Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Document Type: **PROCEDURE**	**Unique Identifier:** PAED/PROC/001
Title: **Admission of a Child**	**Version Number:** 5
	Status: Ratified
Target Audience: All Trust staff working within areas that have reason to admit children	**Divisional and Department:** Child Health Services
Author / Originator and Job Title: Isabel Spencer, Ward Manager Lorraine Sanderson, Sister Michelle Campbell, Sister	**Risk Assessment:** Not Applicable

Replaces: Version 4, Admission of a Child PAED/PROC/001	**Description of amendments:** Throughout document	
Validated (Technical Approval) by: Operational Review Meeting Child Health Policy meeting	**Validation Date:** 26/10/2016	**Which Principles of the NHS Constitution Apply?** 1 - 4
Ratified (Management Approval) by: Child Health Departmental meeting	**Ratified Date:** 16/11/2016	**Issue Date:** 16/11/2016
Review dates and version numbers may alter if any significant changes are made		**Review Date:** 01/11/2019

Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.

CONTENTS

1 PURPOSE

To provide clear and relevant guidelines for the safe admission of children to the Trust / Child Health Directorate.

2 TARGET AUDIENCE

All Trust staff working within areas that have reason to admit children.

3 PROCEDURE

3.1 Process to be followed for all Child Admissions

- It is the responsibility of the Ward / Unit Manager to ensure that children are admitted as soon as possible with reference to clinical priority and access targets.
- An allocated bed area should be pre-prepared and ready for the child's expected admission. Any delay should be notified to the child and family at the earliest opportunity.
- On first contact with the child / family all staff will introduce themselves.
- At the point of admission all children will be allocated a qualified named nurse. He/she will be responsible for ensuring that the admission process is carried out according to this procedure.
- All children will have Observations recorded on a CPOTTS chart of Pulse, Respiratory Rate, Blood Pressure, Temperature, Glasgow Coma Scale (GCS), Pain Score, Sedation and nausea levels, (Appendix 1). Please refer to Recording of Physiological Observations on Paediatric Patients (PAED/PROC/017).
- All children will have Height and Weight. Children under the age of 4 years must have their height and weight recorded on a Centile Chart.
- The admitting nurse will ensure that all Children will have a Tissue Viability Risk Assessment (Appendix 2) and Falls Risk Assessment Tool completed (Appendix 3).
- A tissue viability care plan (Appendix 4) should be completed for at risk patients, scoring 6 or above on the tissue viability risk assessment.
- A falls checklist and care plan should be completed for patients scoring a 3 or greater on the Falls Risk Assessment tool or based on clinical judgment and filed in Section 3 of the case notes (Appendix 5).
- All admissions to have their nutritional needs assessed by completing the nutritional risk assessment (Appendix 6). All babies and young children will score a minimum of 2 therefore must have a diet chart commenced.
- As early as possible in the admission process, all patients will be provided with all relevant Trust information in addition to local, departmental information.
- At the earliest opportunity, the admitting nurse will be responsible for ensuring that an identity band is placed on the child.
- The band should be a Trust printed band which will contain the following information:

