Patients Requiring Additional Supervision: Assessing the need for Specialling JHCH 4.3

Sites where Clinical Guideline applies
This Clinical Guideline applies to:
1. Adults
   No
2. Children up to 16 years
   Yes
3. Neonates – less than 29 days
   No

Target audience
All staff who provide clinical care to children within JHCH

Description
The principles of this guideline are applicable to all child/adolescent patients in JHCH

Document registration number
JHCH 4.3

Replaces existing document?
No

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:
- NSW Health Policy Directive PD2014_036 Clinical Procedure Safety
- NSW Health Policy PD 2005_406 Consent to Medical Treatment
- NSW Health Policy Directive PD 2007_036 Infection Control Policy
- NSW Health Policy Directive PD2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals
- NSW Health Policy Directive PD2009_060 Clinical Handover – standard key principles
- HNE Health Policy Compliance Procedure PD2009_060: PCP1 Clinical handover
- NSW Health Policy Directive 2013_049 Recognition and management of a Patient who is Clinically Deteriorating

Position responsible for Clinical Guideline Governance and authorised by
Pat Marks, CYPFS General Manager / DON Nursing

Clinical Guideline contact officer
Lynn Walker

Contact details
Lynn.Walker@hnehealth.nsw.gov.au

Date authorised
28th April 2016

Issue date
28th April 2016

Review date
April 2019

Version Number 1 April 2016
Patients Requiring Additional Supervision: Assessing the need for Specialling JHCH 4.3

Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: http://ppg.hne.health.nsw.gov.au/

ABBREVIATIONS & GLOSSARY

<table>
<thead>
<tr>
<th>Acronym or Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special / Specialling</td>
<td>*An appropriately skilled nurse providing exclusive care to one person. The Individual Patient Special, as part of the multidisciplinary team, assesses the clinical and care needs of the patient, minimises the risk of harm to the patient and others, provides early notification of adverse events and provides person-centred approaches to care.*¹</td>
</tr>
<tr>
<td>Cohort specialling</td>
<td><em>Applies to the practice of grouping patients with similar care needs together in one area.</em></td>
</tr>
</tbody>
</table>

JHCH would like to acknowledge that this guideline has been written based on the District adult document: Patients requiring additional supervisions: Assessing the need for specialling by Viki Brummell, Network Manager, Aged Care & Rehabilitation Services Clinical Network.

Scope:
This guideline is applicable to patients 0-18 years within JHCH requiring a special, including (but not limited to):

- The need for complex nursing care for acute/deteriorating medical conditions
- Significant risk of harm to self or others and are medically unstable
- The potential for absconding
- The child/adolescent with increased agitation and confusion and a high risk of falls
- The child/adolescent who is acutely psychiatrically unwell and medically unstable

The following are outside the scope of this document:

- ED
- Intensive Care Units
- Mental Health Units
- Adult wards
- Co-location of patient at risk (staff providing care to more than one patient is not individual patient specialling).

RISK STATEMENT

This guideline has been developed to provide direction to nursing staff to ensure that individual patient specials are only used for those patients whose care or management cannot be met by any other means. The risk to not using / following this guideline may mean that individual patient specials are not used appropriately.

**RISK CATEGORY:** Clinical Care & Patient Safety
OUTCOMES

1. Child/adolescent patients who require a special are appropriately identified and assessed by the multidisciplinary team (e.g.: Medical, Nursing and where available/appropriate specialist teams) in a timely and consistent manner.

2. The skill set of the nurse/midwife providing the special is appropriate to the individual needs of the patient.

3. The specialling of a patient is regularly reviewed ensuring that any changes to the requirement for an individual patient special are timely and clinically indicated.

It is mandatory for staff to follow relevant: “Five moments of hand hygiene”, infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: Hand hygiene Acknowledge, Introduce, Duration, Explanation, Thank you or closing comment.

GUIDELINE SUMMARY

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient. This document establishes best practice for Hunter New England Local Health District. While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within the guideline, or for measuring consistent variance in practice.

