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Paediatric Patients & Transport / Discharge Decisions

Following recently published guidance from NASMED and identification of a number of Significant Incidents affecting paediatrics under one year of age, EEAST is introducing a clinical instruction regarding conveyance decisions of paediatrics.

A number of focus groups were held over the past four months to engage with colleagues about how as an organisation we position our policies regarding safe non-conveyance and discharge and which colleagues this accountability should sit with. This work has been completed and is due to launch with a number of changes in early 2022, once appropriate engagement with staff-side and operational management is completed.

The specific elements regarding paediatric patients are being accelerated for immediate implementation in response to the national guidance change but will still be integrated into the planned updates of this policy next year.

The following requirements are now required and supersedes section 15.2 of the Safe-Non-Conveyance and Discharge Policy [POL091], V1.0 (May 2020):

Paediatric Patients

- 15.2.1 All paediatric patients under one year of age must be transported to hospital, unless assessed by a specialist, advanced or consultant level healthcare professional. In all cases, discharge of paediatrics under 16 must be authorised by a registered healthcare professional.
- 15.2.2 Staff should have a low threshold for transporting patients to the Emergency Department or seeking

advice from a senior clinician (such as an ECP, SPUC, APUC or GP). In these cases, safeguarding and social circumstances should always be considered. This alone may warrant transport to the Emergency Department.

- 15.2.3 If it is believed to be appropriate to discharge the paediatric patient on scene, where appropriate any safeguarding concerns should be considered before doing so.
- 15.2.4 The latest JRCALC guidance suggests specific actions that must occur in a paediatric patient with febrile illness, which must be used in cases of fever.

Where parents or carers decline admission, against the updated EEAST policy position or this clinical instruction, this should be accurately documented as per section 13 of the current Safe Non-Conveyance and Discharge Policy.

	SP/AP/CP	Paramedic / Nurse	NQP	Experienced Technician	NQT & all others
Patient Group	Can specialist, advanced or consultant clinicians discharge autonomously?	Can registered healthcare professionals (outside of preceptorship) autonomously discharge?	Can registered healthcare professionals (within preceptorship phase) autonomously discharge?	Can an Emergency Medical Technician (outside of 24 months post qualification phase) autonomously discharge?	Can any other staff group / Newly Qualified Technicians / Apprentice Technicians autonomously discharge?
Paediatric Patients Under 18 Years of Age	<p style="text-align: center;">Yes</p> <p>Includes decisions by registered children's nurses although there should be a low tolerance for transportation of those under 1 years of age.</p>	<p style="text-align: center;">Yes</p> <p>Excluded: All children aged under 1 must be transported to hospital or seen by a SPUC/APUC/GP within 1 hour for senior review.</p>	<p style="text-align: center;">Yes</p> <p>Excluded: All children aged under 1 must be transported to hospital or seen by a SPUC/APUC/GP within 1 hour for senior review.</p>	<p style="text-align: center;">Yes</p> <p>Excluded: All children under the age of 16 must be authorised by a registered HCP and All children aged under 1 must be transported to hospital.</p>	<p style="text-align: center;">No</p> <p>HCP authorisation required (CAL/GP/Advanced Practitioner)</p>