Paediatric Observation and Assessment
Unit Operational Policy
<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Paediatric Observation and Assessment Unit Operational Policy</th>
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<tbody>
<tr>
<td>Executive Summary:</td>
<td>The observation and assessment unit is a specific unit within the paediatric ward area. The O&amp;A accommodates acutely ill babies, children and young people, referred by their GP, Community Children's Nurse (CCN), Health Visitor, Midwife, Open access patients, Nurse Specialist, A&amp;E or Consultant Paediatricians via clinic. The unit aims to minimise time spent in hospital and the number of children admitted to the ward, by providing rapid access to assessment, observation and appropriate management by clinicians with paediatric expertise.</td>
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<tr>
<td>Supersedes:</td>
<td>Paediatric Observation and Assessment Unit Operational Policy (version2)</td>
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<tr>
<td>Description of Amendment(s):</td>
<td>Minor amendments made to original guideline regarding the admission and exclusion criteria</td>
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<tr>
<td>This policy will impact on:</td>
<td>The Paediatric Unit</td>
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<tr>
<td>Financial Implications:</td>
<td>Non Known</td>
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<thead>
<tr>
<th>Policy Area:</th>
<th>Paediatric Ward</th>
<th>Document Reference:</th>
<th>ECT002782</th>
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<tbody>
<tr>
<td>Version Number:</td>
<td>4</td>
<td>Effective Date:</td>
<td>Feb 2017</td>
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<tr>
<td>Issued By:</td>
<td>Acute and Integrated care community service</td>
<td>Review Date:</td>
<td>Feb 2020</td>
</tr>
<tr>
<td>Authors:</td>
<td>Updated by CFinley Original H Glover</td>
<td>Impact Assessment Date:</td>
<td>June 2017</td>
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| APPROVAL RECORD |
|---------------------|---------------------|
| Committees / Group | Date |
| Consultation Phase: | February 2017 |
| Paediatricians, Paediatric Matron, Children's Nurses, Paediatric Nurse Specialists, Children's Community Nursing Team |
| Paediatric Clinical Lead - Associate Director for Acute and Integrated Community Services | |
| Dr Muiyur Gopi | March 2017 |
| Anne Marriot | |

East Cheshire Trust Paediatric Observation and Assessment Operational Policy J Shippey
June 2014
Reviewed Feb 2017
Next review date Feb 2020
Paediatric Observation and Assessment Unit Operational Policy

Introduction

The observation and assessment unit is a specific unit within the paediatric ward area. The O&A accommodates acutely ill babies, children and young people, referred by their GP, Community Children's Nurse (CCN), Health Visitor, Midwife, Open access patients, Nurse Specialist, A&E or Consultant Paediatricians via clinic.

The observation and assessment unit aims to minimise time spent in hospital and the number of children admitted to the ward, by providing rapid access to assessment, observation and appropriate management by clinicians with paediatric expertise.

The observation and assessment unit provides an assessment of children's health needs and a period of treatment and observation for up to 6 hours. This is to address the changing trends in children's admission to hospital; the number of children admitted to hospital has decreased, and hospital stay is often for less than 1 day. However, the number of children attending for emergency assessment has steadily risen.

There are 5 observation and assessment unit beds. After the 6 hour observation period if the child requires ongoing treatment in hospital he / she will be transferred from the observation and assessment unit in to an inpatient bed.

Service Accommodation and Service Provision

The observation and assessment unit consists of 5 ward beds, however if isolation is required a cubicle area can be used to nurse these children. The Observation unit has a networked computer where all relevant staff will be able to access the PAS system, request investigations and view results and x-rays; a separate telephone line based at the ward nurse station can receive faxed referrals.

All examination / investigation equipment and regularly used disposable equipment is stored in the observation and assessment unit.

All relevant patient details and nursing / medical records are filed and stored in the O&A unit during the episode of observation. This documentation moves with the patient to the inpatient ward area if admission is necessary. If no further hospital treatment is required the nursing and medical records are filed in adherence to Trust policy.