Overarching principles for the use of Individual Patient Specials (IPS)

The use of an individual patient special should only be used after all other management/supportive strategies have been implemented and deemed not sufficient.

Nurses are to use available HNE LHD Guidelines and Procedures to direct care and implement management strategies that will assist in minimising the need for use of an individual patient special.

There are options other than the use of a special for patients who require increased observation and care, such as a nurse providing care for a cohort of 2, 3 or 4 patients in one room/area. This would be a suitable option for child/adolescent patients who have higher care needs but don’t require one-on-one specialling.

In some instances family / carers and/or volunteers can be utilised to assist with the provision of diversional activities as a valuable adjunct to the bedside clinician in the delivery of care.

Child/adolescent patients who are admitted to JHCH may require one-to-one nursing care (specialling) for a variety of reasons. Patient who require specialling may be ‘at risk’ of further clinical deterioration in their condition or adverse events that cannot be met by other management scenarios. Instances where specials may be required include (not an exhaustive list and in no particular order):

- Acute and/or deteriorating medical condition (may include airway management, Bipap or similar, cardiac monitoring, frequent/continuous haemodynamic monitoring, altered level of consciousness, alcohol or drug withdrawal, acute confusional state/delirium, medication infusion, sepsis, psychosis)

- Behavioural conditions (agitation, aggression, risk of absconding, disinhibited behaviour, confusion/disorientation, intruding or impacting on care of others)

- Safety issues/concerns (risk of self-harm, risk of harm to others, high risk of falls).
Identification of need for special

The need for a patient special is identified as a result of consultation between the medical team, nurse manager and nursing staff. The ‘Request for Use of Individual Patient Special’ is to be completed – see Appendix 4.

Care being provided by an individual patient special for child/adolescent patients who have a cognitive impairment and associated behaviours, is to be therapeutic in nature and provide meaningful interactions.

Prior to, or as soon as possible following utilisation of a special, the child/adolescent patient must undergo a comprehensive medical and nursing clinical assessment to determine the underlying cause of their condition and/or behaviours. Requirement for frequency of increased clinical observations will be taken into consideration when identifying a need for a special. There should be evidence that all supportive measures have been implemented and deemed not sufficient to support the need of an individual patient special.

Child/adolescent patients that are acutely deteriorating (such as those awaiting transfer to ICU) may require a special prior to transfer.

Identification of appropriate skill set

The key focus for the individual patient special is to not only observe the patient, but also to provide appropriate clinical care and treatment according to the patient’s needs. When a nurse is providing a special for a child/adolescent patient who is acutely unwell and requiring complex nursing care, the nurse should have the skills and knowledge appropriate to the individual needs of the patient. This includes an understanding of the child/adolescent patient’s individual management / care plan with specific reference to:

- Physical needs
- Mental health needs
- Risk factors
- Indicators for deterioration both medically and psychologically and associated interventions
- Level of observation required.

Note: All child/adolescent patients being specialled should have a comprehensive management plan documented in the medical record detailing the above factors.

Education Framework

Ideally, the nurse providing the special should have the necessary skills and experience based on the needs of individual patient. The learning opportunities listed below are available to nursing/midwifery staff to support them in the provision of 1:1 nursing care.

<table>
<thead>
<tr>
<th>Acute/deteriorating medical condition</th>
<th>Behavioural conditions</th>
<th>Safety issues / concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Between the Flags Tier Two Education: DETECT junior*®</td>
<td>• Paediatric Mental Health risk assessment</td>
<td>• HEEADSSS – Get the Conversation Started</td>
</tr>
<tr>
<td>• Clinical Handover®</td>
<td></td>
<td>• Violence prevention and minimisation – awareness*</td>
</tr>
<tr>
<td>• Resus for Kids</td>
<td></td>
<td>• Violence prevention and minimisation – legal and ethical issues*</td>
</tr>
<tr>
<td>• Blood Safe</td>
<td></td>
<td>• Communicating with</td>
</tr>
</tbody>
</table>
Principles of Care

The care provided to a child/adolescent patient requiring a special should be therapeutic in nature, especially those patients requiring a special for changes to cognition (including acute confused state/delirium and those at risk of self-harm or falls). The supportive measures instigated prior to the implementation of a special should be continued. The use of diversional therapies to engage and stimulate the person is vital. The special must do more than just ‘observe’ the person. Strategies to prevent functional decline should be included in care strategies as well the promotion of normal sleep/wake cycles.

