



PATIENT ADMINISTRATION DISCHARGE OF A PATIENT

DISCHARGE TO SILVER CHAIN

This guideline contains two parts: Discharge to Silver Chain HITH ([general information](#)) and Discharge to Silver Chain [with IV antibiotics](#)

Keywords: Silver Chain, silverchain, hospital at the home, HATH, patient discharge, antenatal discharge, home hospital, hospital in the home, HITH, intravenous antibiotics, IVAB, ordering antibiotics, antimicrobial plan, discharge planning, pathology monitoring, PICC, referral to Silver Chain, antibiotics in pregnancy, IV antibiotics in pregnancy

DISCHARGE TO SILVER CHAIN

AIM

- To ensure a smooth patient journey culminating in early discharge and communication with ongoing care providers- Silver Chain Home Hospital.

See also KEMH Clinical Guideline, Gynaecology, Early Pregnancy Care: [Antenatal Hyperemesis- Management in the Home](#) if relevant.

KEY POINTS

1. Discharge planning shall take place as part of the written nursing / midwifery care plan / clinical pathway guidelines.
2. Ensure the woman has adequate information about:
 - Resuming normal activities, return to paid employment and driving.
 - A referral for follow up by Silver Chain – Home Hospital.
 - Medications or prescriptions.
 - Ensure the woman understands this referral and verbal consent is documented in her notes.
3. Medical governance is by KEMH - i.e. Silver Chain should have immediate direct and timely access to the KEMH Medical team 24/7.
4. Arrange transport if necessary ([W062 Discharge Policy](#)).
5. Record all discharge procedures in the medical record.

Inclusion Criteria- all to be satisfied

The woman will:

- Be living at home or in a residential aged care facility.¹
- Be in need of short term acute and subacute care that can be delivered safely in the home.¹
- Not require an emergency response and be safe to wait up to four hours.¹
- Be medically and mentally stable.¹
- Be aged 13 and over and able to provide consent (and are aware of the referral)¹
- Be able to communicate effectively, either directly or through an interpreter.¹
- Needs to be a safe environment for staff to visit
- The medical condition being treated is not obstetric in nature i.e. Silver Chain Home Hospital provides general nursing NOT midwifery services.
- <22 weeks gestation. Women >22 weeks gestation to be discussed with Silver Chain Medical Director or on-call Doctor. Call central number 08 9242 0347

Note: The referrer should ensure that the woman is suitable for nursing care only. Referrals can be discussed with Silver Chain and considered on an individualised basis. To discuss eligibility for referral, speak with the provider, Silver Chain Home Hospital - **08 9242 0347**, or visit the website for [eligibility details](#), [Clinical Protocols](#) and forms¹.

Exclusion Criteria

- Requires Intravenous Antibiotic Dosing > twice per day (BD).
- Presence of other complications.

DISCHARGE PROCESS

- **Public antenatal women requiring antibiotics may be considered fit for discharge with a referral to Silver Chain Home Hospital by an Obstetric Consultant or Registrar only.**
- All medications are supplied by Silver Chain unless outside current Silver Chain Protocols.
- Ensure the following documentation is completed at the time of discharge:
 - Consent agreement by patient to be faxed to Silver Chain
 - MR 207 (Discharge Summary and Morbidity Sheet)- fax to Silver Chain. Additional copies of the MR 207 may be required for Silver Chain-Home Hospital and for the woman's GP- to be faxed to Silver Chain.
 - Ensure the woman understands this referral and verbal consent is documented in her notes

- (if antenatal) Ensure the woman's Pregnancy Health Record MR 220 and STORK – antenatal section is updated.
- Silver Chain Referral Form available on the Silver Chain website: www.silverchain.org.au/wa/referrers

