Children & Young People’s Directorate

Nursing Guidance and Standards for notification, referral and community follow-up of Children and Young People discharged from Hospital, Emergency Department, Minor Injuries and Treatment Room Settings.

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<th>Author</th>
<th>Named Nurses for Safeguarding Children</th>
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<td>Directorate responsible for this Document</td>
<td>Children &amp; Young Peoples Directorate</td>
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<td>Date of Implementation</td>
<td>1st July 2013</td>
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<td>Date of Review</td>
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<td>Screened by</td>
<td>Mrs Julie McConville</td>
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## Nursing Guidance and Standards for notification, referral and community follow-up of C & YP discharged from Hospital, Emergency Department, Minor Injuries and Treatment Room Settings.

### 1. Name of Procedure/Guidelines/Protocol:

Nursing Guidance and Standards for notification, referral and community follow-up of Children and Young People discharged from Hospital, Emergency Department, Minor Injuries and Treatment Room Settings.

### 2. Purpose of Procedure/ Guidelines/Protocol:

The purpose of these standards is to provide a seamless service using effective pathways and appropriate information sharing between health professionals in acute and primary care.

### 3. Replaces:

- Protocol for referral of children who attend A&E to the health visitor (Newry & Mourne Legacy Trust)
- Standard for appropriate response to Accident and Emergency Referrals 0-4 years Armagh and Dungannon Legacy Trust

### 4. Applicable to which staff:

Nursing staff working with Children and Young People’s Directorate and Older People and Primary Care

### 5. Name & Title of Author:

Paediatric Liaison Working Group:
Chairperson - Julie McConville
Head of Health Visiting & School Nursing

### 6. Equality Screened by:

Note any issues:
Julie McConville

### 7. Proposals for dissemination:

Senior Nursing & Midwifery Governance Committee
Children and Young People’s Services Procedure Committee
Heads of Service Acute, OPPC and CYPS Directorates
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<th>Proposals for implementation:</th>
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<td>10</td>
<td>Date Procedure/Guideline/ Protocol submitted to Procedures Committee:</td>
<td>8th January 2014</td>
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1.0 Introduction

The Trust is committed to ensuring that there is appropriate and effective follow up of children and young people’s visits to Emergency Department / Minor Injury/ Ambulatory Paediatrics and Treatment Room services and following any hospital inpatient stay. Nursing communication from acute areas to community nursing services is one element of the child / young person’s discharge pathway. These standards must be read in conjunction with the Admission, Assessment and Discharge Policy and Procedures for Children and Young People about whom there are Safeguarding Concerns SHSCT (2009)

1.1 Purpose

The purpose of this guidance and standards is to provide a seamless service using effective pathways and appropriate information sharing between health professionals in acute and primary care to:

- Provide continuity of care
- When appropriate ensure safeguarding measures are in place for individual children
- Identify children and families who may require increased support or services
- Reduce preventable accidental injuries in children.

1.2 Scope

This procedure applies to all Trust nursing staff working in acute and community settings:

1.3 Responsibility and Accountability

- Individual members of staff should be familiar with and understand local information sharing care as outlined in this procedure
- He/she should ensure that he/she has undertaken the appropriate training and supervised practice to demonstrate individual competency and confidence.
- He/she is responsible for their own actions. (NMC The Code 2008)
- The Registered Nurse remains accountable for the appropriateness of any delegation, ensuring adequate support and supervision is available [NMC The Code 2008]
- All nurses must exercise their own professional judgement when applying these standards in practice. However any decision to vary from a standard should be documented in the child’s record to include the reason for variance and the subsequent action taken.
Background

The DHSSPS (2003) guidance ‘Co-operating to Safeguard Children’, requires that hospital services notify a child’s General Practitioner and health visitor immediately in writing of visits to the Emergency Department

➤ All children of 5 years and under, and
➤ Children up to 18 years where there is cause for concern (p.23).