Ideally, the special should have access to a range of diversional activities which are age appropriate. If the special is required over a number of shifts, diversional activities should be included as part of the bedside clinical handover. For advice and support regarding suitable diversional activities please consult Child Life Therapist JHCH.

Roles and Responsibilities

Medical team: Upon the request for use of patient special, a medical review is required to be undertaken to direct and plan care. A medical review is required every 24 hours at a minimum (may be more often for acute deteriorating medical conditions) while the child/adolescent patient requires an individual patient special. This review is supported by a nurse review for requirements of specialling by nursing staff on every shift.

Nurse Manager/In charge of shift: Provide consideration of the needs of the patient and the nursing skill-mix and clinical competencies required when selecting staff members to undertake specialling. If a nurse with the appropriate skill set is not available, there should be escalation to the Senior Nurse Manager/Co Director Manager. The medical officer is to be kept informed. In most instances, the Nurse Unit Manager/In-charge will be responsible for coordinating and rostering of the special and should ensure the appropriateness of the nurse to the patient they will be specialling. Consideration should be given to the need for a special of a particular gender, culture or social background.

Registered Nurse: Supervise and support the specialling staff member during the shift. The overarching responsibility for the patient requiring the special remains with the RN who is accountable for the care of the child/adolescent during the shift.

The RN is to:
- ascertain the capabilities and scope of practice of the Individual Patient Specials IPS. In hours report updates and changes to NUM. After hours report to the JHCH on call Executive.
- ensure the nurse who is providing the special is relieved for breaks. Given the intensive nature of specialling, the need for more frequent breaks must be considered and provided where necessary.
- ensure that the special has assistance from other members of the nursing team to assist with care and monitor condition as required.
- ensure the family / carer are informed of current treatment and involved in care where appropriate.
- provide a thorough clinical handover at change of shift.
- attend, oversee or assist with contemporaneous documentation (see PD2012_069 Health Care Records)
• determine, in consultation with the special individual patient special the need for continuation of the special before the end of each shift. The ‘Request for Use of Individual Patient Special’ (reverse page) is to be completed– see Appendix 4.

**Nurse providing special:** provide care that is appropriate to clinical needs of the child/adolescent and where required should be therapeutic in nature and provide meaningful interactions (see section *Principles of Care*). The nurse providing the special will:

- use HAIDET communication
- receive a thorough clinical handover and deliver care outlined in the care plan that is within their scope of practice
- undertake regular (at least hourly) assessments and observations, including continuation of *Hourly Rounding*. The type and frequency of assessments/observations undertaken will depend on the nature of the condition requiring the special escalate any change in condition / behaviour to the RN/ In-Charge/NUM medical officer
- remain with the patient and only leave the room once another staff member takes over care or as directed by the supervising RN/ In-Charge /NUM
- provide/assist the child/adolescent patient with all care needs, including ADLs as required. Include strategies to prevent functional decline into care routines
- provide a verbal clinical handover at the completion of the shift including signs of escalating behaviours and management strategies for same
- provide written contemporaneous notes in the patient health care record *(see PD2012_069 Health Care Records)*
- ensure the family / carer are informed of current treatment and involved in care where appropriate

**Nurse Manager/Co Manager Director JHCH:** Approval of the request for an individual patient special is the responsibility of a Senior Nurse Manager. The hospital executive (or delegate) is to review the need for the individual patient special at least daily if not every shift, and can decide to remove the individual patient special if clinically appropriate following consultation with the treating team. The Nurse Unit manager will have ultimate responsibility for providing a special with the appropriate skills, knowledge and experience to care for the patient at risk. If the patient’s acute care needs are not able to be met, the Nurse Unit Manager should follow escalation processes.

