

ADMISSIONS POLICY®

DOCUMENT SUMMARY/KEY POINTS

Admission age rules:

- **New patients:**
 - requiring admission to hospital are accepted for admission up to their 16th birthday.
 - referred to an outpatient clinic or presenting to the Emergency Department are accepted up to their 16th birthday.
- **Patients previously treated at CHW:**
 - who have passed their 16th birthday may be admitted for an acute condition up to their 18th birthday provided they have had ongoing and regular attendances at CHW for management of any chronic condition.
 - may continue to be seen as outpatients or to present to the Emergency Department up to their 18th birthday.

For an exception to be made to these rules, an application must be made to the Director of Clinical Operations or to the Executive on-call.

This document provides admission procedures for:

- **Emergency admissions**, providing information for:
 - Specific rules for new patients and re-admitted patients
 - General Medicine admission processes
 - Surgical admission processes
- **Elective admissions**, providing information for:
 - Pre-admission testing (PATs) for patients
- Links to Ward admission policies, Transfer policy
- Other considerations:
 - Cultural Diversity and Aboriginal or Torres Strait Islander peoples
 - Family needs
 - Mental health patients

The content of this policy aligns with the mandatory requirements of NSW Health Policy Directive PD2009_055: http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_055.pdf

Approved by:	CHW Policy and Procedure Committee	Original endorsed by SMG October 2006
Date Effective:	Immediate	Review Period: 3 years
Team Leader:	Manager	Area/Dept: Patient Flow

CHANGE SUMMARY

- This version combines the information from the "Admissions & Bookings" policy (06:8310) and Elective Admissions policy (08:8001). Both of these policies are superseded by this version.
- There are changes made throughout the policy.

READ ACKNOWLEDGEMENT

- Patient Flow staff and the AMO are required to read and acknowledge the document.
- Medical staff admitting patients to CHW are to read the document.

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Age Rules

New Patients:

- requiring *admission* to hospital are accepted for admission up to their 16th birthday.
- referred to an *outpatient clinic* or *presenting to the Emergency Department* are accepted up to their 16th birthday.

Patients previously treated at The Children's Hospital at Westmead (CHW):

- who have passed their 16th birthday may be *admitted* for an acute condition up to their 18th birthday provided they have had ongoing and regular attendances at CHW for management of any chronic condition.
- may continue to be seen as *outpatients* or to *present to the Emergency Department* up to their 18th birthday.

Transitioning to adult care

- Where coordinated adult health care services exist, patients may be transitioned prior to their 18th birthday if appropriate and agreed by the clinical team, the young person and his/her family. Patients that have been managed for a chronic condition by CHW can be transitioned at the end of the school year in which the patient turns 18 years.
- **Approval** must be provided by the Director of Clinical Operations (or delegate) for young people who have reached their 18th birthday to continue to be seen at CHW. Please refer to the Hospital's [Transitional Care Policy](#) for the circumstances where exceptions will be accepted.

Note: For an exception to be made to the above rules, an application must be made to the Director of Clinical Operations or, after hours, to the Executive on-call.

Admissions

There are in general two categories of admission. These are:

1. [Emergency admissions](#) (refer to Section 1) and
2. Planned '[elective admissions](#)' (refer to Section 2).

Principles for admissions:

- To maintain continuity of care where possible.
- To allow the child to be managed as close to home as possible.

Private Patients

In general, the CHW Admissions policy is applied the same way to private patients, as to public hospital patients. However, if a family is privately insured and requests a particular Consultant that request should be granted provided that the Consultant has admitting rights, agrees to the admission and is not on leave.

1 Emergency Admissions

Definition

- Emergency patients are those whose clinical conditions indicate that they **require admission to hospital within 24 hours**.

Priority of Admission

- Priority of admission is based on clinical need.

1.1 General Guidelines

- All requests for admissions to the Paediatric Intensive Care Unit, the Grace Centre for Newborn Care and the Burns Unit, and admissions for Trauma patients and Mental Health patients should be arranged in liaison with the relevant Registrar or Fellow and Consultant on-call for the particular area.

1.2 Emergency Admission Procedure

1. Emergency admissions needing immediate transfer to CHW must be approved by the ED Admitting Officer or the Paediatric Intensivist or Fellow on-call. Communication with the Bed Manager (Monday to Friday 7.30am to 4.00pm), or After Hours Nurse Manager (AHNM) after these hours regarding bed availability for these patients is essential.
2. Cases needing transfer within 24 hours must be discussed with the Bed Manager (in business hours), or AHNM (after hours) regarding bed availability. Recommendation for Admissions forms must be completed for these admissions. Cases should **not** be accepted by other members of staff independently without first consulting them.
3. Admission dates and times are determined by the Bed Manager or AHNM.