- Name
- Hospital number
- Date of birth
- Bar Code

- Patients with any allergies should have a red identity band to alert staff of their allergies. This identity band should contain the above information.
- Neonates less than 28 days are required to have two names bands. Address labels must not be used on the identity band.
- The child / Carers will have an orientation to the ward area and available facilities completed at the earliest opportunity. In the case of the patient this will be with reference to clinical priority.
- Parents / Carers should be encouraged to take valuables home. If parents / children wish to have valuables stored this must be undertaken in line with the Patient Property Procedure (refer to Section 7).
- Parents wishing to leave children with valuables do so at their own risk.
- Fraser guidelines should be adhered to in the case of a minor refusing to allow a relative to be informed of their admission; the child's wishes should be respected.
- In the case of a child refusing any treatments, Fraser guidelines must be adhered to and the child's wishes should be respected. However, this can be overruled when there is no doubt that the proposed treatment is in the child's best interest.
- In the case of an unconscious child deemed unable to identify a next of kin or friend, all efforts will be made to locate and inform an appropriate person and a record of this made in the nursing notes.
- The Methicillin-Resistant Staphylococcus Aureus (MRSA) status of the patient will be checked prior to, or as soon as practical in the admission process and appropriate Trust policies followed.
- Current Trust Guidelines to be followed for infection screening. Carbapenemase producing coliforms (CPC) screening should be done for patients that have been admitted to another hospital in the last 18 months.
- All children (as appropriate to age and cognitive development) will be kept informed regards their care and within Fraser guidelines be given the opportunity to discuss / consent to any aspect of that care.
- All staff involved with the admission of a child to the Trust will be sensitive to any special need or requirement. This includes clinical, cultural, gender, social and other need.
- All relevant Multi – Disciplinary teams to be informed of admission and necessary Risk Assessments completed.
- Transfer to ward checklist should be completed for patients admitted from Children's Assessment Unit (CAU).

- Discharge planning should commence on admission or at the earliest opportunity and with reference to the clinical pathway and the child / family individual needs. More complex cases will have a designated discharge team.
- The child must be admitted on Maxims and e-discharge commenced if not already initiated.

3.2 Elective Admissions Surgical

- Children for planned admission will receive written information in advance of their admission.
- All children who are to be admitted for planned elective day case procedures should be listed onto the surgical day-case unit (Area 8) on a Thursday Paediatric list.
- At the point of consultation, when the decision is made to list the patient for surgery, a comprehensive pre-operative assessment should be carried out and any investigations identified as being needed (i.e. Bloods, Electrocardiogram (ECG)) should be obtained / arranged at this point. Both verbal and written information must be given and this should be documented in the surgical assessment pathway. Consent must be obtained prior to procedure. If Parental responsibility is held by local authority arrangement must be made to gain consent prior to date of operation if possible.
- If a patient's notes need anaesthetic review, contact the Anaesthetic Department on 6997 to discuss case, if anaesthetist unavailable notes should be sent to waiting list stating on waiting list booking form to send notes to relevant anaesthetist once listed.
- The play specialist team carry out preparation for theatre on the day of surgery however, all children and their families are welcome to visit the Day Surgical Unit on Thursdays from 17.00 hours to 19.00 hours prior to their operation to prepare and familiarise themselves with the department (Area 8).

3.3 Ambulatory procedures

- These include allergy testing, scanning with or without sedation, Magnetic Resonance Imaging (MRI) investigations under short general anaesthetic, infusions and injections. Usually undertaken on the children's assessment unit / ambulatory care bay, coordinated by children's clinic team following referral by consultant.
- Admission procedure is as stated above (see section 3.1) using the paediatric medical day care pathway for all patients admitted to the ward for a period of investigation, and an e-discharge form must be completed upon discharge.
- For blood investigations carried out on the ward the ward attender information record should be completed along with a paper form discharge notice.

3.4 Any Other Elective Admission to the Children's Ward

- On the day of admission the child / family should phone first to check availability of a bed space and subsequently go directly to the ward of admission.
- Admission procedure is as stated above (see section 3.1).

- For Children with Diabetes Mellitus admitted as Elective Day cases please refer to CORP/PROC/122.

