CLINICAL PRACTICE GUIDELINE

Admission

This document should be read in conjunction with the Disclaimer

Contents

Aims

- To provide a clear patient-centred admission guide to minimise variation in admission and transfer practices and facilitate the safest outcome for the woman.
- To establish that base-line observations are performed and recorded.
- The maintenance of safety when a baby is admitted as a boarder to ward 6
- To provide appropriate care, orientation, psychological and physical comfort.

Patient admission and booking procedure

External admissions (unbooked, booked emergency, BBA)

Unbooked

- The transferring doctor is to consult with the Duty Registrar and request patient admission.
- The Registrar pages the Hospital Clinical Manager to inform her/him of an incoming admission and to request a bed.
- The transferring doctor may have contacted the Hospital Clinical Manager enquiring about bed availability. In this instance the transferring doctor must still consult with the Registrar.
- All metropolitan hospitals requesting an inter-hospital transfer need to put their request on the Enterprise Bed Management (EBM) system, as well as contacting the Hospital Clinical Manager. These include all hospitals under NMHS with access to EBM.
- The Hospital Clinical Manager allocates a bed on EBM and advises the appropriate clinical area of the admission:
    - Patients with a gestation > 20 weeks who present with an obstetric problem go directly to the Maternal Fetal Assessment Unit for assessment.
    - Patients with a gestation < 20 weeks go to the Emergency Centre (EC) for assessment.
    - Gynaecology and oncology patients go to the EC for assessment.
    - At the request of the Registrar, patients may be a direct admission to the ward, Adult Special Care Unit, or Operating Theatre. When appropriate, direct ward admissions need to attend the Admissions Department to complete their documentation, located near EC.
    - The patient's Micro Alert status should be reviewed on EBM or TOPAS and bed allocated where appropriate

Booked - emergency / urgent

- All booked surgery admissions are allocated a bed through the Hospital Clinical Manager on page 3333.
- All other admissions (e.g. from Clinics, Ultrasound etc.) must be booked through the Hospital Clinical Manager on page 3333.

Born before arrival (BBA)

- See Clinical Guideline Obstetrics & Midwifery: Intrapartum Care-Birth Born Before Arrival

Internal transfers

Labour and Birth Suite (LBS) to the Wards

The Ward Clerk:

1. makes a bed request on the EBM program and
2. DURA pages the Hospital Clinical Manager (page 3333) to inform them of the woman's details. Micro Alert status on EBM or TOPAS should be checked when making a bed request.

The Hospital Clinical Manager:

1. allocates a ward bed to the patient on the EBM program (according to the availability of both suitable staff and beds) and then
2. liaises with Ward Coordinator, advising them to check EBM for patient's details.

The Midwife

1. Updates ObiVue Trace within one hour following birth
2. Keeps a check on the EBM program to find out when the ward and bed is available; once it is available they transfer the woman and/or baby

Maternal Fetal Assessment Unit (MFAU) to the Wards

The Ward Clerk:

1. Phones the Admissions Centre and requests an admission to the Hospital for the woman
2. Makes a bed request on the (EBM) program and
3. DURA pages the Hospital Clinical Manager (page 3333) to inform them of the woman's details.

The Hospital Clinical Manager:

1. Allocates a ward bed to the patient on the EBM program (according to the availability of both suitable staff and beds) and then
2. Liaises with the ward Coordinator, advising her/him to check EBM for the patient's details. Micro Alert status on EBM or TOPAS should be checked when allocating a bed

The Midwife

1. Keeps a check on the EBM program to find out when the ward and bed is available, once it is available they transfer the woman.

Emergency Centre (EC) to the Wards

- The EC nurse / midwife:
    1. Informs the Hospital Clinical Manager (page 3333) of the woman's details and requests a ward bed.