1.3 Requests for the transfer of patients from other hospitals

- The need for the transfer to CHW should be established before acceptance of the transfer. This may involve discussion with the relevant specialist team. It is possible that there may be an appropriate alternative hospital to which the patient may be transferred.
- The Bed Manager or AHNM must be notified by the CHW Accepting Registrar of any impending admission in order to establish the availability or non-availability of a bed.
 - **Note:** *The Accepting Registrar can only accept patients on his/her team's behalf. They cannot accept the care of a child under another team.*
- In the event of there not being an available bed at CHW for a patient needing tertiary care, the CHW Accepting Registrar should work with the Bed Manager or the AHNM and the referring hospital to arrange alternative admission to an appropriate hospital.
- In the event of a bed not being available elsewhere the potential for the patient to remain at the referring hospital in the short term should be considered. If this is not possible the patient will need to be accepted at CHW after discussion with the Bed Manager or the AHNM and the ED Admitting Officer.

- Discuss urgent cases requiring transfer for tertiary care, who cannot be transferred directly to the ward because of their condition, with the Bed Manager or the AHNM, the ED Admitting Officer and the appropriate specialist team.
- The stability of the child's condition and the mode of transport should be discussed with the referring hospital to establish if help is required. The referring hospital may need to arrange ambulance transfer, or NETS retrieval if a medical team is needed. To discuss with NETS the referring hospital should call 1300 36 2500 and the CHW Accepting Registrar should call and join the conference call.
- If a Consultant accepts the transfer of a patient from another hospital, this Consultant or the Consultant on-call for his/her team will be the Admitting Medical Officer (AMO) irrespective of the date of arrival of the patient at CHW.

1.4 Requests for admission to CHW from a CHW clinic

Patients seen in clinic at CHW who need admission must be discussed with the Bed Manager in order to establish the availability or non-availability of a bed. If a bed is going to be available by 5pm then direct admission to the relevant ward/unit is the preferred option. If no bed is going to become available by 5pm, and the admission is an emergency then the patient will need to be admitted through the Emergency Department. For direct ward admissions a "Recommendation for Admission Booklet" must be completed.

1.5 Deciding who should be the Admitting Medical Officer (AMO)

- The ED Admitting Officer is responsible for the decision on who should be the AMO for each patient admitted through the Emergency Department.
- If the nominated AMO believes that it would be more appropriate for the patient to be cared for by another team then he/she is responsible for arranging the appropriate transfer of care. In this situation, the normal consultation process must be followed in accordance with the policy "[Medical consultations on inpatients: arranging of and ethical guidelines](#)".
- Once a child is admitted under an AMO, that AMO's team is responsible for contacting other consultants who may have been previously involved in the care of the patient.
- The ED Admitting Officer is responsible for notifying the AMO or their registrar of admission under their care. Such notifications are made by the doctor assessing the patient in the Emergency Department. This must be documented in the patient's notes.
- If the ED Admitting Officer requests a specialty medical or surgical opinion from a team other than General Medicine, and that Specialty Team member (Fellow or Consultant) provides management advice but suggests admission under the General Medicine Consultant on-call, this admission will only be accepted by General Medicine under the following conditions:
 - i. Clinical review of the patient and written clinical notes made by the other specialty team completed.
 - ii. Specialty Team Consultant discusses the case with the General Medicine Consultant on-call.
 - iii. Consensus is reached on need for joint admission with General Medicine as required.

1.6 Specific Rules – New Patients

Unallocated new admissions

- These patients are generally admitted under the general medical physician or appropriate specialty surgeon of the day. For some cases it may be more appropriate for the patient to be admitted under a subspecialty medical officer after appropriate discussion with a member of that team.
- A doctor with CHW admitting rights who assesses a new patient at another hospital and decides the patient needs transfer, may elect to have the child admitted under himself / herself.
- A child being assessed in the Emergency Department is deemed to be under the care of the Emergency Department Consultant on-call until an inpatient team is notified that the child is being admitted under its care. The AMO of the inpatient team then takes responsibility for the child, whether he/she has been transferred to a ward or is still in the Emergency Department.
- Patients may be considered for EMU admission if they meet EMU admission criteria of:
 - needing less than 24 hours of care
 - having a clear plan of management
 - the decision regarding discharge lies with the Emergency Department consultant or fellow. Refer to [EMU Business Rules](#) (BR)
- General Medicine admissions – refer to [General Medicine Admission](#) process below.

