

PEDU - clinical units and duties

The Paediatric Emergency Department Unit is a 9-bed acute assessment service adjacent to the general emergency department at Waitakere Hospital. The unit is staffed by the emergency department nurses and well supported by the ED medical staff.

You will carry the Paed on-call phone (speed dial 3044) and receive calls from GPs regarding acutely unwell children who require acute assessment and management.

GPs only seeking advice are diverted to the Paed advice phone (option 2 on the 0800CHILDDR) where they can talk with the on-call SMO.

- Please use the Paediatric ED form
- Enter GP referrals in the *Daily Registers WDHB tab on the concerto portal*.
- Include as much detail as you are able to in the fields – if the child's NHI does not work, enter their surname and first name in the fields below. Also seek to obtain a contact number for the GP who referred so the team can communicate with them should the patient not present.
- You are expected to see paediatric referrals (from GPs or ED staff) in ED; however our department thrives on both ED and paediatric teams working together and helping each other out, depending on the workload. Some ED medical and nursing staff may have little paediatric experience and require paediatric support, so please provide this.
- When liaising with the ED staff, it is important to be aware of children they are currently seeing who you recognise as possibly needing admission, and subsequently intervening or providing advice as appropriate.
- All infants less than 6 months of age are to be discussed with the PEDU consultant.
- Click on the patients as soon as you pick up the file, or backdate the time as needed if you initially forget (for audit purposes).
- Preferably a decision should be made to admit / transfer or discharge a child within 4hrs from time of arrival in the ED.

- Once you have completed the paperwork please press ADMIT to facilitate the admission process.
- Most investigations can be followed up on the ward by the ward registrar and will help avoid delaying transfer of the child to the ward.
- •When admitting a child where results or further actions are required during that shift or before formal handover, please inform the ward registrar to ensure continuity of the acute care plan and that results are checked and children reassessed as necessary.

Paediatric transfers from North Shore ED

- **All children** should be established as being **clinically stable**, with the appropriate **interventions, management and transfer plan**, prior to inter-hospital transfer. The receiving hospital staff should know for e.g. for a shocked child – the number of volume boluses (10-20ml/kg) given, cardiovascular status pre/post boluses, which antibiotics given, number of peripheral lines in situ etc.
- **It is expected that any child who required resuscitation has been managed by a FACEM with/without PACE Paediatrician support. The decision for transfer to Waitakere Hospital or PICU, should be made by the NSH FACEM and the PACE Paediatrician (during working hours).** The referring team should also consider talking with PICU regarding appropriate transfer destination.
- For all other children with acute medical problems, possible transfer to Waitakere hospital, requires the NSH doctor to contact the PEDU paediatric registrar at Waitakere Hospital.
- Transfers requested by an RMO will **NOT BE ACCEPTED** by the PEDU registrar unless the

child has been seen/attended to by an ED
FACEM and/or PACE Paediatrician

- All surgical /orthopaedic /trauma cases who require specialist input should be transferred to Starship Hospital.
- PACE Paediatricians are on-site at North Shore during working hours and should be contacted and involved as required, especially when paediatric resuscitation has taken place.

Home Care for Kids HC4K

- These are the community nurses who will follow up children discharged from the ward or the emergency department. A referral needs to be made and there needs to be sufficient information regarding the purpose of their community review.

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