2. Informs Patient Information Management Services (PIMS) - Admissions Centre, to register and admit the patient.

- The Hospital Clinical Manager:
    1. Allocates a ward bed on EBM according to the availability of both suitable staff and beds. Micro Alert status on EBM or TOPAS should be checked when allocating a bed.
    2. The Co-ordinator of the allocated ward is notified on DURA page.
- Neonatal readmissions, when clinically appropriate, are to an obstetric ward to facilitate the ongoing mother / baby attachment (bonding). The mother will accompany the baby as a boarder. See NCCU Clinical Guideline Readmission of Infants to NCCU KEMH

EC to Theatre

- When the decision for admission to Day Surgery Unit (DSU) is made, the EC Nurse / Midwife or Medical Officer advises the Hospital Clinical Manager and PIMS.
- The patient is transferred from EC to theatre (Emergency cases).The Medical Officer contacts the theatre coordinator and senior anaesthetist on duty and the patient is transferred directly to theatre.
- Micro Alerted patients should be identified and managed according to theatre and recovery policy.

Main Reception to MFAU

- The woman arrives at the main reception where, time permitting, appropriate documentation is completed.
- The woman proceeds to MFAU with her case notes escorted by her support person or an orderly if assistance is required.
- All Micro Alerted patients may be managed in MFAU under standard precautions. Where there are risk factors for transmission a single room is preferred.
- When a woman in the reception area requires urgent attention, the main reception personnel are to call the Emergency Centre midwife.

Main Reception to the Infusion Unit for same day treatment

- The woman arrives at the main reception where, appropriate documentation is completed.
- The woman proceeds unescorted to the Infusion Unit with her case notes, unless attending with her support person.
- All Micro Alerted patients may be managed in the Infusion Unit under standard precautions. Where there are risk factors for transmission a single room is preferred or allocated at the end of the day to facilitate bed cleaning.
- The Ward Clerk on Ward 4 is responsible for recording discharge home on TOPAS. If unavailable, inform Admissions Department to record discharge.

Infusion Unit to the wards for inpatient admission

- The woman has to be admitted as an in-patient following treatment in the Infusion Unit.
- The CNC Patient Blood Management or Midwife/Nurse on the Infusion Unit informs the Hospital Clinical Manager (page 3333) of the woman's details and requests a ward bed. Micro Alert status on EBM or TOPAS should be checked when allocating a bed.
- The woman is transferred to the allocated bed and the Ward Clerk on Ward 4 records the transfer on TOPAS. If unavailable, inform the receiving area's Ward Clerk to record transfer.

Special circumstances (e.g. identity unknown, specific units, micro alert, readmit)

Admission to EC/ LBS where patient identity is unknown

- Women presenting for admission who cannot be identified and where patient information details cannot be collected e.g. patient is unconscious and/or unaccompanied, are to be allocated a temporary 'Unknown' medical record. EC currently holds three 'Unknown/Female' Patient Medical Record files on standby and L&BS hold one, for use in the eventuality of a direct admission to either of these areas. Reference to 'Unknown' files is defined in the TOPAS Emergency Manual*.*

Admissions to Ward 3

- Women requiring a negative pressure room (Room 31). Micro Alert status on EBM or TOPAS should be checked when allocating a bed.

Admissions to Ward 6

- General gynaecology patients; oncology and urogynaecology patients
- Gynaecology patients from DSU requiring overnight stay
- Mid-trimester pregnancy loss
- Women investigated for infertility
- Palliative care
- Women requiring a negative pressure room (Rooms 1 and 2). Micro Alert status on EBM or TOPAS should be checked when allocating a bed

Admissions to Day Surgery Unit

- Appropriate Day of Surgery Admissions (DOSA) patients go to DSU pre operatively.
- All patients admitted to DSU with a Micro Alert require Standards Precautions only as minimum requirement. In non-inpatient areas they do **not** require Contact Precautions.[1-3]

NB: Post-Operative Care for Micro alerts B, C, V, G or H

- A Micro B, C, V, G or H patient can be admitted pre-operatively under Standard Precautions, however, they must be managed **POST OPERATIVELY** under Contact Precautions on the ward and in recovery (in-patient areas).[1-3]

Unplanned readmissions

Patients requiring readmission within:

- 6 weeks of childbirth for an obstetric patient.
- 4 weeks of an admission for a gynaecology patient where the readmission is directly related to the previous admission are, depending on bed availability, admitted to their discharge ward.

