



Standard Operating Procedure for 5th Floor PSDU

Aims

- Provide 2 additional high dependency nursing beds for children in SGH
- Free up capacity on PICU for intensive care admissions
- Allow for a graded transition for some patients from intensive care to standard ward care
- Improve postoperative care for patients who need high dependency or extended recovery for a short period of time
- Allow for better integration with other inpatient wards enabling early transfer of patients to appropriate areas

These arrangements are not immovable and will be reviewed regularly with any suggestions for improvement

Description of Patient Characteristics

There will be no change to usual admission discharge criteria for PICU. Patients transferred to the PSDU will be:

- Stable or improving
- Technology dependent with an intercurrent episode not cardiorespiratory in nature
- Diagnosis clear and not expected to change
- Already known to services at SGH

Typical Patients (not exclusive to this list) to go to PHDU

- Long term ventilated patient, with chronic lung disease or neuromuscular failure
- Post operative surgical patients requiring <40 ml/kg fluid +/- morphine
- neurologically impaired patient requiring frequent care (suctioning or positioning) after acute episode is stabilised

Patients who should not go to PSDU but be admitted to an HDU bed on PICU

- Deteriorating patient from 5th floor/ Paediatric A&E
- Patient at risk of organ failure
- Those requiring frequent medical review or investigation
- Patients in the first 6 hours post specific neurosurgical procedures (lift failure risk)

Operating Procedure for 5th Floor PSDU

Responsible medical team

Week days/nights:-

- Consultant- Long day on call 08:30 - 09:00 9:30 (following day) - SRO
- Consultant- Short day on call 08:30 - 18:30*
- Nurse Consultant- Morning on PSDU 08:30 - 12:30*
- Anaesthetic ST4+ - Day 08:30 - 21:00
- Anaesthetic ST4+ - Night 20:30 - 09:00 (following day)
- Paediatric ST4+ - Day 08:30 - 17:00 (minimum of 1)*
- Paediatric ST2+ - Day 08:30 - 17:00 (minimum of 1)*
- PA/ODP/NP/fellow(second tier) - Day 08:30 - 21:00*
- PA/ODP/NP/fellow(second tier) - Night 20:30 - 09:00 (following day)

* - PSDU day team will consist of Consultant Short day, Nurse Consultant (mornings) and one paediatric trainee or second tier practitioner

Weekend days/nights:-

- Consultant- Long day on call 08:30 - 09:00 9:30 (Monday) - SRO
- Anaesthetic ST4+ - Day 08:30 - 21:00
- Anaesthetic ST4+ - Night 20:30 - 09:00 (following day)
- PA/ODP/NP(second tier) - Day 08:30 - 21:00
- PA/ODP/NP(second tier) - Night 20:30 - 09:00 (following day)

Nursing team

Typical staffing model – nursing

- PICU and PSDU will be staffed according to national PICS standards
- Therefore PSDU is established to have a NIC plus nurses to support 1:2 ratio
- HCA may also be available either for patient care/supporting registered staff at bedside
- Registered nurse and HCA roles will cross over dependent on patient need and staff training needs
- Nurse Consultant (NC) - see medical cover above
- Staffing will be flexible dependent on acuity and number of beds required in PSDU
- Discussion between NICs & NC should support requirement.

PSDU & PICU daily schedule:

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|---------------------|-------------------|---|--|
| 07:45- 08:30 | PICU & PSDU | Nursing Handover | All nursing staff |
| 08:30 -09:00 | PICU Coffee Room | Medical Handover & business round for PICU & PSDU | All medical staff and nurse in charge PICU & PSDU |
| 09:00-10:30 | PICU | Consultant review of patients | Consultant - Long day |
| 09:00-10:30 | PSDU | Consultant review of patients | Consultant - Short day |
| 10:30-12:30 | PICU Seminar Room | Joint PICU/PSDU ward round | All (PSDU nurse consultant or nurse in charge will attend) |
| 16:30-17:00 | PICU | Handover round | Consultant - Long day |
| 16:30-17:00 | PSDU | Handover round | Consultant - Short day |
| 18:00-18:30 | PICU or PSDU | Consultant to consultant handover | Consultant - Long day & Consultant - Short day |

| | | | |
|----------------------|--|---|---|
| 20:30 -21:00 | PICU Coffee Room | Handover & business round for PICU & PSDU | All |
| 21:00 | PICU Consultant long day leaves for the day assuming all patients are stable with a plan in place. | | |
| 21:00 - 08:30 | PICU & PSDU | Night cover | Anaesthetic ST4+ PA/ODP/NP/fellow (second tier) - on site Consultant - Long day - off site |

Escalation policy

PSDU is a satellite unit of PICU. The PICU nursing & medical team take full responsibility for the management of PSDU.

Paediatric Clinical Assessment Tool (PCAT) be used on all PSDU patients.

If a patient in PSDU is found to be deteriorating (on PCAT or on nursing concern) the patient should be reviewed as a matter of urgency.

- Between 08:30 and 17:00 by the doctor or PICU second tier practitioner allocated to PSDU
- After 17:00 and before 2100 the PICU Anaesthetic ST4+ should be contacted by telephone 1932 or bleep 6890; the urgent review may be conducted by the second tier practitioner, the Anaesthetic ST4+ or the Long Day consultant as appropriate
- During night cover the PICU Anaesthetic ST4+ should be contacted by telephone 1932 or bleep 6890; the urgent review may be conducted by the second tier practitioner or the Anaesthetic ST4+. The PICU Consultant - Long day will attend from home if required.

If a patient requires immediate escalation of treatment, such as desaturation and bradycardia not responding to suction, a crash call should be put out as is standard practice throughout the paediatric unit.

JR/AG/MG/CK Oct/2014