3.5 Emergency Admissions / Admission to CAU

- No emergency patient will be refused admission until every available resource has been exhausted. This will be reported to the Head of Department / Head of Midwifery / Nursing and Matron who links in with the Chief Executive with whom the responsibility for making this decision rests.
- Emergency medical / surgical admissions will access the Paediatric unit by referral to the On Call Paediatric Team, or Surgical team. Source of referral will be either from a Community Medical Practitioner or via Accident and Emergency (A&E)/Urgent Care Centre (UCC). The doctor / nurse in A&E / UCC will liaise with the appropriate medical teams and the ward / CAU as appropriate.
- Medical referrals from General Practitioners (GP's) / Midwives / Neonatal / Paediatric Outreach will come to CAU after acceptance from Paediatric on-call Doctor.
- Admissions to the CAU will be accepted from opening until 2 hours prior to closure.
- A&E children for whom a Paediatric opinion is required must be rung through to the on call Paediatrician.
- Prior to children being brought across from A&E staff must check with CAU staff that they are ready and it is safe to receive the child.
- Emergency Surgical Admissions will continue to access the Hospital by referral from a Community Medical Practitioner or an A&E / UCC Doctor.
- Only once reviewed /seen will the child be admitted direct to the Unit into an age appropriate and where possible gender bed space. No admission can or will be accepted without senior review /agreement from the surgical team.
- Emergency admissions via Out Patient Clinics and emergency admissions that have been requested by Consultant medical staff need to be directed to the respective Ward Manager or Senior nurse in charge at the time of admission.
- The child / carers will be given support to complete any outstanding commitments outside the Hospital, staff will assist with contacting significant others, support the family to make arrangements for other siblings and/or obtain any necessary item(s) to aid with continued care of the child. This will be done with reference to clinical priority.
- When the demand for beds on the Paediatric Unit exceeds capacity, the escalation plan for Paediatric services must be followed and as per policy the appropriate personnel informed.
- The following people also need to be informed:-
    - The Nurse in charge of the Accident and Emergency Directorate.
    - A&E Reception.
    - The Bed Manager.
    - Ambulance Control, noting the name of the person who takes the call.

- The Senior Nurse for the Hospital (bleep 002).
- Paediatric Consultant on – call.
- Head of Service

3.6 Safeguarding admissions

- All safeguarding referrals to be accepted by the registrar / consultant and referred to the safeguarding centre during opening hours. Outside of these hours to be seen in A&E or CAU as appropriate.
- Children requiring admission to the paediatric unit due to safeguarding concerns should have a safeguarding assessment undertaken by a paediatric registrar or consultant.
- The nurse in charge of the paediatric unit and the consultant on call should be made aware of any safeguarding admissions.
- All relevant agencies to be informed of admission including police, social care where appropriate.
- Any new safeguarding concerns identified whilst admitted to hospital should be documented in the chronology of significant events form and the named nurse for safeguarding informed.
- Supervision of families to be undertaken by social care where safeguarding concerns are identified.
- Refer to Safeguarding Children Guidance and Procedures (Includes Child Protection Supervision procedures) CORP/PROC/474.

3.7 Admission of open access patients

- Long term open access is granted by the patients named paediatric consultant and is reviewed on a regular basis.
- Prior to presenting to the paediatric unit contact must be made with a doctor or qualified nurse on CAU. The patient will then be directed to an appropriate area for assessment.
- Direct access can only be used in direct relation to the child's condition.

3.8 Admissions to the adolescent ward

- Young people requiring admission to the Adolescent Ward with mental health issues or self-harming behaviour must sign an adolescent agreement on admission.
- All young people admitted with self-harming / aggressive behaviour to have a risk assessment completed.
- Admission and On-going Treatment Guidance for Young People Presenting with Mental Health and / or Behavioural Problems to Hospital, refer to CORP/GUID/043.

3.9 Same Sex Accommodation

- Children and young people will be asked if they mind sharing a bay with someone of the opposite sex.
- If they do not this will be recorded by staff in the admission paperwork and no further action.
- If they do and we cannot accommodate their wishes, this will be recorded as a breech, an incident form will need to be submitted and a Root Cause Analysis (RCA) undertaken.

3.10 Children Admitted who are related to Staff Employed within the Unit

- Any member of staff whose relative is admitted to the Paediatric Unit must disclose this information to their line Manager.
- If the relative is admitted to the same ward as the staff member then for work purposes, he/she must be moved to another ward / area for the duration of the child's inpatient stay.
- If the member of staff is the parent of the child admitted they must change out of uniform and return to the ward as a parent. If the staff member requests to continue working it is at the discretion of the Ward Manager but they must be moved to another area until the child is discharged.