**Discontinuing a special**

In order to determine if the need for continuation of special exists, there should be consultation between the medical team, the nurse providing the special, the registered nurse and the NUM -. This should occur at least once per shift.

If it is determined that the individual patient special is no longer required, the rationale for this is to be clearly documented within the patient’s health care record.

In determining the ongoing need for an individual patient special, a review of the patients past care requirements is to be undertaken. Individual patient specialling can occur over a 24 hour period, during the day or overnight only. If the above determination is made, the rationale for this decision is also to be clearly documented within the patient’s health care record.

If the Nurse in Charge is unsure in determining the need for ongoing specialling, Senior Nurse Manager Co director Manager JHCH will assist in the decision making process. After hours the JHCH Executive on call can be contacted to assist in the decision making process.

**Resources/Assessment tools**

The following table provides a guide to the types of assessment tools that may be utilised according the clinical needs of the patient. A ‘resource pack’ containing a copy of each of the tools below should ideally be provided to the special at the commencement of the specialling period according to clinical need for the use of the special.
<table>
<thead>
<tr>
<th>Acute/deteriorating medical condition</th>
<th>Behavioural conditions</th>
<th>Safety issues / concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GNS – JHH, JHCH and BH Recognition of the deteriorating paediatric patient. (Document number JHCH 3.19)</td>
<td>• Mental Health Risk Assessment (SMR025010) NH60090</td>
<td>• Falls assessment</td>
</tr>
<tr>
<td>• Minimum Standards of Care for the Multidisciplinary Management of the Child, Young Person and their Families</td>
<td>• Children and Adolescents with Mental Health Problems Requiring Inpatient Care (PD 2011_016)</td>
<td>• Glamorgan scale</td>
</tr>
<tr>
<td>•</td>
<td>• Paediatric behaviour Management for the agitated/aggressive patient (HNELHD CG 15_39)</td>
<td></td>
</tr>
</tbody>
</table>

**IMPLEMENTATION PLAN**

This Guideline will be distributed JHCH executive team.

**IMPLEMENTATION PLAN**

1. Awareness of this Guideline and Procedure will be promoted through the CE Newsletter.
2. This Guideline and Procedure will be communicated via email to the Managers of Children, Young People and Families tabled at the relevant Clinical Quality Committee and ward / team meetings at each of these facilities.
3. The list of new and revised Clinical Guidelines, Policy Directives and PCPs are posted on the Policy, Procedure and Guideline Directory.
4. Incidents are to be reported using the IIMS (Incident Information Management system)

**EVALUATION**

Evaluation of the effectiveness of the Guideline will be undertaken at a local level and will include the following on a yearly basis. The results of these audits will be tabled at the JHCH Clinical Quality and Patient Care Committee, with an action plan when required.

- Measure use of specials and cost of using a special. If any issues identified a review of medical record and IMMs data to be identified.

**APPENDICES**

1: Use of Special – Decision Making Framework
2: Appendix 2 – Clinical Audit Tool
3: Medical Record Audit Tool
4: Request for Use of Individual Patient Special
REFERENCES

- NSQHS Standard 1 Governance for Safety and Quality in Health Service Organisations
- NSQHS Standard 10 Preventing Falls and Harm from Falls
- Australian Commission on Safety and Quality in Health Care: A Better Way to Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital
- NSW Health Management of Patients with Acute Severe Behavioural Disturbance in the Emergency Department GL2015_007
- NSW Agency for Clinical Innovation Key Principles of Individual Patient Specials in Hospitals
- GNAH Enhanced Observation for Adults and Young People with Identified Mental Health Needs GNAH_0039
- GNAH Models of Care for Patients Requiring Additional Supervision / Care GNAH_0038
- GNAH Enhanced Observation: Aggressive Patient Management GNAH_0379
- NSW Health PD2009_060: Clinical Handover – Standard Key Principles
- Clinical Handover- Shift Handover PD2009_060:PCP 2
- Applying Nursing Scope of Practice HNELHD Guideline 14_07
- Applying Midwifery Scope of Practice HNELHD Guideline 14_08

