

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.

The clinical codes categorised from A1- S7 relates to documentation on bed booking

Admission Criteria

Patient Condition AIRWAY	Clinical Code
Recurrent apnoea's requiring bag mask ventilation or frequent stimulation	A1
Upper airway obstruction (+/- Nasopharyngeal airway) requiring oxygen or nebulised adrenaline and with increased work of breathing requiring close observation.	A2
Procedural sedation and post procedural recovery as per Sedation CPG until patient returns to pre procedural state http://www.rch.org.au/rchcpag/index.cfm?doc_id=9188	A3
Tracheostomy patients requiring acute nursing care with either a new tracheostomy or after decannulation or existing tracheostomy requiring suctioning every 15-20 mins.	A4
Craniofacial immediate post operative care 12 - 24 hours	A5

Patient Condition BREATHING	Clinical Code
FiO ₂ ≥ 0.5 (50% of oxygen) or ≥ 10litres/min via wall O ₂	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 portulung • Titration/weaning of any of the above 	B3

Patient Condition CIRCULATION	Clinical Code
Circulatory instability due to hypovolaemia	C1
Diabetic Ketoacidosis with Insulin Infusion	C2
Ventricular assist device care until parent educated and competent to provide independent care	C3
Vascular surgery requiring < hourly intervention/assessment <ul style="list-style-type: none"> extended treatment / intervention (i.e. leech therapy / localised injected heparin therapy) 	C4
Unstable metabolic patient requiring frequent intervention e.g. elevated ammonia, complex infusion & feed regimes, TPN/Lipid, impulsive behaviour	C5
Electrolyte instability requiring ongoing investigation and intervention	C6
Intravenous fluid resuscitation repeated greater than >10ml/kg/hr	C7
Unstable arrhythmia, resistant to reversion, underlying unsustainable rhythm	C8
Temporary Cardiac Pacing	C9
Establishment of Prostacyclin Infusion	C10
Duct dependant infant on Prostaglandin infusion (PGE1) with the exception of HLHS who should be managed in PICU	C11
Patients with non-life-threatening cardiac disease requiring low-dose intravenous inotropic or vasodilator therapy.	C12
Suspected septicaemia including meningococcal who require at least hourly observations.	C13
Bone marrow transplant/severe neutropenia until blood count recovery	C14
Establishing manual/automated PD	C15
Post – Operative spinal surgery 24 – 48hrs	C16
1-2 hourly cycle manual peritoneal dialysis	C17

Patient Condition DISABILITY	Clinical Code
Prolonged (e.g. over 1 hour) or clustering convulsions requiring interventions and frequent observation and assessment	D1
Glasgow coma score 8 to 12 requiring frequent neurological assessment	D2
Pain requiring frequent CPMS review and escalating intervention	D3
EVD and subdural monitoring	D4
Severe behavioural problems requiring frequent observation, monitoring and guidance or active behavioural intervention	D5
Neuromuscular patient requiring at least hourly assessment / intervention	D6
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
C Renal/Cardiac transplant first 48 hours on ward	S2
C Liver failure / transplant until stable : <ul style="list-style-type: none"> • JP drain removed. • CVAD removed. • Normalizing liver function as reflected by liver enzymes, bilirubin, electrolytes and clotting profile 	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 <ul style="list-style-type: none"> • Stem cell return • Monoclonal antibodies • St. Jude's Protocol 	S5
C Patient on VAD until stable (Coagulation, Settings, pain control)	S6
C. Major Burns (> 40%) requiring bath and fluid therapy	S7
D Psychiatric or severe behavioral problem requiring continuous observation and care as specified in the Mental Health Act (1986).	S8

Patient Condition Other	Clinical Code
Acute chronic liver failure with complications	O1
Trauma requiring hourly observations. E.g. significant GI bleeding	O2
Poisoning /Toxicity/Substance misuse with potential for significant problems	O3
Other conditions as agreed by Nurse Unit Manager	

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

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