Standard 1

Nurses will notify GP and health visitor of any child aged 5 years and under who have attended Emergency Department (ED) /Minor Injuries/ Ambulatory Paediatrics:

Criteria

➤ **Written notifications** from ED/ Minor Injuries Unit / Ambulatory Paediatrics must be forwarded to the Health Visiting contact points and where appropriate the Community Children’s Nurse Team Manager and other specialist nurses who are involved in the care of the child as soon as possible, but within 2 working days. (ED Attendance Sheet or Acute Community Notification Form 0 -5 years. Appendix 1)

Standard 2

Nurses will refer children and young people aged 0-18 years in situations where there are identified concerns that may require community follow up

Criteria

➤ Nurses must make verbal contact prior to discharge with the Health Visiting /School Nursing Department , and any other specialist nurse involved in the care of the child
➤ Verbal referral will be followed up by a written referral form **within two working days. From Monday to Friday 9am to 5pm.** (See Acute Community Referral Form (CYPS aged 0 -18 years. Appendix 1)
➤ Referrals will be made on Monday morning for those children who attend these departments over the weekend.
➤ A copy of the completed referral form should be retained in the child’s hospital record.
➤ The nurse identifying the issue of concern must inform the parents/carer of the referral.
Standard 3

All Children and Young People aged 0 - 18 years with identified concerns referred as above will have appropriate community follow –up

A list of possible concerns is available for guidance only in Appendix 2 however this list is not exhaustive, all eventualities cannot be covered and professional judgement is required at all times.

Criteria

Health Visiting Team Managers will ensure:

- Systems are in place that all discharge slips from Emergency Department / Minor injury / Treatment Room / Ambulatory Paediatrics are date stamped on receipt to clinic.

- Systems are in place so that all notifications are allocated to the appropriate Health Visitor/ School Nurse / Staff Nurse within 2 working days.

The Health Visitor / School Nurse / Staff Nurse should:

- Review and analyse information on the liaison slip and file on appropriate mount sheet in the child’s repository file

- Review record of previous attendances

- Liaise with the Social Worker and Safeguarding Children Nurse Specialist where the information shared has raised child protection concerns.

- Record all attendances on chronology of significant events form indicating ‘no further action required’ or ‘action required’ and any action taken by the community nurse must be recorded in the main body of the records.

- Follow up can be face to face (either clinic or home), telephone

- Make contact with the parent/carer within 5 working days of receiving referral if a home visit is required. (See appendix 3 for examples)

- Document outcome of follow up in the child’s record including liaison with other agencies / disciplines including specialist nurse if they are involved with the child.
**Standard 4**

Notifications and (where appropriate) referral of all Children 0-18 who are not resident in the Southern Trust Area will be forwarded to appropriate nursing service in child’s area of residence

**Criteria**

- Notification and referral for non-resident children who attend Emergency Department / Inpatient facilities / Minor Injuries / Treatment Room / Ambulatory Paediatrics should be forwarded to their family doctor as advised at admission and to the most appropriate Trust Health Visiting/School Nurse Team Manager
- The health visitor/school nurse manager will forward notification and or referral to the health visiting/school nursing service in the child’s area of residence.
- If the non-resident child is not registered with a GP, a Trust Health Visiting / School Nursing manager will make contact with the health visiting/school nursing service in the child’s area of residence.
- A record of this notification and or referral should be retained.

**Standards for Paediatric Liaison prior to and following Discharge from Hospital Inpatient Facilities**

**Standard 5**

All infants in neonatal facilities will have appropriate discharge notifications and referrals in place prior to discharge from the unit.

**Criteria**

Neonatal / SCBU nursing staff responsible for discharge will:

- Ensure the new-born assessment and examination is completed on the day of discharge, recorded in the PCHR and forward copies to the CHS Bureau Office in Lurgan;
- Depending on the age of the infant notify the appropriate community midwifery team and/or health visiting team to inform them that the infant is being discharged
- Forward all NIMATS/CHS 3 neonatal discharge forms to:
  - Community midwife if baby is less than 28 days old
  - Health visitor if infant is more than 28 days old
  - GP
  - Local Child Health System office
- A copy of the discharge information is retained in the infant’s hospital record and in the PHCR.
- The Neonatal Nurse will telephone out the discharge plan to relevant community professional i.e. community midwife or health visitor and will complete and forward the Acute Community Referral Form (child and young person 0 to 18 years) if any concerns are identified.