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.
Decision making framework

Use of Individual Patient Specials for Children/Adolescents 0-18 years

Need for additional patient supervision identified

Acute / deteriorating medical condition
- Airway management
- Cardiac monitoring
- Haemodynamic monitoring
- Altered level of consciousness
- Overdose
- Delirium/acute confusional state
- Medication infusion

Behavioural conditions / cognitive impairment
- Agitation
- Aggression
- Risk of absconding
- Disinhibited behaviour
- Intruding or impacting on care of others

Safety issues / concerns
- Risk of self-harm
- Risk of harm to others
- High risk of falls
- Risk of absconding
- Treatment compliance

Supportive measures implemented
- Consider physical location of patient
- Provide a quiet environment with reduced stimulation
- Communicate in a calm manner, short sentences with one step commands
- Distraction or diversional therapy
- Normal sleep / wake patterns encouraged and supported
- Exercise encouraged and supervised (where medically possible)
- Family/carers involved in care (consider staying with child/adolescent)
- Assessment and management of pain
- Referral for child life therapy support

Yes:
Continue use of supportive measures and monitor.

No:
Supportive strategies not effective - medical condition deteriorating

Need for Individual Patient Special identified:
- Review by medical officer, NUM, Co-Manager Director (where appropriate)
- Complete Patient Special request form
- Identify designation of staff required to provide special
- Use age appropriate SPOC chart. Document thoroughly in the patient’s medical record
- Medical / nursing review for ongoing use of special required each shift
- Order / request form for continued use to be completed every shift and a new request every 24 hours
- Continue use of supportive measures
Appendix 2 – Clinical Audit Tool

(National Standard 1: 1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored)

<table>
<thead>
<tr>
<th>Criterion no.</th>
<th>Criterion</th>
<th>Exceptions</th>
<th>Definition of terms and/or general guidance</th>
<th>Data source</th>
<th>Frequency</th>
<th>Position Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Measure use of specials and cost of using a special.</td>
<td>$%$</td>
<td>Special 1339-213... 13:30 13:30 22:00 8.00</td>
<td>Proact Practise Analysis Report or Local process</td>
<td>Monthly</td>
<td>NUM</td>
</tr>
</tbody>
</table>

## Appendix 3 - JHCH use of Individual Patient Special – Medical Record Audit Tool

<table>
<thead>
<tr>
<th>Date of Audit</th>
<th>Name of Person Conducting Audit</th>
<th>Unit Audited</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MRN</th>
<th>Sub- acute</th>
<th>Acute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time Individual Patient Special commenced</td>
<td>Date/Time Individual Patient Special discontinued</td>
<td></td>
</tr>
<tr>
<td>Was the request form completed</td>
<td>Was there documentation that all supportive measures had been tried and failed in the medical record?</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Was a new request form completed every 24hours if required?</td>
<td>Was there documentation of the care need not met by current staffing level /skill mix at the time of the request?</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Was the clinical reason for the request indicated?</td>
<td>Was the skill set required identified?</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Acute/deteriorating medical condition</td>
<td>Was the identified skill set provided?</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>• Airway management</td>
<td>Was there evidence that a medical review had taken place prior to the request for an Individual Patient Special?</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
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<tr>
<td>• Cardiac monitoring</td>
<td>Was there evidence that the need for ongoing use of a special was undertaken each shift?</td>
<td></td>
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<tr>
<td>☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>• Haemodynamic monitoring</td>
<td>Was continuation of a special required due to unavailability of a specialised bed (for example no bed a mental health unit available)</td>
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<tr>
<td>☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
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<tr>
<td>• Altered level of consciousness</td>
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<td>• ☐</td>
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<tr>
<td>• Medication management</td>
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<td></td>
</tr>
<tr>
<td>Behavioural / cognitive impairment</td>
<td></td>
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<td>☐</td>
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<tr>
<td>• Agitation</td>
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<tr>
<td>• Aggression</td>
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<tr>
<td>• Risk of absconding</td>
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<td>☐</td>
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<tr>
<td>• Disinhibited behaviour</td>
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<tr>
<td>• Intruding/impacting on care of other</td>
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<td></td>
</tr>
<tr>
<td>Safety issues / concerns</td>
<td></td>
<td></td>
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<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Risk of self-harm</td>
<td></td>
<td></td>
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<tr>
<td>☐</td>
<td></td>
<td></td>
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<tr>
<td>• Risk of harm to others</td>
<td></td>
<td></td>
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<td>☐</td>
<td></td>
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<tr>
<td>• High risk of falls</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>• Risk of absconding</td>
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</tr>
</tbody>
</table>
John Hunter Childrens Hospital
Request for Use of Individual Patient Special