REFERRAL PROCESS

- To make a referral to Silver Chain Home Hospital call 08 9242 0347 and ask to speak to an Ambulatory Liaison Nurse (ALN). The ALN will take a verbal clinical handover and discuss any further documentation that is required.
- Fax all supporting documents including the Referral Form to Silver Chain on 08 9444 7265
- NB: Phoning the referral provides Silver Chain with an opportunity to discuss the referral and receive relevant handover of the woman's conditions and history, where clarity is important for (or may exclude) home visiting (e.g. if the woman is discharging against medical advice, psychiatric history and management, history of drug or alcohol use, relevant carer/ adult details).
- For more information see the Silver Chain [website](#) and [Consumer First](#) brochure. Information can also be found in other [languages](#).
- Ensure the woman has adequate information about:
 - Resuming normal activities, return to paid work and driving.
 - Certificate of fitness to return to work / medical certificate, if required.
 - Ensure the woman understands the referral process to Silver Chain Home Hospital.
 - Ensure the woman understands that medical governance is owned by KEMH.
 - Appointments or further planned treatments e.g. Ultrasounds.
 - Prior to discharge, the midwife should check that the woman has a booked antenatal appointment with a KEMH Obstetric Clinic
- **KEMH is responsible for full medical governance of all patients referred to Silver Chain. KEMH will ensure access to the KEMH medical team on any concerns regarding treatment being given or any other concerns 24 hours per day 7 day per week via KEMH Switchboard. After hours, Senior Obstetric Registrar on call is available via KEMH Switchboard.**

DISCHARGE TO SILVERCHAIN: WITH INTRAVENOUS ANTIBIOTICS

For referral criteria and the discharge process, refer to Clinical Guideline, O&G: Patient Administration: Discharge of a Patient: [Discharge of an Antenatal Woman to Silver Chain](#).

CONTENTS

- [Selecting](#) and [ordering](#) intravenous (IV) antibiotics
- [IV access](#)
- [Antimicrobial plan](#), [discharge planning](#) and [follow up](#)

AIM

- To guide staff on the management of a woman being discharged from KEMH to home, with IV antibiotics to continue with Silver Chain Home Hospital.

PATIENT SELECTION & ELIGIBILITY

EXCLUSION CRITERIA:

In **addition** to those listed in the above section: Discharge of a Patient: Discharge to Silver Chain:

- The presence of other complications that are obstetric related.

ANTIBIOTIC SELECTION

All patients where home IV antibiotic therapy is planned should have their therapy discussed with the microbiologist on call. Choice of agent, dosages, duration and monitoring required should be discussed and documented on the HITH plan form and National Inpatient Medication Chart (NIMC) for pharmacy ordering. Usually a regimen which can be accommodated with a single daily nursing visit is preferred. Regimens requiring more than twice a day (bd) visits are usually unable to be accommodated by Home Hospital services. Elastomeric Infusor devices may allow continuous administration of agents which usually have multiple daily dosing regimens. Microbiology and Pharmacy input are essential as not all agents are suitable for infusor delivery (volume, stability).

ORDERING ANTIBIOTICS FROM PHARMACY

- All antibiotics for home administration by Silver Chain will be supplied by the Pharmacy Department.
- Antibiotics are to be ordered on the hospital PBS discharge prescription, with the total duration of treatment to be specified.
- Infusors:
 - Infusors will need to be ordered by the pharmacy department, with 24 hour delivery time expected during weekdays.
 - Patients may be required to collect medications from the Pharmacy department for ongoing supply, as the medication(s) may have a short expiry.

INTRAVENOUS ACCESS

- IV cannulas may be used for short term therapy (72h or less). The IV site must be inspected before discharge and the date of cannulation to be documented on the [Home Hospital Referral Form](#). Cannula changes may be possible via Silver Chain or the treating team if >72h access is required.
- PICC lines allow prolonged IV access and are placed by one of the anaesthetic team at KEMH. PICC lines are then maintained by Silver Chain. On the Home Hospital plan form, document the date of insertion, type of PICC, length of PICC and whether the position has been confirmed. Fax a copy of the insertion form to accompany referral to 08 9444 7265. PICC lines are required when Infusors are used / IV antibiotics administered over a 24 hour dosing period.