Nursing/ Midwifery Care and Assessment

1. Confirm the woman's identity and address with the notes and check micro alert status.
2. Check the name band details are correct and apply. See Clinical Guideline O&G: Patient Identification.
3. Check the woman's Methicillin Resistant Staph Aureus, VRE, Hepatitis B and C, and Rubella status where applicable. Check whether the woman has an Advanced Health Directive.
4. Ascertain the reason for admission and note the woman's condition.
5. Attend to immediate nursing/midwifery care needs as required - for example vaginal bleeding; pain; vomiting; intravenous therapy if in progress, prepare for theatre.
6. Familiarise the woman with the local environment – telephone, handset, light, toilet and shower. If the woman is post anaesthetic postpone until appropriate.
7. Inform the woman that we have a Smoke Free Organisation.
8. Orientate ambulant women to the ward facilities, including the fire exit.
9. Explain the ward routine, including meal times, rest times and visiting times.
10. Ensure the woman's name, room number and medical practitioner's name are on the white board in the nursing / midwifery station.
11. Ensure the shift co-ordinator is aware of the woman's arrival and a verbal handover is given. Enter the patient on the ward handover sheet.
12. Complete the clinical pathway / care plan as appropriate.
13. Place all medications brought with the woman in a green labelled bag for the Medical Officer to confirm continuity during admission. (Non- Schedule 8 and S4R medications are kept in a labelled bag locked in the Patient Specific Medication Locker in the woman's room during the inpatient stay). See Pharmacy: Patient's Own Medicines and Medication Locker-Patient Specific.

14. Record all medications taken at home on the front of the medication chart. Booked admissions to ward 6 may have a “My Medicines” list.
15. Check for individual idiosyncrasies, and drug and food allergies. Record allergies on the medication chart. The appropriate sticker shall be placed on medication chart to alert other staff if the woman has drug allergies.

    See Clinical Guideline: Pharmacy: Clinical Alerts: Identifying, Documenting and Communicating
16. Discuss dietary controls if any, (including nil by mouth if applicable), note special dietary requirements in the patient notes, on the white board in nurses' station and on iCM handover. Ring the kitchen and inform them of the woman’s dietary requirements, as required.
17. Weigh the woman, record her weight and height in the notes and medication chart.
18. Perform a full set of vital signs observations as per the woman’s clinical status.
19. Complete the VTE, falls and pressure area risk assessment tools, as required.
20. Complete the nursing/midwifery assessment and care plan.
21. Test the urine and record the result.

    All women under 50 years of age who are scheduled for intrauterine surgery or a hysterectomy shall have a urine pregnancy test prior to going to theatre. Exceptions to this are women with pregnancy failure. See KEMH Clinical Guideline, Gynaecology: Pre-Operative Care (Routine)
22. Read the medical, obstetric and nursing / midwifery histories.
23. Inform the RMO or private Medical Officer of the admission as appropriate.

Note: The order of the above list will vary depending on clinical presentation and patient needs.

Boarder baby admission to ward 6

- On admission of the woman and the baby, obtain a neonatal bag and mask, and a size 10fg neonatal suction catheter from Special Care Nursery.
- This equipment is to be placed in the mother’s room with the baby.
- If neonatal resuscitation is required the Ward 6 Nurse / Midwife must call a ‘Code Blue Paediatric ward 6’ code and commence neonatal resuscitation as per the NCCU algorithm
- The attending Neonatal Senior Registrar/ Consultant will determine whether further equipment is required and / or whether the baby should be transferred out of Ward 6.
- On discharge the neonatal bag and mask shall be sent to CSSD for processing and then returned to SCN