Nursing and Medical Staffing of the Observation and Assessment Unit

- The observation and assessment unit must be staffed by an experienced RSCN/RN Child who is responsible for the management of the unit during a span of duty between the hours of 10 am and 8 pm Monday to Friday excluding Bank Holidays.
- Health Care Assistants work within the unit supporting the registered nurse undertaking clinical and administrative duties as instructed.
- The unit is open to referrals Monday to Friday 5 days a week between the hours of 10am and 8.00pm. Any patients remaining in the observation and assessment unit after this time are transferred into inpatient beds.
- All children admitted to the observation and assessment unit will have most of the admission and investigation completed before transferring to the ward.
- If the observation and assessment unit is full GP's may be asked to delay a referral (if appropriate), and give the child an allocated time to attend.
- Children will not be transferred out of the hospital unless all the beds are fully occupied on the ward / unit

**Admission Criteria**

- All children aged between 0-16 years. For admissions to the unit for over 16 years please follow the Guidelines for Admission of Children and Young People Aged 16 and over to the Children’s Unit.
- Children with a medical condition.
- Sick children referred via A&E, most likely to be admitted into an inpatient bed, will be admitted via the observation and assessment unit. Should the demand within the unit increase, or a seriously ill child be admitted, staff will be relocated from the ward area to assist.
- Children referred for investigations such as food or antibiotic challenges.
- Children requiring endocrine investigations / injections.

**Exclusion Criteria**

- Children referred for a surgical condition, all CAMHS cases, head injuries or children transferred back from tertiary centres are admitted directly to the ward.
- Any seriously ill child will be admitted/ transferred into the treatment room for care and management. Ward staff and the observation and assessment staff should be utilised appropriately taking into consideration work load within each area.
- Children referred for a procedure where sedation is necessary e.g. MRI scan, MCUG investigation, will be admitted directly to the ward for nursing in a cubicle or quiet area.

**Assessment Process/Care Pathways/Documentation**

- Nurse assessment: An RSCN / RN Child will assess each child within 15 minutes of arrival to the unit. The nursing assessment must only be carried out by a Registered Paediatric Nurse.
- Vital signs and patient details are recorded by either the health care assistant or the nurse.
- Medical assessment: The patients will be seen by the SHO in order of arrival unless a specific patient's condition takes priority.
- The SHO will see each child within 1 hour of arrival.
- Initial treatment: A full history and examination will be performed and a plan of care agreed in partnership with the child / carer. This will be communicated to the nurse caring for the child.
- Transfer to ward area / discharge: The child will be observed for a maximum period of 6 hours, be admitted to the ward for further investigation / treatment or be discharged home for follow up by Children Community team
- When admitted to the ward, either the observation and assessment unit nurse or the ward nurse escorts the child and all facilities are explained. A detailed nursing hand over will take place and a risk assessment is completed

Care plans are to be used to support assessment and evaluation. Admission documentation is the same as that used in A&E and on the children's in-patient ward. Information leaflets will be provided for parents to enable them to care for their child more confidently when discharged home.

**Discharge Process**

- The child will be discharged if care can be given safely at home.
- Children's Community Nursing (CCN) support will be provided when necessary.
- Advice, reassurance and written information will be provided as necessary.
- Where appropriate the relevant specialist nurse will be informed of admission or discharge for follow up at home.
Open access may be provided for 24-48 hours if required (this will be automatically in place if referred onto the CCN team and will cease up on discharge from the community).

**Ward Attenders**

This group of patients usually follow a period of admission requiring a consultant/middle grade review. The review occurs either in the observation area if beds are available or in a clinic room. It is not categorised as an admission. Paediatric Unit Ward Review / Out-patient Attendance purple forms will log this clinical activity.

