HIGH DEPENDANCY ADMISSION AND DISCHARGE CRITERIA

Patient's requiring increased observation and monitoring as a result of clinical instability may be re-classified as requiring High Dependency care. Patient's admitted to High Dependency are staffed with an increased ratio of 1 nurse:2 patients.

The following tables will provide a framework for The Nurse Unit Manager +/- Associate Nurse Unit Manager, to admit patient's to High Dependency care. These categories do not cover all instances, however, support discussion and decision making between the Nurse Unit Manager and the Associate Nurse Unit Manager of each unit, working in collaboration with the patient's Medical Consultant.

To ensure patient complexity and unit workload is captured, the ANUM on each shift is required to review patient's allocated to high dependency care. If it is deemed appropriate for the patient to remain classified as a HDU the ANUM will allocate the appropriate clinical codes (as described below) to the bed management tool.

Admission Criteria

Patient Condition AIRWAY	Clinical Code
Prolonged apnoea's requiring bag mask ventilaltion	**A1**
Critical Upper airway obstruction requiring oxygen or nebulised adrenaline and with increased work of breathing requiring ½ half hourly observation with intervention	**A2**
Procedural sedation and post procedural recovery as per Sedation CPG until patient returns to pre procedural state http://www.rch.org.au/rchcpg/index.cfm?doc_id=9188	**A3**
Patients requiring a Tracheostomy to protect a critical airway who requires acute nursing care as a result of New Tracheostomy Decannulation OR Existing tracheostomy requiring suctioning every 15 minutes	**A4**
Craniofacial immediate post-operative care 12 - 24 hours	**A5**

Patient Condition BREATHING	Clinical Code
FiO2 ≥ 0.5 (50% of oxygen) or ≥ 10litres/min via wall 02	**B1**
Acute severe asthma requiring 30mins interventions/treatment/assessment	**B2**

Long term ventilation: • 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**
Circulatory instability due to hypovolaemia requiring intervention <30min monitoring of hemodynamics	**C1**
Diabetic hyper- Insulinemia or Diabetic Ketoacidosis requiring Insulin Infusion	**C2**
Ventricular assist device care until parent educated and competent to provide independent care	**C3**
Vascular surgery requiring <30 hourly intervention/assessment • extended treatment / intervention (i.e. leech therapy / localised injected heparin therapy)	**C4**
Unstable metabolic patient requiring <30min intervention e.g. elevated ammonia, complex infusion & feed regimes,	**C5**
Electrolyte instability requiring 3 interventions within <30mintues for 4 hours • Multiple Intravenous Electrolyte replacement • Blood Sampling with intervention • Hourly Fluid Loss replacement from drains	**C6**
Unstable dysrrhythmia, resistant to reversion, underlying unsustainable rhythm requiring <30min interventional treatment or intervention	**C8**
Dependant Temporary Cardiac Pacing	**C9**
Establishment of Prostacyclin Infusion	**C10**
Ductus Arteriosus Dependant infant on Prostaglandin infusion (PGE1) ie infusion of prostaglandin >10nanograms	**C11**
Patients with non-life-threatening cardiac disease requiring low-dose intravenous inotropic or vasodilator therapy.	**C12**
Septicemia who requiring hourly assessment and intervention	**C13**
Bone Marrow transplant/severe neutropenia requiring at least 2 of the following interventions within a 4hour timeframe • Blood Products • IV electrolyte corrections • IV opioid infusion • Multiple antibiotics	**C14**
Establishing manual/automated PD	**C15**
Post – Operative spinal surgery 24 – 48hrs	**C16**

Half Hourly cycle manual peritoneal dialysis	**C17**

Patient Condition **DISABILITY**	**Clinical Code**
Prolonged (e.g. over 1 hour) or clustering convulsions <30 minutely neurological observation and interventions	**D1**
Glasgow coma score 8 to 12 requiring frequent neurological assessment	**D2**
EVD and subdural monitoring	**D4**
Severe behavioral problems requiring <30min observation, monitoring and guidance or active behavioral intervention	**D5**
Neurosurgical patient requiring ≤ 30 min intervention 24 – 48 hours post operatively	**D7**

Patient Condition SPECIALING	Clinical Code
A Tracheostomy Decannulation (during shift of decannulation)	**S1**
A Synichronized/ Intermittent Mandatory Ventilation via Tracheostomy	**S9**
C Renal transplant first 12 - 24 hours	**S2**
C Liver transplant 12 -24 hour	**S3**
C Vascular surgery requiring < 30 min intervention/assessment first 48 hours on ward post digit reimplantation	**S4**
C Intravenous therapy requiring continuous monitoring due to extreme risk of anaphylaxis • Stem cell return • Monoclonal antibodies • St. Jude's Protocol	**S5**
C. Major Burns (> 40%) requiring Burns Bath (during shift of burns bath or as per Procedural Sedation Guideline)	**S7**
D Psychiatric or severe behavioral problem requiring continuous observation and care as specified in the Mental Health Act 20014	**S8**

Patient Condition Other	Clinical Code
Other conditions as agreed by Nurse Unit Manager and After Hours Hospital Manager	O1

Discharge from HDU

Once the underlying physiologic condition that prompted High dependency care has been resolved or the disease process has stabilised, the child can be considered for step down from High dependency care.

The downgrading of a patient is determined through collaboration between the nurse at the bedside, the ANUM +/- the NUM following a thorough clinical assessment of the patient. .

References

1. High Dependency Care for Children – Report of an Expert Advisory Group'. Department of Health UK. 2002.
2. ABC of Oxygen: Acute Oxygen Therapy, Bateman N.T & Leach R. M. British Medical Journal. 1998. Issue 317. 798-801.
3. Exploring Nurses Experiences of Providing High Dependency Care in Children's Wards, Doman. M, Prowse.M, Webb.C. Journal of Child Health Care. 2004. Vol. 8. No. 3. 180-197.
4. Minimum standard for nursing levels for children and young people'. Starship Children's Health, New Zealand.
5. Guidelines for intensive care and high dependency patient's policy, The children's hospital Westmead, Sydney
6. Cockett, A., & Day, H. (2009). Children's High Dependency Nursing , Wiley-Blackwell
7. Audit of High Dependency Care for Children and Young People, report of National Services Division Commissioning for Scotland's Health. 2007