

Emergency Paediatric Referrals - Policy

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Summary Details the appropriate communication path for facilitation of emergency paediatric referrals.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Divisions of General Practice, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Health Units, Public Hospitals

Distributed to Public Health System, Divisions of General Practice, NSW Ambulance Service, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres

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Compliance with this policy directive is mandatory.

CIRCULAR

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POLICY FOR EMERGENCY PAEDIATRIC REFERRALS

This Circular supersedes Circular No 97/56.

The attached Policy is intended for display in emergency departments and paediatric wards. It details the appropriate communication path for facilitation of emergency paediatric referrals.

The Policy provides guidelines which will simplify access to tertiary paediatric hospitals and specialist intensive care centres. The policy will assist in facilitating appropriate clinical decisions regarding transfer requests and ensure consultant advice is available for complex or difficult problems.

The Policy was prepared by the Neonatal and Paediatric Emergency Transport Service (NETS), in consultation with the Perinatal Services Network, intensive care units, high risk obstetric services and the Ambulance Service of NSW.

Colour, laminated copies of the chart are available from NETS.

Michael Reid
Director-General

Distributed in accordance with circular list(s):

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Policy for Emergency Pædiatric Referrals

Aim This policy aims to simplify access to specialist intensive care for sick children, infants and babies, to facilitate appropriate clinical decisions about transfer requests to pædiatric or neonatal intensive care units and to ensure consultant advice is available for complex or difficult problems.

Description Children's Hospitals have on-call intensivists and other specialists available for discussing critical and/or difficult acute clinical problems in infants and children. Other requests for acute admission or advice should be directed to the Emergency Department of the preferred Children's Hospital.

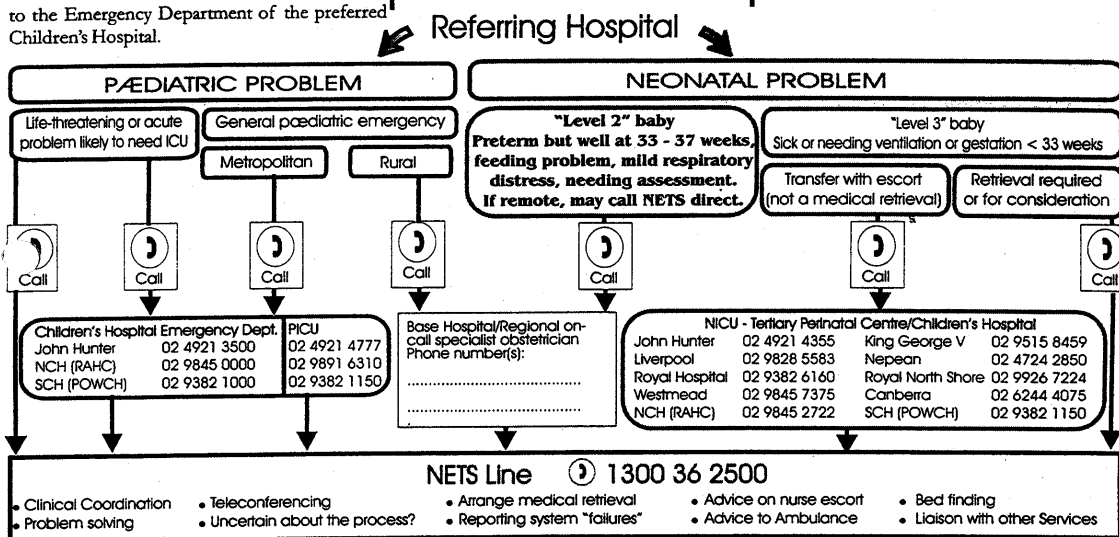
For newborns, Children's Hospitals and Perinatal Referral Centres have neonatal ICUs. Registrar and/or consultant advice is available from them for neonatal problems.

It is expected that referring hospitals would involve their specialist pædiatricians (where they are on staff) in transfer decisions about children. However written policies should define how this operates locally, particularly in reference to the hospital's Emergency Department.

Referring medical officers in rural areas should contact their Base Hospital or regional centre for general pædiatric problems according to regional policy guidelines. The appropriate names and/or telephone numbers can be entered in the box on the chart below.

Ideally, referring staff should expect to make only one phone call. A tertiary service will provide a 'solution', including a bed.

The communication pathways available to referring hospitals are illustrated below.



Note: Doctors referring patients to John Hunter Hospital can call the PICU or NICU there to discuss medical retrieval using a Newcastle team.

Procedure For life threatening problems or an acute problem likely to require intensive care, the preferred Tertiary Perinatal Referral Centre (baby) or Children's Hospital (baby or child) should be contacted. They will offer assistance, including acceptance of the patient for transfer or arranging an alternative suitable destination. The referring doctor should not have to 'ring around' for a bed.

General pædiatric problems should be discussed with the pædiatrician on duty for the hospital. Hospitals without a pædiatrician (eg. Rural) may choose to contact the pædiatrician at the affiliated regional or Base Hospital. Emergency Departments at Children's Hospitals offer advice and accept admission requests.

NETS should be called (1300 36 2500) when medical retrieval is contemplated. NETS can link multiple parties by telephone to discuss a clinical problem. The patient's immediate treatment requirements are the highest priority. Full discussion with appropriately senior medical staff should occur.

Based on that discussion, an appropriate clinical escort (retrieval team or other escort) will be selected and a vehicle tasked.

If at any time clinical circumstances change after the initial call, another call should be made so that any changes in arrangements can be made without delay.

Lastly, a bed will be located and confirmed. The last step should not delay the dispatch of a retrieval team and can often be arranged while the team is stabilising the patient.

If a 'one-way' transfer (with ambulance and/or referring hospital staff) is chosen, the referring hospital should make an ambulance booking through 13 1233 (road) or 1300 36 5333 (air).

Referring hospitals may be contacted by the Ambulance Service for additional information about the patient.

Escorts The type of clinical escort required for the patient is determined by the patient's need for pre-transport assessment, stabilisation and in-transit care. Further advice is available, upon request.

The need for a skilled pædiatric assessment, a difficult airway or ventilatory problem or the management of multi-trauma may necessitate different or additional skills in the team. NETS liaises with the Adult Medical Retrieval Unit (1800 65 0004) for older children/adolescents.

Transfer of a patient by local hospital staff should not be undertaken if there is substantial risk of en-route deterioration. It is better to stay and wait for a retrieval team in the hospital setting with support by telephone (as required), than to attempt emergency patient care in a vehicle. Transfer of babies and children by air ambulance is assisted by the availability of a flight nurse.

If 'one-way' transfer of a patient is judged appropriate, the time a patient takes to reach the destination is usually determined more by the interval between 'decision-time' & 'patient departure-time' than the time spent in-transit.

Vehicles Road ambulances, medical helicopters and fixed wing aircraft are available for medical retrieval. The selection of vehicle(s) for medical retrieval follows Department of Health published guidelines. These 'Guidelines for Mode of Transport Selection' take clinical urgency, distance, patient condition, team and vehicle availability, access to referring and receiving hospitals and other factors into account.

Problem solving Tertiary hospitals may contact NETS if they have failed to obtain a bed in either their own hospital or a suitable alternative hospital for a patient referred to them. A statewide NETS consultant is available through the NETS Line to assist this process.

This wall chart was prepared by NETS, a member of the NSW PSN (Pregnancy and neonatal care Services Network) with the assistance of referring hospitals and pædiatric ICUs & emergency departments. It is intended for display in Emergency Departments and Children's Wards. Enquiries/feedback: NETS Line: 1300 36 2500 Web: www.nets.org.au