

GENERAL PAEDIATRICIAN INVOLVEMENT: SURGICAL PATIENTS LESS THAN 4 MONTHS CORRECTED AGE - SCH

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- To be used for all infants admitted under a general surgeon with corrected age less than 16 weeks, excepting patients on a pathway or where projected admission is less than three days, including, but not limited to:
 - Patients transferred from RHW or other neonatal units for ongoing management.
 - Infants already known to a paediatrician or those with associated significant medical problems.
 - Children transferred out of ICU post-operatively, except for routine operations where a brief period of ICU management was expected.
- General paediatricians may be able to help with medical issues noted in patients admitted under general surgery.
- In discussion with the general surgeon who is AMO1, a general paediatrician can be consulted and noted as AMO2.
- Relevant patients should be identified by the surgical or ICU teams in the morning, and the General Paediatric Fellow will decide which paediatrician it is most appropriate to consult.
- If patient is known to a paediatrician, that paediatrician should be consulted where possible and appropriate.
- The surgeon will remain the primary AMO (until such time as they may choose to hand over care) and needs to be consulted for any major decisions. The general paediatrician will be AMO2.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st July 2013	Review Period: 3 years
Team Leader:	Staff Specialist & DDCG&MA	Area/Dept: General Surgery SCH

CHANGE SUMMARY

- Due for mandatory review – no major changes.
- This document replaces SCH 3.G.1 of the same title.

READ ACKNOWLEDGEMENT

- The following staff must read and have a clear understanding of this document:
 - SCH General Surgical medical officers,
 - SCH General Paediatric staff
 - SCH SRMOs,
- Other staff such as appropriate SCH NUM, ward clinical nurses and administrative support staff, are to read and acknowledge the document.
- Local Manager will maintain records of staff read acknowledgements for quality review and compliance audit processes.

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Purpose

That consideration be given to involvement of a general paediatrician as AMO2 for certain surgical patients.

Scope

- **Infants less than 4 months corrected age.**

Which patients should be considered?

All infants with corrected age <16 weeks, *excepting patients on a pathway or where projected admission is less than three days*, including, but not limited to:

- Patients transferred from RHW or other neonatal units for ongoing management.
- Infants already known to a paediatrician or those with associated significant medical problems.
- Children transferred out of ICU post-operatively, except for routine operations where a brief period of ICU management was expected.

Areas of care where a general paediatrician may be able to offer assistance

- Monitoring growth (weight, length and head circumference) and development
- Prevention/ Management of anaemia
- General feeding issues
- Management of associated or intercurrent chronic medical issues
- Management of acute medical issues e.g. respiratory infection, UTI, sepsis
- Immunisations
- Newborn baby checks (Blue book)
- Ensure receive Newborn Screen test and hearing tests
- Long term general medical follow-up

Process

All decisions should be made in consultation with the surgical AMO

- Relevant patients should be identified during the surgical morning meeting by surgical and nursing staff and/or by ICU staff in consultation with the general paediatric fellow as required.
- Consider whether it is most appropriate to involve a general paediatrician or a sub-specialty paediatrician.
- General paediatric fellow will determine the most appropriate general paediatrician to be involved by addressing the following issues:
 - If patient is private, surgical AMO and/or parents may choose a paediatrician.
 - Has a paediatrician been involved with this patient before, either prior to transfer from another hospital, or with a previous medical problem? If so, this paediatrician should be contacted and offered ongoing involvement if they have an appointment at SCH – their answer may depend on whether they will be attending SCH during the period of the inpatient stay.
 - If a new paediatrician is needed, the paediatrician on call will be asked to be involved, although there may be exceptions to this if the consult is made close to the time of a change in term or annual leave, where it may be necessary to involve one of the staff general paediatricians or paediatricians with base practices in close proximity to the family's home residence.
- The surgeon will remain the primary AMO (until such time as they may choose to hand over care) and needs to be consulted for any major decisions. The general paediatrician will be the AMO2.

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