

LRI Children's Hospital

STANDARD OPERATING PROCEDURE (SOP)

Ward 27 Admission for Paediatric Patient identified to have severe Primary Immune Deficiency

Staff relevant to:	Medical, nursing bed management staff accepting/admitting patients identified with severe PID to ward 27 LRI.
Team approval date:	July 2024
Version:	2
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Written by:	Joe Gilbey – Service Manager Ruth Radcliffe – Consultant Paediatrician
Trust Ref:	C49/2021

1. INTRODUCTION AND BACKGROUND

This document sets out the University Hospitals of Leicester NHS Trust (UHL) procedure for supporting the paediatric patients with severe Primary Immune Deficiency (PID) whom will be admitted on Ward 27 (LRI).

This is to ensure all employees of UHL are informed and aware of the paediatric patient pathway and underpinning processes. The SOP will outline the process to ensure all patients receive an efficient and robust experience through Ward 27, in a safe environment, which reflects the individual needs and highest standards of care. Effective planning and organisation by all members of the operational and clinical teams is essential to deliver high quality of patient care to identified patients and ensure optimal flow through the hospital.

This SOP will aim to facilitate an effective transition for the patient to ensure clinical efficiency in the Trust.

2. SCOPE

This SOP covers the paediatric patient journey from admission to discharge onto Ward 27 (Leicester Royal Infirmary).

It includes all paediatric patients who are identified with a severe Primary Immune Deficiency (PID), such as those in whom Bone Marrow Transplant (BMT) would be

considered for their condition. For example (but not limited to), patients with a diagnosis of Severe combined immunodeficiency (SCID).

Patients would have access to ward 27 when they are pre BMT and until immune reconstitution has occurred to a satisfactory level afterwards.

Patients may need admission:

- 1) Pre transplant, usually for infectious complications. This may be direct from SCID screening, transfer from other Paediatric wards after PID diagnosis or presenting from home.
- 2) Post-transplant, when transferred from transplant Centre (Newcastle/GOSH) if not ready for discharge home. (Only after MDT discussion involving team members from Ward 27, UHL Paediatric Immunology, bed managers and Referring unit).
- 3) Post-transplant when presenting with fever etc.

We currently estimate a maximum of 5 patients a year will need potential access onto Ward 27. This estimated figure will be reviewed regularly in line with clinical activity.

This policy applies to Healthcare Professionals employed by UHL including those on bank, agency and honorary contracts including Consultants, Registrars, Junior Doctors, Clinical Nurse Specialists, Adult and Paediatric Bed Managers, Ward Nurses, Nurses working in Day Care.

Currently the Oncology team has a weekly Monday meeting to discuss current inpatients and the week ahead, this is a suitable forum to raise if any potential patients that identify under this criteria.

2.1 Roles and Responsibilities

The Medical Director is the Executive Lead for this SOP.

The UHL immunology team to be available for advice and clinical review as the service dictates. They will inform all of the Ward 27 team (**All** Paediatric Haematology and Oncology Consultants and **All** Haematology Liaison Nurses) and Ward 27 Ward Manager via email when they identify a patient who may require access to ward 27 if they become unwell because of their Immunodeficiency. They will supply any patient specific management plans and discharge paperwork from referring centres.

The Great Ormond Street Hospital for Children and Newcastle Royal Victoria Infirmary Paediatric Immunology teams will be available 24/7 for support and clinical guidance.

The Lead Clinician for the PID patients has an overall responsibility for ensuring that the policy is adhered to and that the Policy is reviewed in the agreed timescales.

The Medical Team within paediatrics and adult cancer services are responsible for admitting and discharging patients onto Ward 27 under the circumstances of this process.

The Ward Manager of Ward 27 has a responsibility for ensuring that admissions are appropriate and is the first point of contact for any issues surrounding admissions. In the absence of the Ward Manager this responsibility is delegated to the nurse in charge of the ward or the matron.

The Nurse in Charge has a responsibility to liaise with the bed manager at the beginning of each shift to identify any patients suitable for Ward 27.

The Bed Coordinator for Children's has the responsibility to identify PID patients proactively where possible and book the appropriate bed in advance.

The Ward Manager for Ward 27 has a responsibility for monitoring compliance of bed usage. CYPICS Lead Nurses can also be contacted to advise about issues/delays with admissions.

3. EDUCATION AND TRAINING

There is no specific training needed to use this document, however any queries relating to this document around admission of patients must be discussed with the Ward Manager for the Ward or the designated Consultant looking after the patient.

4. ROUTES OF ADMISSION

4.1 In Hours:

During normal working hours (Monday – Friday 09:00 – 17:00) Patients may be referred to Ward 27 by the following people after discussion with the consultant team in charge of the patient's care.

- a) Paediatric Oncology COW as primary contact
- b) Clinical Nurse Specialists
- c) Paediatric and Adult Oncology/Haematology Consultants and SpRs
- d) Patient contact via Ward 27

4.2 Out of Hours

Outside of normal working hours (Monday to Friday 17:00 – 09:00 and weekends and Bank Holidays) the appropriate medical on call team will be contacted by the nurse in charge.