**Standard 6**

All infants with nursing needs (e.g. tracheostomy care, stoma care, tube feeding, oxygen therapy) will be referred to Community Children’s Nursing Team, General Practitioner and Health Visitor.

**Criteria**

Neonatal/SCBU nursing staff responsible for discharge will:

- Liaise with the appropriate Community Children’s Nursing Team, General Practitioner and Health Visitor as soon as possible after it is known the infant will be discharged home requiring community children’s nursing input;

- Contribute to the discharge planning process which will be initiated depending on the needs of the infant;

- Ensure the new-born assessment and examination is completed on the day of discharge, record in the PCHR and forward copies to the local CHS office;

- Forward a copy of the neonatal discharge form to the Community Children’s Nursing Team, General Practitioner and Health Visitor.

- Complete and forward Acute Community Referral Form (C&YP aged 0 to 18 years) to the appropriate Community Children’s Nursing Team and retain a copy in the infant's hospital record.

**Standard 7**

Children and young people discharged from in-patient facilities who have identified nursing needs will be referred to Community Children’s Nursing Team

**Criteria**

Ward staff responsible for discharge will:

- Notify and provide regular updates to the Community Children’s Nursing teams about children and young people known to them who are admitted to the wards and document in the hospital record.

- Liaise with the appropriate Community Children’s Nursing Team as soon as possible after it is known the child or young person will be discharged home requiring community children’s nursing input.
➢ Contribute to the discharge planning process

➢ Record a summary of the admission / discharge in the PHCR

➢ Complete the Acute Community Referral Form (CYPS aged 0 -18 years) and forward to the:
   - CCN Team Manager
   - Health Visiting/School Nursing Team Manager
   - File a copy of the referral form in the hospital record.

### Standard 8

**Children and Young people will have appropriate Community Children’s nursing follow up following hospital discharge from in-patient facilities**

**Criteria**

➢ The notification of discharge from hospital will be received by Community Children’s Nursing team / Health Visitor / School Nurse

➢ Telephone contact should be made with the family within 5 working days

➢ The information should be recorded in the child’s health record and any subsequent action or outcome related to the contact should be documented.

### Standard 9

**Bereavement Support – families will be offered bereavement support by following the death of their child.**

**Criteria**

There will be notification of all child deaths occurring in hospital settings to appropriate community nursing service so bereavement support can be offered to the family

The Nurse in Charge will notify:

➢ GP

➢ Appropriate Midwifery/ Health Visiting / School Nursing / Community Children’s Nurse Team Manager or any other specialist nurse involved in child’s care.

The Health Visiting / School Nurse/ Team Manager will

➢ Notify Child Health System office and arrange for bereavement support to be offered to the family
2.0 Equality Statement

This protocol has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commission’s Screening criteria, no significant equality implications have been identified/the following implications have been identified and action taken. Similarly, this procedure has been considered under the terms of the Human Rights act 1998, and was deemed compatible with the European Convention Rights contained in the Act.
Appendices

1. Acute Community Paediatric Notification Form (0 – 5 years)
2. Acute Community Paediatric Referral Form (0 – 18 years)
3. List of possible attendances causing concern that may require community nursing follow up or further advice from Line Manager/ CPNS
4. List of examples requiring a follow up home visit
Appendix 1

**ACUTE/ COMMUNITY NOTIFICATION FORM (All Children Aged 0-5 YRS)**

**TO:**

<table>
<thead>
<tr>
<th>Please fix Patient Addressograph</th>
<th>School Attended</th>
<th>GP</th>
<th>Address</th>
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**DATE OF ADMISSION/ATTENDANCE:** __________________________________________

