

Standard Operating Procedure for the care of Children Presenting to Huddersfield Royal Infirmary (HRI) Emergency Department (ED)

Process for assessment/management

- 1. All presenting patients will be assessed by a nurse or clinician with at least two years ED experience.
- 2. The nurse will complete an assessment including a triage category. Patient's P3 and above will be reviewed by a clinician of level ST4+ prior to transfer. If the nurse assessment indicates a minor injury/illness presentation of triage category 4 or below, the patient will remain for further assessment within the HRI ED.
- 3. If additional support is required to manage the patient within the HRI ED Anaesthetics/ICU, Paediatric on-call from CRH and a Paediatric registered nurse from ward 4 will attend the HRI ED.
 - a. If immediate support is required a 2222 Paediatric call should be made.
- 4. Surgical Speciality Review In ED HRI ONLY if:
 - a. Deemed to require "Immediate" surgical intervention by ST4+ the relevant surgical team will review in HRI prior to transfer
 - i. In case of suspected appendicitis PAS score >7
- 5. Patient who are deemed to required transfer if:
 - a. Treatment & observations for more than 60 minutes.
 - b. Requires paediatric review or admission.



- 6. Patient's who require transfer should be referred to the Paediatric Assessment Unit (PAU)
 - a. If no PAU bed available, the patient should be handed over and transferred to the Calderdale Royal Hospital (CRH) ED.
- 7. On arrival to the CRH ED, the Paediatric team will be informed and will attend the ED to review the patient, unless a bed has become available on PAU.

Transport between HRI and CRH

- 1. Children deemed suitable following ST4+ review within the HRI ED may be transferred in their families own transport.
- 2. Children who are deemed to be unwell but not requiring immediate stabilisation should be transferred by a blue light ambulance.
- Children who have required stabilisation and are still critically unwell should be discussed with Embrace, Yorkshire's transport service for critically ill or injured children. https://www.sheffieldchildrens.nhs.uk/embrace/
 0845 147 2472
 - a. Embrace have a tool available on their website STOPP decision making tool. This can be used to determine which level of transfer is required. Embrace can also assist with these decisions.
 - b. A child with a time critical condition should be transferred by anaesthetics or the paediatric/neonatal team, depending on the age of the patient.



Children brought in dead or who die in ED

- 1. Bereavement care will be given and the Sudden Unexpected Death in Childhood (SUDIC) protocol will be commenced.
- The on call Paediatric Consultant should be called and will attend the HRI ED to complete the SUDIC process in medical deaths in children under 18 years of age.

Children that do not arrive at CRH after decision made for transfer

- 1. ED/PAU should contact HRI ED to determine whether the child has left yet, and whether they could still be en route.
- Once it is established that the child is unlikely to be attending CRH a member of PAU/ED team should call the parents to discuss why they have not attended.
- 3. If there any safeguarding concerns, safeguarding procedures should be followed.