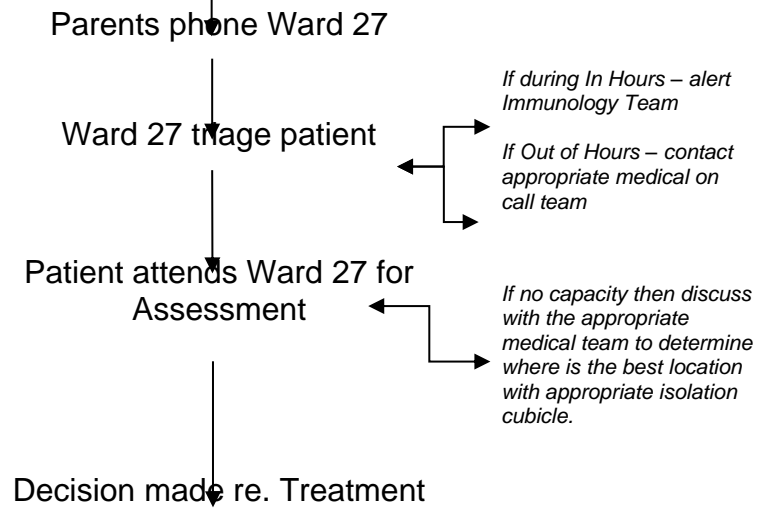
If there is no capacity on Ward 27 this will need to be discussed with the appropriate medical team to determine where is the best location for the patient to come in (e.g. Emergency department). Please refer to the [Admissions for Ward 27 Teenage Cancer Trust Teenage and Young Adult Unit \(TCTTYA\) UHL Childrens Hospital Guideline B17/2017](#)) for guidance.

This includes a safe isolation space to review the patient to decide if needs admission. Currently out of hours the only appropriate option are appropriately ventilated cubicles. It is also important to ensure appropriate nursing levels are available because patients with SCID pre- or post- transplant requiring admission will score highly on IV requirements/acuity.

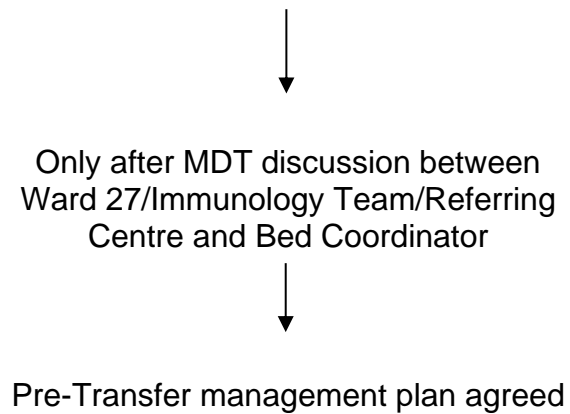
5. PROCEDURE

5.1 Rooms – the identified patient with severe PID/SCID will require a positive pressure cubicle on Ward 27 as they require isolating in a side room with the appropriate ventilation protection.

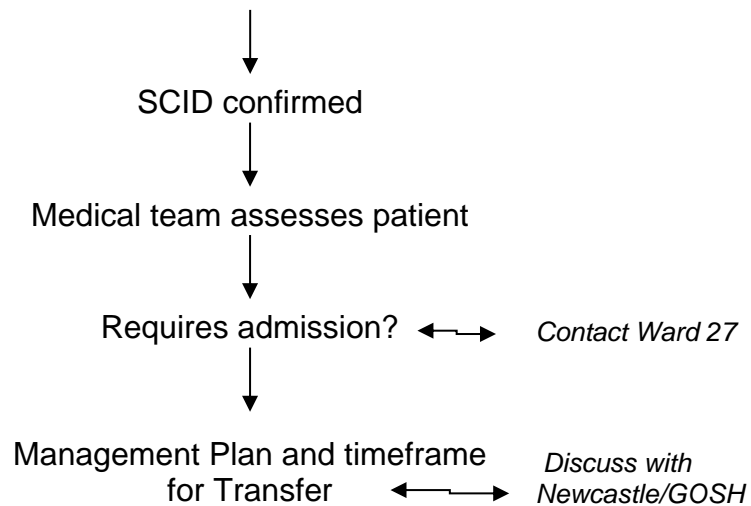
1 Unplanned Admission



2 Planned Transfer from Newcastle/GOSH



3 SCID Pathway



6. REVIEW AND MONITORING CRITERIA

This document will be uploaded onto SharePoint and available for access by Staff through the policy & guidelines library on InSite. It will be stored and archived through this system.

7. SUPPORTING DOCUMENTS AND KEY REFERENCES

- I. Bed Management Policy (Trust Reference Number B24/2003)
- II. Admissions Policy for Ward 27 Teenage Cancer Trust Teenage & Young Adult Unit (B17/2017)

8. KEYWORDS

Bone Marrow Transplant (BMT), GOSH, Immunology, Newcastle, Severe combined immunodeficiency (SCID).

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this SOP and its impact on equality have been reviewed and no detriment was identified.

Age is a criterion for entry however this is in line with the requirements of age discrimination legislation as it is clinically justified.

CONTACT AND REVIEW DETAILS

Guideline Lead (Name and Title) Joe Gilbey – Service Manager Ruth Radcliffe – Consultant Paediatrician	Executive Lead Chief Medical Director
Details of Changes made during review: Title Ward Sister updated to Ward Manager	