

To: All Clinical Staff

Date: 17<sup>th</sup> February 2022

Document Number: CI 108 (Updated)



## Paediatric Patients & Transport / Discharge Decisions

As you will know in December 2021 following published guidance from NASMED and identification of a number of significant incidents affecting non-conveyed paediatrics under one year of age, we introduced a clinical instruction regarding conveyance decisions of paediatrics. Following feedback from you as well as external clinical colleagues we have now revised the instruction as below. It is hoped this provides greater clarity to allow greater access to alternative services as appropriate.

The following requirements are now required and supersedes the Clinical Instruction CI108 issued on 9<sup>th</sup> December 2021.

### Paediatric Patients

15.2.1 Paediatric patients **under one year of age, where there is recent illness (within 72 hours), clinical uncertainty or trauma** must be transported to hospital unless they can be referred (if appropriate) for a fresh eyes review within 4 hours to another registered healthcare professional (or alternative timeframe at the receiving health professional's agreement). This requires a referral to a registered healthcare professional experienced in assessing paediatrics, such as:

- General Practitioner / Out of Hours Service (via NHS111 or direct)
- Specialist or Advanced Paramedic / Practitioner (including ECAT)
- Midwife or Health Visitor (dependent on age)
- Advanced Clinical Practitioner or Nurse Practitioner

- Registered Children's Nurse
- A registered healthcare professional within a community service

This should be via a verbal handover and they must accept the duty of care and to review the patient within the detailed timeframe. Self-transport by the parent or carer is acceptable where there is no immediate clinical risk, as determined by a registered healthcare professional at scene.

15.2.2 Paediatrics aged **1 to 5** years of age, **where there is recent illness (within 72 hours), clinical uncertainty or trauma**, after a face-to-face assessment by a registered healthcare professional or experienced technician (with health professional authorisation via the clinical advice line) can be considered for review in the community and safe discharge (if appropriate). This may include referral to:

- General Practitioner / Out of Hours Service (via NHS111 or direct)
- Specialist or Advanced Paramedic / Practitioner (including ECAT)
- Health Visitor or School Nurse (dependent on age)
- Advanced Clinical Practitioner or Nurse Practitioner
- Registered Children's Nurse
- Community Pharmacist
- A registered healthcare professional within a community service

This should be via a verbal handover, and they must accept the duty of care and to review that patients care within an agreed clinically safe timeframe.

15.2.3 Children aged **6 to <18** years of age **where there is recent illness (within 72 hours), clinical uncertainty or trauma** after a face-to-face assessment by a registered healthcare professional / experienced technician can be considered for review in the

community (if appropriate), This may include referral to:

- General Practitioner / Out of Hours Service (via NHS111 or direct)
- Specialist or Advanced Paramedic / Practitioner (including ECAT)
- School Nurse
- Advanced Clinical Practitioner or Nurse Practitioner
- Registered Children's Nurse
- Community Pharmacist
- A registered healthcare professional within a community service

This should be via a verbal handover and they must accept the duty of care and to review that patients care within an agreed clinically safe timeframe.

- 15.2.4 Staff should have a low threshold for transporting paediatric patients to the Emergency Department without seeking advice from a senior colleague, as detailed above where there is clinical doubt. Any advice provided should be documented within the patient care records including the name and position of that registered healthcare professional.
- 15.2.5 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. You **must** utilise risk stratification tools such as NICE traffic light guidelines (1-5 years), Page for Age, the Sepsis screening tool, and the Safe Discharge Non-conveyance care bundle, where considering non-conveyance.
- 15.2.6 If it is believed that the paediatric patient is appropriate for non-conveyance with the appropriate referral, any safeguarding concerns should be considered before doing so. This alone may warrant transport to the Emergency Department and senior clinical advice may support this decision.

- If you have concerns about a child's presentation and the parent / carer is refusing any advised transport to hospital, ensure you act in the best interests of the child. This may include a safeguarding referral or calling police to scene, as per the Safeguarding Children and Young People Policy and Procedures (POL004).
- There may be underlying social or unusual parental concerns the child should be either conveyed or a direct conversation with patient's general practice team / NHS 111 / Single Point of Contact (SPOC) must occur to advise and record our attendance as a minimum.

Where clinicians need support, they can also contact clinical advice line for further guidance.

## 15.2.7

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. These patients **MUST** be directly referred to a healthcare professional or recorded via the Single Point of Contact (SPOC) referral pathway. General advice around the management of paediatrics is available via the EEAST clinical advice line.

**Non-Conveyance Grid:**

	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 1 Year of Age	Yes Includes decisions by registered children's nurses. Low tolerance for admission.	Yes Required: Fresh eyes review in the community within 4 hours, (or specific agreement) if	Yes Required: Fresh eyes review in the community within 4 hours, (or specific agreement) if	No Requires at scene review by a registered healthcare professional or	No Requires at scene review by a registered healthcare professional or

		appropriate for non-conveyance. Low tolerance for admission.	appropriate for non-conveyance. Low tolerance for admission.	transport to hospital	transport to hospital
Paediatric Patients 1-5 Years of Age	Yes Includes decisions by registered children's nurses. Low tolerance for admission.	Yes <b>Required:</b> referral to a registered healthcare professional experienced in paediatrics for review.	Yes <b>Required:</b> referral to a registered healthcare professional experienced in paediatrics for review.	Yes <b>Required:</b> HCP authorisation via CAL and referral to a registered healthcare professional experienced in paediatrics for review.	No Requires at scene review by a registered healthcare professional or transport to hospital
Paediatric Patients 6-<18 Years of Age	Yes Includes decisions by registered children's nurses. Low tolerance for admission.	Yes <b>Required:</b> referral to a registered healthcare professional	Yes <b>Required:</b> referral to a registered healthcare professional	Yes <b>Required:</b> <16 requires authorisation via CAL and referral to a	No Requires at scene review by a registered healthcare professional or

		experienced in paediatrics for review.	experienced in paediatrics for review.	registered healthcare professional experienced in paediatrics for review.	transport to hospital
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