Please note
Under no circumstances must any member of staff access the notes of a relative who has been admitted to the Unit.

4 ATTACHMENTS	
Appendix Number	**Title**
1	CPOTTS Charts for Recording of Patient Observations
2	Paediatric Tissue Viability Risk Assessment
3	Paediatric Falls Risk Assessment
4	Tissue Viability Care Plan
5	Falls Checklist and Care Plan for Patients identified as at Risk
6	Nutritional Risk Assessment
7	Equality Impact Assessment Tool

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	**Location**	**Date Issued**
1	Intranet	16/11/2016
2	Wards, Departments and Service	16/11/2016

7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
CORP/GUID/043	Admission and On-going Treatment Guidance for Young People Presenting with Mental Health and / or Behavioural Problems to Hospital http://fcsharepoint/trustdocuments/Documents/CORP-GUID-043.docx
CORP/POL/359	Management of carbapenemase-producing Enterobacteriaceae http://fcsharepoint/trustdocuments/Documents/CORP-POL-359.docx
CORP/PROC/106	Patient Property http://fcsharepoint/trustdocuments/Documents/CORP-PROC-106.docx
CORP/PROC/122	Management Of Children And Adolescents With Diabetes Requiring Surgery http://fcsharepoint/trustdocuments/Documents/CORP-PROC-122.docx
CORP/PROC/408	Management Of Staphylococcus Aureus (SA) - Meticillin-Resistant (MRSA) And Meticillin-Sensitive (MSSA) http://fcsharepoint/trustdocuments/Documents/CORP-PROC-408.docx
CORP/PROC/474	Safeguarding Children Guidance and Procedures (Includes Child Protection Supervision procedures) http://fcsharepoint/trustdocuments/Documents/CORP-PROC-474.docx
CORP/PROC/642	Tissue Viability / Pressure Ulcer Risk Assessment, Management / Prevention / Treatment and Reporting http://fcsharepoint/trustdocuments/Documents/CORP-PROC-642.docx
CORP/PROC/669	Falls Management and Falls Risk Assessment Procedure http://fcsharepoint/trustdocuments/Documents/CORP-PROC-669.docx
PAED/PROC/017	Recording of Physiological Observations on Paediatric Patients http://fcsharepoint/trustdocuments/Documents/PAED-PROC-017.docx

8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References In Full

Care Quality Commission. Nigel's surgery 8: Gillick competency and Fraser guidelines. Available: https://www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines . Last accessed 24/06/2015.

NHS Choices. (07/01/2015). Does my child have the right to refuse treatment?. Available: http://www.nhs.uk/chq/Pages/900.aspx?CategoryID=62&SubCategoryID=66 . Last accessed 12/12/2016.

9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
Name	**Designation**	**Date Response Received**
Peter Curtis	Head of Department	25/05/16
Diane Stewart	Head of targeted services for children	
Lorraine Sanderson	Ward Sister, Child health	
Hayley Powers	Ward Sister, Child health	25/05/16
Karla Swarbrick	Staff Nurse, Child health	

10 DEFINITIONS / GLOSSARY OF TERMS	
A&E	Accident and Emergency
CAU	Children's Assessment Unit
CPC	Carbapenemase producing coliforms
CPOTTS	chart of Pulse, Respiratory Rate, Blood Pressure, Temperature
ECG	Electrocardiogram
GCS	Glasgow Coma Scale
GP's	General Practitioner's
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
RCA	Root Cause Analysis
UCC	Urgent Care Centre

11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL			
Issued By	Isabel Spencer	**Checked By**	Peter Curtis
Job Title	Ward Manager	**Job Title**	Head of Department
Date	November 2016	**Date**	November 2016

APPENDIX 1: CPOTTS CHARTS FOR RECORDING OF PATIENTS OBSERVATIONS

Please refer to PAED/PROC/017 Recording of Physiological Observations on Paediatric Patients. See section 7

Appendix 1A: Under 13 weeks

Appendix 1B: 13 to 52 weeks

Appendix 1C 1 to 3 years

Appendix 1D 4 to 7 years

Appendix 1E 8 years and over

Please see relevant attachments.