FOLLOW UP

1. Patients receiving Home Hospital treatment remain under the medical governance of their referring teams. If problems arise after hours the Obstetric Senior Registrar should be contacted via switchboard (the Gynaecological Senior Registrar is contactable up to 10 pm for gynaecological patients).
2. Weekly medical review is advised at the outpatient clinic.
3. Standard pathology monitoring usually requires FBE, LFT, U&E, Cr and CRP weekly, but additional tests may be required for some patients/ therapies.

SUMMARY OF HITH ANTIMICROBIAL PLAN

Indication for antibiotics	Clearly document diagnosis and any relevant microbiology results on the Home Hospital Referral Form.
Drug, dose, route, frequency	An antimicrobial plan is to be documented on the Home Hospital Referral Form. In addition, for pharmacy ordering, document on the NIMC. NB. All first doses of antimicrobials are to be administered in hospital. The medication plan needs to be practical (manageable with daily or twice daily (bd) nursing visit: Daily is preferable). Discharge medications are to be arranged via pharmacy.
Suggested duration of therapy	Document the duration in the medical record and on the Silver Chain referral form.
Pathology monitoring recommended	Usual testing suggested is weekly FBE, U&E, Cr, LFT and CRP, but additional tests may be required. Pathology monitoring is to be organised and followed up by KEMH team.
Follow up	Usually a weekly clinic review is required with the patient's usual team OR microbiology (by arrangement). If readmission is required, the responsibility remains with the patient's usual team.
Cannula/ PICC removal	Document in the Home Hospital Referral Form when cannulas and PICC lines can be removed.

DISCHARGE PLANNING CHECKLIST

1. Explain the Home Hospital process to the patient and obtain her consent for home IV antibiotic treatment.
2. Contact the microbiologist for advice on the regimen.
3. Clearly document in the Home Hospital Referral Form the plan, as above.
This will trigger a call from the referrals team and a clinical conversation with a referral nurse.
4. Document the order on the NIMC for ordering from pharmacy.
5. Liaise with the Anaesthetic Consultant / Registrar for PICC line insertion if required.

6. Ensure the first dose of antimicrobial was administered in hospital with no adverse reaction.
7. Pharmacy is to be informed of the antibiotic discharge plan.
8. Referral initiated to Silver Chain and accepted:
 - [Post-Acute Referral Form](#) or [Home Hospital Referral Form](#)
 - www.silverchain.org.au/wa/referrers/refer-a-patient-to-home-hospital
9. Pathology forms written for monitoring tests.
10. Clinic follow up arranged.

REFERENCES / STANDARDS

1. Silver Chain. Refer a patient to home hospital: **Silver Chain**; 2016. Available from: <https://www.silverchain.org.au/wa/our-services/home-hospital/refer-a-patient-to-home-hospital>.

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
4- Medication Safety
6- Clinical Handover

Legislation -

Related Policies –

- Department of Health WA: OD 0540/14: [Admission Readmission Discharge and Transfer Policy for WA Health Services](#) (2014); OD 0484/14: [Clinical Handover Policy](#) (2014); IC 0179/14: [Guidelines for the Transmission of Personal Health Information by Facsimile Machine](#) (2014)
- WNHS: W062 [Discharge Policy](#) (2015); W045 [Discharge Communication and Follow up for Patients](#) (2014); W036 [Documentation in Medical Records](#) (2015); W073 [Clinical Handover](#) (2014)

Other related documents –

- KEMH Clinical Guidelines, Obstetrics & Gynaecology: [Patient Administration](#)
- KEMH Clinical Guidelines: [Pharmacy](#)
- Silver Chain: [‘Consumer First’](#) (patient brochure)
- Silver Chain: [Refer a Patient to Home Hospital: Home Hospital Referral Form & Post-Acute Referral Form](#)

RESPONSIBILITY

Policy Sponsor	Nursing & Midwifery Director OGCCU / Microbiology
Initial Endorsement	August 2013
Last Reviewed	April 2016
Last Amended	
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**Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.**

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