paediatric Patients Discharged with Home Oxygen	Procedure
Anaesthetic inserted Paediatric Midline catheter	Procedure
Patient controlled Analgesia (PCA) and continuous Opioid Infusion for Paediatric Patients 10-50 kgs	Procedure
Gentamicin Administration in the Neonate and Child	Procedure
Aminophylline Administration in Children	Procedure
Adrenaline (Epinephrine) Administration for Adults Paediatrics and Neonates	Procedure
Administration of Sucrose as an Analgesic in Infants	Guideline

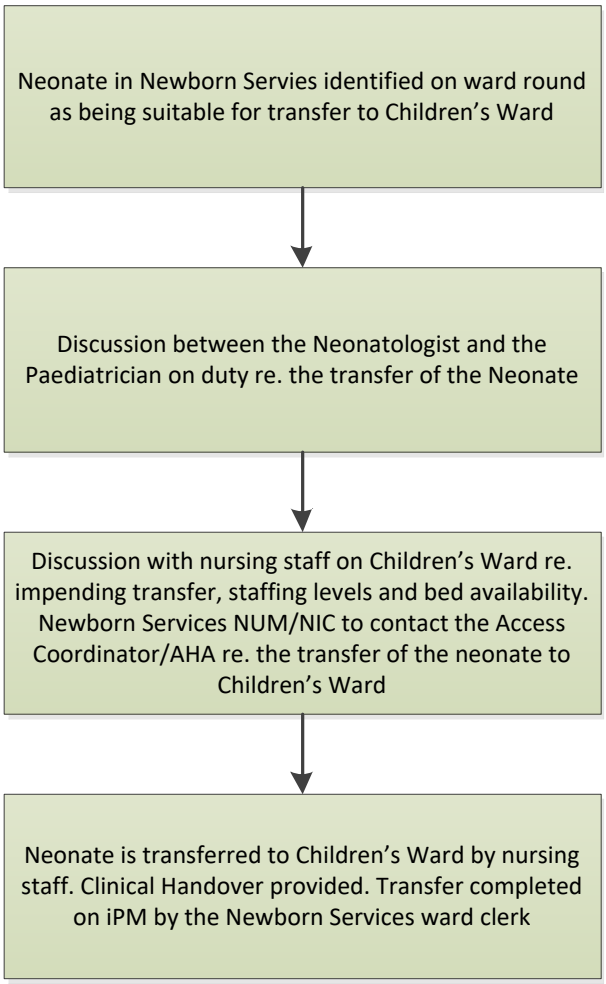
Table 19: Children's Ward PPGs

12 Appendix 1 – Patient Flow Diagrams

12.1 Paediatric Admission Pathway



12.2 Transfer of Inpatient Neonate to Children's Ward



13 Appendix 2 – Stakeholders Consulted

Stakeholder Name	Title	v1.0 Feedback	v2.0 Feedback
Adele Mollo	Divisional Director, W&C Services	Yes	Yes
Angus Campbell	Allied Health JKWC Project Officer	Yes	Yes
Brendan McCann	Paediatrician	Yes	Yes
Erin Casey	JKWC Operational Support Manager, W&C Services	Yes	Yes
Glyn Teale	Clinical Services Director, W&C Services	Yes	Yes
Greg Woodhead	Neonatologist	No	No
Jacquie Whitelaw	Education Manager Newborn Services JKWC Project Officer	Yes	Yes
Julia Firth	Operations Manager, Medical Imaging & Pathology Contract	No	No
Kath MacDonald	Chief Radiographer, Sunshine Hospital	Yes	Yes
Lindsay Shaw	NUM Children's Ward	Yes	Yes
Maree Comeadow	Operations Manager, Gynaecology, Paediatrics & Neonates	Yes	Yes
Martin Wright	Head of Unit Paediatrics	Yes	Yes
Melissa Dodsworth	NUM Newborn Services	Yes	Yes
Penny Kee	Neonatologist	No	No
Phuong Nguyen	Pharmacy JKWC Project Officer	Yes	Yes
Rosalynn Pszczola	Neonatologist	Yes	Yes
Thao Lu	Neonatologist	No	No
Tim Henderson	JKWC Logistics Support Manager, Health Support Services	Yes	Yes
Wendy Watson	Director of Nursing & Midwifery, Sunshine Hospital	Yes	Yes