APPENDIX 2: PAEDIATRIC TISSUE VIABILITY RISK ASSESSMENT

Blackpool Teaching Hospitals NHS
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- Document the risk assessment score in the Initial care plan stating '**tissue viability risk assessment score is…..**'
- If score is >6 commence **Tissue Viability Care Plan** and document in general care plan.
- **Reassess patient weekly** or if condition changes and record in care plan.

RISK FACTOR	0	1	2
Weight	**Average weight**	**Two centiles over / under weight**	**More than two centiles over / under weight**
Respiratory	**Self-ventilating in air**	**Oxygen therapy & self-ventilating**	**Ventilated**
Neurological	**Conscious & alert (GCS 10-15)**	**Responds only to voice or pain (GCS 5-9)**	**Unresponsive (GCS <5)**
Sedation	**Not sedated**	**Intermittently sedated**	**Continually sedated**
Sensory	**No sensory loss**	**Some sensory loss**	**Cannot perceive sensation**
Mobility / moving & handling	**Mobile**	**Restricted mobility Restless / fidgety Needs assistance to move**	**Immobile/uses wheelchair Theatre >4 hrs. Difficult to move**
Nutrition	**Normal diet OR NBM <4 hrs**	**Enteral or parenteral feeds**	**NBM > 4 hrs**
Continence	**Continent**	**Occasional incontinence or nappies <5 yrs**	**Incontinent Nappies/pads >5 yrs**
Skin condition	**Intact / healthy**	**Surgical wound Abrasions Dry or mild eczema**	**Oedema. Broken / excoriated skin. Burns.**
Tissue perfusion	**Cap refill <2 seconds**	**Cap refill >2 seconds**	**Cap refill >3 seconds**
Pain	**Pain free**	**Intermittent / pain on movement**	**Continual pain / discomfort OR Epidural / PCA**
0-5	**Low risk**	**Reassess weekly or as condition changes**	
6-10	**At risk**	**Commence individualised care plan**	
11-19	**High risk**	**Commence individualised care plan & review mattress.**	

Ref: Birmingham Children's Hospital Tissue Viability Risk Assessment Tool (2008)

APPENDIX 3: PAEDIATRIC FALLS RISK ASSESSMENT TOOL

Blackpool Teaching Hospitals NHS
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Paediatric Falls Risk Assessment Tool

- Document the risk assessment score in the general care plan stating ' **Falls risk assessment score is……..**'.
- Repeat risk assessment if patient's condition changes or the patient has a fall whilst in hospital.
- Repeat risk assessment every 14 days if patient remains an inpatient.
- If the total score is 3 or greater, or based on clinical judgement, commence the 'falls checklist and care plan', and document in general care plan.
- All medication must be reviewed by the medical staff where appropriate.

Assessment Tool

Category	Descriptors			
Mobility	Ambulatory with no gait disturbance **Score = 0**	Ambulatory or transfers/walks with assistance, uses walking aids. **Score = 1**	Ambulatory with unsteady gait, generalised weakness, poor balance, dizziness **Score = 1**	Unable to walk or transfer unaided **Score = 0**
Cognitive Ability	Development appropriate, alert **Score = 0**	Develop-mentally delayed **Score = 1**	Disorientated / confused **Score = 2**	Unconscious / unresponsive **Score = 0**
Elimination	Independent **Score = 0**	Independent with frequency or diarrhoea **Score = 1**	Needs assistance to go to toilet **Score = 1**	Uses nappies or pads **Score = 0**
History of Related Falls	Before admission, has fallen in last 12 months in relation to illness **Score = 1**	Fall during admission **Score = 2**	No history of a fall **Score = 0**	
Current Medication	Taking medication which may cause drowsiness **Score = 1**	Taking medication which may cause frequency of micturition or diarrhoea **Score = 1**	Taking medication which may cause hypotension **Score = 1**	

