Ambulatory Paediatrics

Guidelines for referral and transfer

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Introduction

The Royal College of Paediatrics and Child Health has issued a position statement on ambulatory paediatrics, and this sets out the aim of paediatric and child health services 'to provide care without hospital admission whenever possible and aim, when admission is needed, to reduce its duration to a minimum'. This requires a service with considerable flexibility which takes account of the needs of parents and children and the geographic and demographic characteristics of the population served. For this service to function effectively careful consideration needs to be given to close association with or inclusion of a paediatric community nursing service.

Definition

Ambulatory paediatrics is not a specialty of paediatrics, but rather describes care which does not include admission to hospital (other than a short period of a few hours for assessment). This has become an increasing emphasis within paediatrics in recent years, and indeed forms one of the objectives of the HPSS management plan 1999/00 to 2001/02 - 'to work towards a reduction, by the year 2002, of at least 25% in the total number of acute hospital bed days occupied by children aged 0-15 years old'.

Summary of key points and key recommendations

- Ambulatory Paediatrics is care which does not include admission to hospital (other than for a short period of a few hours for assessment).
- These guidelines cover a service operating at a site where no other paediatric support is available.
- An experienced paediatric doctor is needed when the unit is open, together with experienced nursing, clerical and other staff.
- The service needs close association with, or inclusion of, a paediatric community nursing service.
- Appropriate referrals - children considered by a general practitioner or A&E staff to need further assessment, observation or investigation but likely to return home after a short period in the ambulatory unit.
- The GP or A&E Department must contact ambulatory unit staff to arrange the referral, especially if the child is acutely ill and needs paediatric expertise immediately.

- Transfer arrangements must be carefully worked out with the ambulance service locally.

- Attendance will also be appropriate for some children who require follow up after discharge from hospital or initial attendance at the ambulatory unit, but this should not be used as a substitute for referral to a paediatric outpatient clinic.

Scope of guidelines and structure of service

While the details of the composition and management of individual services will differ in order to match local needs and characteristics, these guidelines have been developed to help professionals and managers in the definition of appropriate referral and transfer as part of an ambulatory paediatric service. They do not include surgical services for children or neonatal services which need to be considered separately. While an ambulatory service can operate as part of a comprehensive paediatric service which includes inpatients, these guidelines relate to the situation where the ambulatory service is at a site where there is no such paediatric support available. This service must be managed as an integral part of a comprehensive paediatric service based elsewhere, with effective systems to ensure continuity of care between the departments. At least one experienced paediatric doctor must be present at all times during the hours of operation of the ambulatory unit, together with sufficient experienced nursing, clerical and other staff with appropriate training and skills. Regular updating of these skills is necessary.

Referrals to ambulatory units

Appropriate referrals include children considered after assessment by the general practitioner or medical staff in the accident and emergency department to require further assessment, observation or investigation but who do not require immediate admission to hospital, and where it is considered likely that they will be able to return home after a period in the ambulatory unit. The maximum duration of this period will depend on the time of day and the hours of operation of the unit. Experience in the unit based in the Mid-Ulster Hospital has shown that typical conditions where referral may be appropriate include infectious disease (29% of referrals), gastrointestinal disorders (17%), respiratory disorders (9%), neurological disorders (8%), cardiovascular disorders (5%) and acute febrile illness (4%). There are also children referred for procedures, including immunisation requiring special consideration or supervision (12% of referrals).

Although children assessed by the general practitioner to require hospital admission should normally be directed straight to the appropriate inpatient paediatric department and not via the ambulatory unit, there may occasionally be individual children where, in the opinion of the general practitioner, the extra time involved in reaching the inpatient department would be likely to endanger the child's life and

where more rapid access to experienced paediatric staff and facilities for resuscitation and stabilisation prior to transfer would be better. For this reason it is essential that each unit has rapid access to appropriate laboratory and radiology services.

In all cases telephone communication should take place between the general practitioner or A&E department and the staff in the ambulatory unit prior to referral, so that further information can be exchanged and advice given where appropriate.

Protocols must be developed for the guidance of ambulance staff regarding the appropriate destination for children with emergency conditions. Only A&E departments that are on the same hospital site as inpatient paediatric facilities should accept children apart from those with minor injury not requiring hospital admission, except where geographical isolation makes it necessary to agree alternative procedures.

Referral to an ambulatory unit must not be used as a substitute for urgent referral to outpatients or accident and emergency. If there is any doubt as to the appropriate pathway for paediatric opinion then telephone discussion should take place with the experienced medical staff in the unit. Such units are not normally the appropriate referral route for conditions such as behavioural problems, enuresis, encopresis, chronic cough, etc.

Other groups of children who are likely to be referred to the unit may include those who have required admission to hospital but who have subsequently been discharged and require early follow up by the paediatric team rather than within primary care. This may include children who require daily assessment and/or intravenous administration of antibiotics for conditions such as meningitis (although much of this type of care can also be effectively provided within a paediatric community nursing service where this exists).

Transfers from ambulatory units

Operational systems must be agreed between all involved as to availability of transport where this is needed for transfer of children from the ambulatory unit to an associated comprehensive paediatric department, or in some cases to regional paediatric services such as intensive care, cardiology, etc. Appropriate arrangements must be put in place to ensure availability of suitable ambulance or other means of transport within agreed time intervals, and for suitably trained and experienced staff (medical and also in some cases nursing) to accompany the child where necessary while ensuring that staffing levels in the ambulatory unit (and other departments in the hospital) are maintained at adequate levels.

This requires careful analysis and consultation between relevant commissioners, trusts (including ambulance), departments and professionals prior to the establishment of the service.

Conclusions

The key to effective operation of an ambulatory service is close and ongoing contact with the primary care teams in the locality, together with effective integration of staff (at least medical staff) with the associated paediatric inpatient and community paediatric nursing services. This maintains working relationships within the concept of a managed network of care, and facilitates maintenance of skills, continuing professional development and communication. Frequent use should be made of facilities such as fax for rapid transfer of information between the ambulatory unit and colleagues in both primary care and secondary care (with appropriate safeguards regarding confidentiality, etc).

Experience locally and elsewhere has confirmed that, where appropriate, introduction and effective operation of an ambulatory paediatric unit can provide a safe and valued service to a locality of children, families and general practitioners. This requires careful analysis of the health needs of the local paediatric population and discussion of available options with public health and primary care, together with adequate resourcing in terms of facilities and staffing.

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