**REASON FOR ADMISSION/ATTENDANCE (DIAGNOSIS):**

__________________________________________________________________________
__________________________________________________________________________

**DATE OF DISCHARGE:** ______________________________________________________

**ACUTE SERVICES PLANNED REVIEW** YES/NO **TIMEFRAME** __________

**ADDITIONAL COMMENTS:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**NAME (PRINT) __________________________ PHONE NO ________________**

**SIGNATURE __________________________ DATE ______________________**

**JOB TITLE ______________________________**

(NB: COPY TO BE RETAINED IN CHILD/YOUNG PERSON’S HOSPITAL RECORD)
### ACUTE COMMUNITY REFERRAL FORM (C&YP aged 0-18 YEARS)

**TO:**

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</table>

**DATE OF ADMISSION/ATTENDANCE:** ________________________________

**REASON FOR ADMISSION/ATTENDANCE (DIAGNOSIS):**

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

**DATE OF DISCHARGE:** ________________________________

**REASON FOR REFERRAL:**

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

**ACUTE SERVICES PLANNED REVIEW** YES/NO **TIMEFRAME ______**

**UNOCINI REFERRAL FORM** SUBMITTED YES/NO

**ANY OTHER SERVICES INVOLVED** YES/NO
FOR FURTHER INFORMATION CONTACT:

HOSPITAL WARD ATTENDED __________________________________________

PARENT / CARER INFORMED OF REFERRAL YES / NO
PARENT / YOUNG PERSON CONSENTED TO REFERRAL YES / NO

ADDITIONAL COMMENTS:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

NAME (PRINT) __________________________ PHONE NO _____________

SIGNATURE _______________________ DATE ______________

JOB TITLE _____________________________________________________

(NB: COPY TO BE RETAINED IN CHILD/YOUNG PERSON’S HOSPITAL RECORD)
Appendix 3

List of possible attendances causing concern that may require community nursing follow up or further advice from Line Manager/ CPNS

Professional judgement must be exercised at all times and the following list is not exhaustive.

- A significant medical event such as a severe head injury, child requiring transfer to another hospital, child requiring resuscitation etc;
- A UNOCINI referral has been made;
- A child / young person’s name is on the Child Protection Register
- A child / family who are known to social services;
- A Looked After Child (LAC);
- A child who has been subject to bullying and / or an assault;
- A child who has been involved in a road traffic accident where there are concerns about travel safety precautions;
- A child who has taken an overdose / self-harmed
- Identified significant family or parental problems and stressors
- An unaccompanied child / young person where there are concerns about a child’s health and safety;
- A child / young person who presents with mental health issues who is not involved with mental health services;
- A child whose pattern of attendance is causing concern to professionals
- A child/ young person who has left ward/department without receiving medical attention where there are concerns.
- Fractures for children less than 1 year old and those over 1 year where there is cause for concern
- Parental Alcohol / substance misuse – where there is no involvement from support services
- A pre mobile child with bruising;
- A child presenting with repeated injuries that merits further investigations;
- A child who has ingested harmful substances that raises safety concerns;
- A child who has not attended for a review appointment e.g. Fracture Review
- A child with a long term medical condition which is causing concern e.g. unstable diabetes.
- A child who is not registered with a GP but is resident in the Trust
Appendix 4

List of examples when a follow up home visit will be required.

This list is not exhaustive and the nurse must always use professional judgement and knowledge of the family and circumstances.

- Where child protection concerns have been identified. (Liaison with the Child Protection Nursing Team and relevant social work team should take place before the home visit)
- Fractures for children less than 1 year old and those over 1 year where there is cause for concern;
- Child safety concerns particularly in relation to supervision, parenting capacity or environmental factors;
- Feeding difficulties in babies under 4 months;
- Growth and development issues;
- Irritable baby with no identifiable underlying medical cause;
- Identified significant family or parental problems and stressors;
- Urgent health promotion requirements e.g. medicines safety;
- Pattern of attendance giving cause for concern, and
- Request from Emergency Department to follow up when parent / carer left ward / department without child been seen.