APPENDIX 4: TISSUE VIABILITY CARE PLAN

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PATIENT AT RISK – SCORE 6 OR ABOVE ON TISSUE VIABILITY RISK ASSESSMENT. Use in conjunction with 'Repositioning Schedule Form VS560'. Document on General Care Plan – Tissue viability care plan in process. WARD_____	Write patient details Hospital Number: Name: Date of Birth: NHS Number:

DATE & TIME	NURSING ACTION & RATIONALE	CARE PLAN AS DISCUSSED WITH PARENT/CARER	SIGNATURE & PRINT NAME
	Positioning: To relieve pressure from bony prominences.	Frequency of change of position _____ hourly Commence and use the Repositioning Schedule VS560. Change patient's position using appropriate manual handling techniques.	
	Skin care: To prevent extrinsic factors causing skin breakdown.	Frequency of observation of skin condition _____hourly Record on care plan evaluation sheet, any signs of potential skin breakdown i.e. discolouration, blisters, swelling, non-blanching redness, localised heat. Give particular attention to areas where equipment or devices are in direct contact with the skin i.e. splints, probes etc. Ensure skin is kept clean and dry. Give daily bath, shower or bed bath. Wash skin more frequently if soiled. Ensure bed sheets are clean, dry and with minimal creases. Change sheets daily or more frequently if soiled.	
	Manual handling	Use manual handling equipment as stated:- • Hoist:- yes / no (delete as relevant) Size of Sling in use_____ • Other manual handling equipment to be used, state_____ _____ • If NO manual handling equipment to be used, state reason:- _____	

APPENDIX 4: TISSUE VIABILITY CARE PLAN			
DATE & TIME	Patient has been assessed as High / Very High Risk. Return of mattress	Has patient been assessed as High/Very High? Yes / No (delete as relevant) If YES - Consider use of Alternating pressure Redistributing System - Primo Dynamic Mattress Contact Medstrom on 0844 811 3674 (#6201) during office hours. The equipment will be delivered the same day. A reference number will be given which should be recorded here _____ Out of office hours, contact Portering staff who will collect it from hospital stores area and deliver to ward. Further advise is available from the Tissue Viability Nurse on ext 56712 or bleep 524 or 347 As soon as mattress no longer required, clean & deflate then tel Medstrom (ansaphone available out of hours) giving item, hospital, ward, and name of staff making call. **Record date & time of tel call here:-**_____ NB The Trust will be charged for its use until the phone call is made.	**Signature and print name.**
	Pressure ulcer, blister, or wound noted.	Record on general care plan; • Location and history of pressure ulcer/blister/wound • Grade of pressure ulcer using the 'European Pressure Ulcer Advisory Panel Classification System. (See Trust – Adapted Waterlow Pressure Ulcer Risk/Screening Assessment Tool) • Pressure ulcers grade 2, 3, or 4 need a clinical untoward incident report and Root Cause Analysis must be completed. (CORP/PROC/642). • Record dimensions of pressure ulcer / blister / wound • Record appearance of pressure ulcer i.e. colour, description of exudate, condition of surrounding skin • Date and time it was noted • Pain score • Treatment given	
	Reassessment	Reassess the patient using the tissue viability risk assessment tool weekly and record score in general care plan. If condition changes, rescore at any time and record in general care plan.	