Date: ____________________________
Time: ____________________________
Ward/Unit Requesting Special: _______________________________________
Diagnosis: ____________________________

**Clinical reason for requiring Special (tick all appropriate)**

<table>
<thead>
<tr>
<th>Acute/deteriorating medical condition</th>
<th>Behavioural condition / cognitive impairment</th>
<th>Safety issues / concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airway management</td>
<td>Agitation</td>
<td>Risk of self-harm</td>
</tr>
<tr>
<td>Cardiac monitoring</td>
<td>Aggression</td>
<td>Risk of harm to others</td>
</tr>
<tr>
<td>Haemodynamic monitoring</td>
<td>Disinhibited behaviour</td>
<td>High risk of falls</td>
</tr>
<tr>
<td>Altered level of consciousness</td>
<td>Intruding or impacting on care of other</td>
<td>Risk of absconding</td>
</tr>
<tr>
<td>Overdose</td>
<td></td>
<td>Treatment compliance</td>
</tr>
<tr>
<td>Acute confused state / delirium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication management / infusion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have supportive measures been considered: Yes ☐ No ☐
Has the management plan been reviewed: Yes ☐ No ☐
Describe management plan/strategies implemented thus far: ____________________________________________
Document care need not met by current staffing level/skill mix or management plan: ________________
__________________________________________________________

Skill set required: AIN ☐ EN ☐ EEN ☐ RN ☐
Is a security presence required: Yes ☐ No ☐ Other considerations: Yes ☐ No ☐
Has an urgent medical review been requested: Yes ☐ No ☐

Name of person requesting special: ____________________________ Signature: ____________________________

Senior Nurse Manager approving to complete: Use of special approved: Yes ☐ No ☐
Name: ____________________________ Signature: ____________________________ Role: ____________________________
Date: ____________________________ Time: ____________________________
Reason for approving / not approving special: ______________________________________________________
__________________________________________________________

Version 1                   April 2016
Assessment of ongoing need for Special: A review of the need for ongoing use of an individual patient special is to be undertaken each shift by a medical officer or senior nurse and the clinician providing the special. Consideration should be given to the outcomes of assessments undertaken during the previous shift. In some instances, the use of a special may only be required for a particular period of time only. If there is indecision/disagreement on the need for continuation of the special, the after-hours Nurse Manager or Senior Nurse Manager/Co-Manager Director JHCH will assist in the decision-making process.

A new ‘Request for Use of individual Patient Special’ form is to be completed every 24 hours.

Need for continuation of Special
   - For next shift
   - For a specific time

Description of ongoing need for use of Special:

_________________________ ____________________________

Name/Signature of clinician requesting continuation: ____________________________

Designation: __________________ Date / Time: ____________________

Name/Signature of Manager approving continuation: ____________________________

Designation: __________________ Date / Time: ____________________

Is the special required for a further 24 hour period?

Yes ☐ No ☐

If Yes, complete new ‘Request for use of Special’ form