

HIGH DEPENDANCY ADMISSION AND DISCHARGE CRITERIA

The High Dependency care is provided to a child who may require closer observation and monitoring than is usually available on a regular ward, and require higher staffing levels than usual. The following table sets out agreed categories of children who should be regarded as receiving high dependency care. These categories will not cover all instances but they form the core set to which others may be added.

The final decision to admit a patient is based on the clinical assessment of the child in consultation with the Medical Consultants and Nurse Unit Manager/ Associate Unit Manager.

Admission Criteria

Patient Condition AIRWAY	Clinical Code
Recurrent/Prolonged apnoea's requiring bag mask ventilaltion or frequent stimulation	A1
Upper airway obstruction (+/- Nasopharyngeal airway) requiring oxygen or nebulised adrenaline and with increased work of breathing requiring assessment and intervention 30 minutely or more often	A2
Tracheostomy requiring acute nursing care with either a new tracheostomy or after decannulation or existing tracheostomy requiring suctioning /intervention 30 minutely or more often	A3
Craniofacial immediate post operative care 12 - 24 hours requiring observation/assessment/intervention 30 minutely or more often	A4

Patient Condition BREATHING	Clinical Code
FiO2 greater than or equal to 0.5 (50% of oxygen) or greater than or equal to 10 litres/min via wall O2	B1
Acute severe asthma requiring 30mins interventions/treatment/assessment	B2
Long term ventilation: <ul style="list-style-type: none"> • CPAP dependant via tracheostomy • Fully ventilated via tracheostomy • Initiation of CPAP • BiPAP • Negative pressure ventilation via portalung • Titration/weaning of any of the above 	B3

Patient Condition CIRCULATION	Clinical Code
Diabetic Hyperinsulinemia or Ketoacidosis requiring Insulin Infusion	C1
Ventricular assist device care until parent educated and competent to provide independent care	C2
Vascular surgery requiring < hourly intervention/assessment <ul style="list-style-type: none"> extended treatment / intervention (i.e. leech therapy / localised injected heparin therapy) 	C3
Electrolyte, Metabolic or Circulatory instability requiring ongoing investigation and intervention 30 minutely or more often – eg <ul style="list-style-type: none"> elevated ammonia complex infusions or feed regimes, TPN/lipid blood sampling and intervention hypovolaemia more than hourly fluid loss replacement from drains 	C4
Cardiac disease including the following: <ul style="list-style-type: none"> low-dose intravenous inotropic or vasodilator therapy. Unstable or underlying unsustainable dysrhythmia resistant to reversion or requiring 30 minutely intervention (awaiting transfer to PICU) Duct dependant infant on prostaglandin infusion (PGE1) 10 or less nanaograms Establishment of prostacyclin infusion Dependant temporary cardiac pacing 	C5
Suspected septicaemia including meningococcal who require at least hourly observations.	C6
Bone marrow transplant/severe neutropenia requiring 30 minutely assessment and interventions with at least 2 of the following: <ul style="list-style-type: none"> Blood products IV electrolyte corrects IV Opioid Infusion Multiple Antibiotics 	C7
Establishing automated PD	C8

Patient Condition DISABILITY	Clinical Code
Neurological/Neurosurgical patients requiring 30 minutely observations/interventions, May include: <ul style="list-style-type: none"> Prolonged (greater than 1 hour) or clustering convulsions Some post op neurosurgical patients for 24-48 hours EVD and subdural monitoring Some neuromuscular patients 	D1
Glasgow coma score 8 to 12 requiring 30 minutely neurological assessment	D2
Pain requiring frequent CPMS review and escalating intervention 30 minutely May include <ul style="list-style-type: none"> post op multi-level surgery for 24-48 hours Post op spinal surgery for 24-48 hours Procedural sedation Instability on opioid/epidural infusions 	D3
Moderate-severe behavioural problems requiring frequent observation, monitoring and guidance, redirection or active behavioural intervention	D4

Patient Condition HDU Other	Clinical Code
Other conditions as agreed by Nurse Unit Manager	O1
Complex unaccompanied patient requiring constant supervision to manage care	O2

Patient Condition SPECIALING	Clinical Code
A Tracheostomy Decannulation (during shift of decannulation)	S1
A Synchronised/Intermittent mandatory ventilation via tracheostomy	S2
C Renal/Cardiac/Liver/Intestinal transplant first 12-24 hours on ward	S3
C Vascular surgery requiring 30 min, or more frequent intervention/assessment first 24 hours on ward post digit reimplantation unless unstable	S4
C Intravenous therapy requiring continuous monitoring due to extreme risk of anaphylaxis <ul style="list-style-type: none"> • Stem cell return • Monoclonal antibodies (first dose) • St. Jude's Protocol 	S5
C. Major Burns (greater than 40%) requiring burns bath as per Procedural Sedation guideline	S6
C Establishing Manual Peritoneal Dialysis or on 30 minutely or more frequent manual PD cycle	S7
D Psychiatric or severe behavioural problem requiring continuous observation and care as specified in the Mental Health Act (2014).	S8
D Severe disability/behaviour of concern/autism requiring constant observation, monitoring and guidance, redirection or active behavioural intervention	S9
D Palliation	S10
O Supervised Transportation to other Health Facilities Eg: Peter Mac, RMH, Alfred	S11

Patient Condition SPECIAL CARE NURSERY-only in infants less than 3/12	Clinical Code
Normal circulation and O2 Saturation less than 92%	SC1
Tachypnoea requiring close observation	SC2
Circulatory instability and poor tolerance with handling and interventions causing arrhythmia, peripheral cyanosis, mottling, unstable BP	SC3
Arrhythmia requiring constant monitoring (telemetry)	SC4
Signs of congestive cardiac failure	SC5
Irritability requiring frequent intervention in the absence of a carer	SC6
Requiring frequent CPMS review for weaning of sedation/analgesia with WAT score of 5 or greater	SC7

Patient Condition Wallaby HDU	Clinical Code
Twice daily visits	W1
Visit of between 60-180 minutes duration	W2
Staff member's travel time greater than 4 hours during an 8-hour shift	W3

Patient Condition Wallaby Special	Clinical Code
Three times per day visits	W4
Visit with patient contact of over 180 minutes duration	W5
Visit with 2 staff greater than 90 minutes duration	W6
Visits where patient's place of residence is greater than 60kms from RCH	W7

Discharge from HDU

Once the underlying physiologic condition that prompted High dependency care has been resolved or the disease process has reversed/ stabilised, the child can be considered for step down from High dependency care. The transfer of patient is determined by the clinical decision of the nurses supported by thorough clinical assessment of the patient as evident in documentation of the findings and in consultation with unit ANUM's and/ Nurse Unit Manager.

References

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