Signature: Print Name:

Designation: Date and Time (use 24hour Clock):

APPENDIX 5: FALLS CHECKLIST AND CARE PLAN FOR PATIENTS IDENTIFIED AS AT RISK

Blackpool Teaching Hospitals NHS
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Falls Checklist and Care Plan for Patients identified as at Risk

- Complete this form if the total score is 3 or greater on Falls Risk Assessment Tool, or based on clinical judgement.
- Repeat falls risk assessment tool if patient's condition changes or the patient has a fall whilst in hospital.
- Repeat risk assessment every 14 days if patient remains an inpatient.
- All medication must be reviewed by the medical staff and documented in the care plan.

Write patient details or affix Identification label
Hospital Number:
Name:
Address:

Date of Birth:
NHS Number:

Environmental Factors	Initials	Date
Orientate patient and carers to ward area on admission.		
Ensure call bell is within reach and patient knows how to use it.		
Inform all staff that patient has high falls assessment score by documenting in care plan.		
Mobility		
Ensure patient has well fitting and secure footwear. If not, document the reason in care plan.		
Ensure patient has correct aids and equipment for mobility. State which is used in care plan.		
Explanations are given to the patient and carers regarding asking for help when walking/transferring.		
Ensure patient, carers and staff are aware that glasses/hearing aids are worn when walking/transferring. This is documented in care plan.		
Elimination		
If urgency of micturition, or diarrhoea present, to be placed in vicinity of toilet/commode/potty.		
Medication		
Medication that may pose a risk is reviewed by the medical team and documented in the care plan.		
Patient/parent/carer information		
Discuss the results of the falls risk assessment with the patient and their carer.		
Explain the importance to the patient and carer of asking for help		

Signature: Print name:

Designation: Date:

APPENDIX 6: NUTRITION RISK ASSESSMENT FORM

All patients must have their **height and weight recorded on admission**, or as soon after as is possible. The recordings **must also be plotted** in an appropriate centile chart in their patient notes.

The exception to using a new centile chart, is children who are visitors to the area, and have a surgical / orthopaedic condition. These patients must have their centile record documented alongside their height and weight, but there is no need to have a new centile chart filed in their medical notes.

All babies and young children under the age of 4 years will score a minimum of 2 and have nutritional intake recorded on diet chart.

N.B. Each step must be scored separately and totalled to give a final score.

STEP 1 DIAGNOSIS – see over in Diagnosis Table	
Does the patient have a diagnosis with any nutritional implications?	SCORE
Definite nutritional implications	3
Possible nutritional implications or child under the age of 4 years	2
No nutritional implications	0
STEP 2 NUTRITIONAL INTAKE	
No nutritional intake	3
Recently decreased or poor nutritional intake	2
No change in eating patterns and good nutritional intake	0
STEP 3 WEIGHT AND HEIGHT – use an appropriate centile chart	
Weight below 2nd centile OR height / weight 3 or more centiles apart	3
Height / weight 2 centiles apart	1
Similar centiles in height and weight	0
SCORE TOTAL	
4 or above - HIGH RISK • Document in patient's care plan • Discuss possible referral to dietitian with senior Paediatrician and document in patient medical notes • Record all nutritional intake on diet chart • Review assessment /care plan daily	
2-3 – MEDIUM RISK • Document in patient's care plan • Record all nutritional intake on diet chart • Review assessment/care plan daily	
0-1 – LOW RISK • Document in patient's care plan • Review assessment / care plan after **3 days**	

APPENDIX 6: NUTRITION RISK ASSESSMENT FORM

Adapted from the 'STAMP' screening tool. CMCH.