**Management of Patients who have been referred to Observation and Assessment Unit but Do Not Attend**

- All referrals should be documented on the Observation and Assessment Referral Sheet
- Obtaining the following information, Name, Age, Clinical details, GP details
- If a patient fails to attend after 4 hours of the initial referral the GP or referring Practitioner must be contacted and informed.

**Audit**

This policy will be audited in line with the KPI’s identified below on an annual basis by the paediatric audit team and reported to the Ward Manager. Any action plans developed from this audit will be agreed by the clinical audit group with an annual review of progress.

These guidelines cannot anticipate all possible circumstances and exist only to provide general guidance on the operation of the Observation and Assessment unit.

**Key Performance Indicators.**

1. All children seen in Observation and Assessment (POBS) will be assessed, treated and discharged home or to the ward within a 6 hour period.
2. All children admitted to POBS will fulfil the criteria.
3. All children referred to the children’s ward outside of the Observation & Assessment unit opening times will be logged as ward admissions.
<table>
<thead>
<tr>
<th>Bed</th>
<th>Source of Referral / contact number</th>
<th>Patient name and D.O.B</th>
<th>Complaint / Diagnosis</th>
<th>Arrival time</th>
<th>Nurse</th>
<th>Cons</th>
<th>Disch time</th>
<th>PAS Y/N</th>
<th>Discharge destination</th>
<th>Disch letter done</th>
<th>CCN / OA</th>
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Key:
- **Cons** - Consultant
- **Disch letter** – Discharge letter
- **CCN** – Community Children’s Nurse referral
- **OA** - Open Access given (state how long)
Equality Analysis (Impact assessment)

Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.

Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Paediatric Observation and Assessment Unit operational Guidelines (POBS)

Details of person responsible for completing the assessment:

- **Name:** C Finley
- **Job title:** Senior Sister
- **Team:** Paediatrics

State main purpose or aim of the policy, procedure, proposal, strategy or service:

(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

The purpose of the Paediatric Observation and Assessment Unit operational Guidelines is to support nurses and medical staff in ensuring the safety of children attending the unit.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

**Age:** East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

**Race:**
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
• 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
• Gypsies & travellers – estimated 18,600 in England in 2011.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
• In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
• In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
• Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
• C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
• In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
• Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
• CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender *(The Lesbian & Gay Foundation)*.
• CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
• Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
• Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
• Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
• Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
• Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
• Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
• Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
• None: 22.69%of Cheshire East and 22.0% of Cheshire West & Chester
• Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.
2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

Nil

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

Nil

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes □ No X

Explain your response:
The unit is open to all children regardless of their race. If a patient or family’s first language is not English, staff will follow the trust interpretation policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes □ No X

Explain your response:
The unit is open to all children regardless of their gender.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes □ No X

Explain your response:
The unit is open to all children regardless of their disability. Information can be provided in a variety of formats dependent on requirements.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently?  Yes □  No X

**Explain your response:**
The unit is open to all children up to the age of 16. For the admission of patients over 16 please refer to the Children’s Ward Admissions Policy.

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**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  Yes □  No X

**Explain your response:**
The unit is open to all children regardless of their sexuality

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**RELIGION/BELIEF:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently?  Yes □  No X

**Explain your response:**
The unit is open to all children regardless of their religion or belief

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**CARERS:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently?  Yes □  No X

**Explain your response:**
The unit is open to all children regardless of whether they are a young carer. Carers, parents, Guardians will be informed and involved as appropriate.

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**OTHER:**  EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently?  Yes □  No X

**Explain your response:**  No other impacts identified.

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4. Safeguarding Assessment - CHILDREN

| a. Is there a direct or indirect impact upon children? | Yes X | No □ |
b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people: Policy only relates to Children so will directly impact on all children being referred to the acute inpatient unit at Macclesfield Hospital.

c. If no please describe why there is considered to be no impact / significant impact on children

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

All relevant staff groups have had the opportunity to read and comment on this policy. Policy has been amended to reflect their opinions.

6. Date completed: February 2017

7. Any actions identified:

Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
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</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: 23/6/17