Antenatal admission

1. The shift co-ordinator allocates a bed to be prepared and will advise the designated midwife of the admission and any special requirements.
2. On arrival:
    - Greet the woman and any carers or support persons, introduce yourself, ask the woman how she wishes to be addressed and escort he woman to her room.
    - Check the woman's identity with the details in the medical record and wrist band identification.
3. Explain the admission procedure to the woman. Ensure the woman understands the reason for admission.
4. Orientate the woman to the ward layout and provide information:
    - The function of the handset; bathroom facilities
    - Meal times, visiting hours and the rest period
    - Locked drawer and valuables
    - Television hire
    - Mobile phone use
    - The ward pantry
    - Chapel services
    - Patient rights
5. If the woman is being transferred from another area of the hospital receive a detailed handover from the accompanying staff member. Follow KEMH Guidelines relating to Clinical Handover. This should include in ISoBAR format.
    - History / reason for admission
    - Details of treatment received and investigations performed
    - Current condition
    - Allergies
    - Plan of care- further investigations. Ensure all necessary request forms have been completed.
6. Ask the woman if she has any special requirements e.g. religious, cultural, dietary or disability needs.
7. Perform and record maternal and fetal observations on the MR 285.01
8. Notify the Medical Officer of the woman's arrival and any abnormalities detected.
9. Commence an appropriate plan of care.
10. Refer to the appropriate clinical guideline for ongoing care and follow the relevant antenatal quick reference guide.

References

1. Department of Health Western Australia. OD 0646/16: Infection Prevention and Control of Vancomycin-Resistant Enterococci in Western Australian Healthcare Facilities. **Healthcare Associated Infection Unit**. 2016. Available from: http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=13281
2. Department of Health Western Australia. OD 0478/13 Infection Prevention and Control of Methicillin-resistant Staphylococcus aureus in Western Australian Healthcare Facilities. **Healthcare Associated Infection Unit**. 2013. Available from: http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13040
3. Department of Health Western Australia. OD 0399/12: Infection Prevention and Control of Carbapenem-resistant Enterobacteriaceae (CRE) in Western Australian Healthcare Facilities. **Healthcare Associated Infection Unit** 2012. Available from: http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=12908

Related policies

Department of Health Western Australia:

- OD 0540/14 Admission Readmission Discharge &Transfer Policy for WA Health Services-2014
- OD 0484/14 Clinical Handover Policy (2014)
- OD 0399/12 Infection Prevention and Control of CRE in WA Healthcare Facilities (2012)
- OD 0478/13 Infection Prevention and Control of MRSA in WA Healthcare Facilities (2013)
- OD 0646/16 Infection Prevention and Control of VRE in WA Healthcare Facilities (2016)
- OD 0414/13 Smoke Free WA Health System Policy (2013)
- OD 0511/14 WA Clinical Alert (Med Alert) Policy (2014)
- Clinical Guidelines & Procedures for the Management of Nicotine Dependent Inpatients(2011)

Government of WA: Office of the Public Advocate: Advanced Health Directives (ext. website)

Related WNHS policies, procedures and guidelines

- WNHS Policies: Clinical Handover ; Smoke Free Organisation ; Discharge; Admitting Privileges to WNHS ; Advanced Health Directives

KEMH Clinical Guidelines:

- Obstetrics & Gynaecology (O&G): Clinical Handover; Patient Identification
- O&G: Transfer of Patients; Discharge; Referrals; External Calls: Obstetric Registrars Receiving; VMS: Readmission of Baby to KEMH
- O&G: Diabetes: Admission Procedure; Eligible PPM-Admission to LBS; IOL-(Booked) Admission to LBS; Postnatal Care Maternal- Admission to the Ward; BBA Admission Procedure
- O&G: Pressure Injury Prevention; Falls: Risks, Prevention and Management; VTE
- Gynae: Pre-Operative Care (Routine)
- Gynae: Venous Thromboembolic Prophylaxis: Risk Assessment in Patients Admitted for Gynaecological Conditions
- NCCU guideline: Neonatal Resuscitation
- Pharmacy: Medication Safety: Patient's Own Medicines; Medication lockers: Patient specific

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