DIAGNOSIS TABLE – to assign a score to step 1

DEFINITE NUTRITIONAL IMPLICATIONS	POSSIBLE NUTRITIONAL IMPLICATIONS	NO NUTRITIONAL IMPLICATIONS
Bowel failure, intractable diarrhoea. Burns and major trauma Crohn's disease Dysphagia Liver disease Major surgery Multiple food allergies/intolerances Oncology on active treatment Renal disease/failure	Behavioural eating problems Cerebral palsy Acute respiratory conditions Cleft lip and palate Coeliac disease Diabetes Cystic Fibrosis Gastro-oesophageal reflux Minor surgery Neuromuscular conditions Psychiatric disorders Single food allergy / intolerance	Day case surgery Investigations

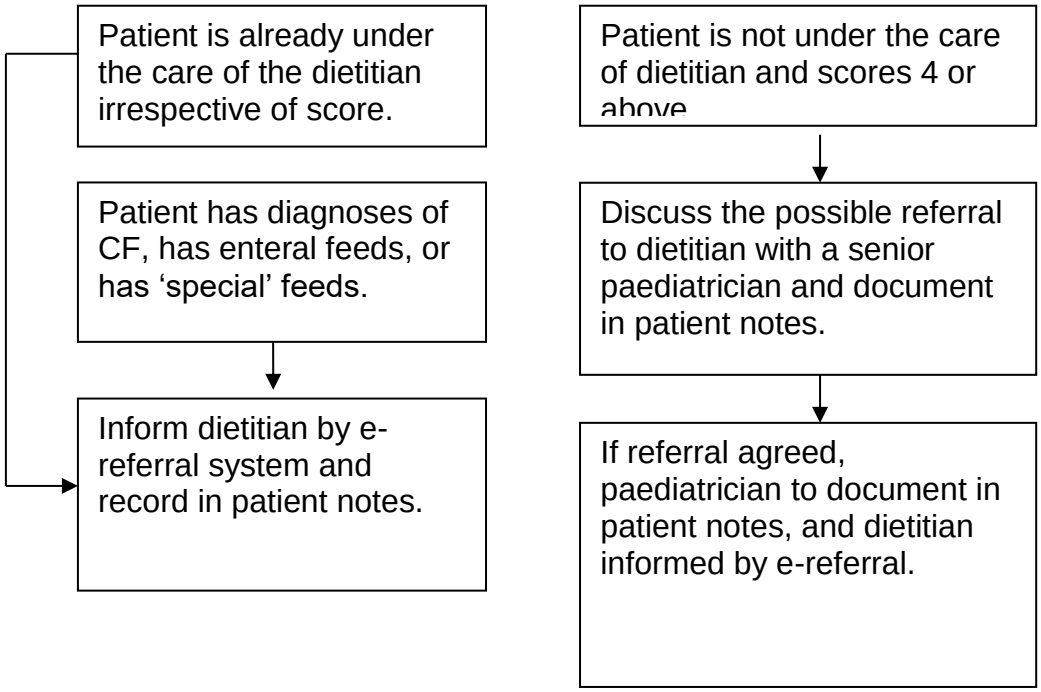
Reassess patient every 3 days or if condition changes and record on care plan.

While every effort has been made to include diagnoses that have nutritional implications, this list is not exhaustive.

The assessment tool is a guideline and professional judgement should also be used.

APPENDIX 6: NUTRITION RISK ASSESSMENT FORM

REFERRAL ALGORYTHM



APPENDIX 7: EQUALITY IMPACT ASSESSMENT FORM

Department	Child Health	**Service or Policy**	PAED/PROC/001	**Date Completed:**	May 2016

GROUPS TO BE CONSIDERED

Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED

Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.

QUESTION	**RESPONSE**		**IMPACT**	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	See Purpose			
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No			
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No			
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No			
How does the service, leaflet or policy/ development promote equality and diversity?	No			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	No			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No			
Does the policy/development promote access to services and facilities for any group in particular?	No			

APPENDIX 7: EQUALITY IMPACT ASSESSMENT FORM

Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No			

ACTION:			
Please identify if you are now required to carry out a Full Equality Analysis	**Yes**	**No**	**(Please delete as appropriate)**

Name of Author: **Signature of Author:**	**Michelle Campbell**	**Date Signed:**	**May 2016**
Name of Lead Person: **Signature of Lead Person:**		**Date Signed:**	
Name of Manager: **Signature of Manager**		**Date Signed:**	