Exceptions:

- **Paediatric Intensive Care Unit (PICU):** A child admitted to the PICU is admitted jointly under the care of the Intensivist on-call (AM01), and an appropriate physician or surgeon, dependent on the child's major diagnosis, (AM02). Following discharge from the PICU to a ward the AM02 becomes the AM01 and the Intensive Care Physician relinquishes care.
- **Grace Centre for Newborn Care (GCNC):** Neonates (infants < 4 weeks of age) and some other infants < 3,500gms are admitted to GCNC which has two sections, Neonatal Intensive Care and Neonatal High Dependency. Requests for admission to GCNC are handled by the Neonatologist on-call. This doctor becomes the AM01 for admissions and an appropriate physician or surgeon, dependent on the child's major diagnosis, becomes the AM02.
- Children with **croup** not admitted to PICU or GCNC are admitted under the Respiratory physician on-call.
- Children with diagnosed (not just suspected) **diabetes mellitus** not admitted to PICU or GCNC are admitted under the Endocrinologist on-call.
- Children with diagnosed (not just suspected) **leukaemia** or other malignant diseases not admitted to PICU or GCNC are admitted under the Oncologist on-call.
- Children referred directly to **sub-specialists** who are not admitted to PICU or GCNC are admitted under those doctors provided that they accept the patient and are not on leave. If

the treating Consultant is on leave and the admission is required prior to his/her return then the patient should be accepted by the designated covering Consultant.

- **Subspecialty surgical admissions:** In general terms, a child will be admitted under a sub-speciality Surgeon where it is likely that subspecialty surgery or other skills will be the major treatment required.
- **Major Trauma patients** admitted to the ward are admitted under the Trauma Surgeon on-call for the first 24 hours. Those admitted to PICU are admitted under the Intensivist on-call as the AMO1. The AMO2 is determined by the Trauma Team and may be a Trauma Surgeon, a General Surgeon or an appropriate sub-speciality Surgeon.
- **Burns patients:** The Hospital's Burns Unit is the paediatric referral centre for burns for NSW. Admissions are handled by the Surgeon or Registrar on-call for Burns. Patients are admitted under the Surgeon on-call for Burns.
- **Patients with mental health problems:** Requests for admission for these patients must be discussed with the Psychiatrist on-call who will become the AMO if the child is admitted. If a suitable bed is not anticipated to be available within four hours of the child's arrival in the Emergency Department, the child's transfer should be delayed until a bed is available. Also it must be established if the child's parents or carers have been notified and whether they will be present in the Emergency Department with the child. Any documents pertaining to who has responsibility for the child must be available.
- **Children referred for admission by Consultants with admitting rights to CHW:** Requests for admission of patients by these Consultants are accepted.
- **Children who have been regular outpatients of CHW but not inpatients:** For a condition for which the child has been treated as an outpatient the child should be admitted under the Consultant who has been treating him/her, provided that the doctor has admitting rights and is not on leave. If the treating Consultant is on leave and the admission is required prior to his/her return then the patient should be accepted by the designated covering Consultant.

1.7 Specific Rules – Readmitted Patients ('old' patients)

Admission for the same or a similar condition

- For a child being admitted for the same or a similar condition as previously the first consideration should be to admit the child under the Consultant who has previously cared for the child.
- If that Consultant is on leave the child should be admitted under the Consultant on-call (or designated covering Consultant) for that Consultant's team.
- If the Consultant who has previously cared for the child is not on-call he/she can elect for the child to be admitted under the Consultant on-call for his/her team.
- In regard to readmitted **General Medicine patients**, refer to [General Medicine Admission](#) process below.

Admission for a different condition

- A child being admitted for a different condition than previously is admitted under the Consultant on-call who is deemed most appropriate by the ED Admitting Officer to manage the current condition.
- This Consultant will be the AMO1.
- If the previous condition that required admission is significant (e.g. insulin dependent diabetes mellitus, cystic fibrosis, and heart disease), the Consultant who usually manages the significant condition will be the AMO2.
- Where the previous condition that required admission is not deemed to be significant enough to impact on the child's care, the Consultant who managed the previous condition should be notified of the admission. He/she does not have to be named the AMO2 but may elect to be so named.

1.8 General Medicine Admissions

- The parents of a **PRIVATE PATIENT** may elect for their child to be admitted under a paediatrician of their choice provided that the doctor has CHW admitting rights.
- The admitting General Medical Registrar (page 6168) **MUST** inform the paediatrician of 'private patient admissions' on the day of admission at an appropriate time based on the clinical status of the patient.
- **PUBLIC PATIENTS** admitted through the Emergency Department are admitted under the Consultant on-call for the 24 hour period from 9am each day.
- The Consultant on-call must be informed of all 'public patient admissions' by the admitting Registrar at an appropriate time based on the clinical status of the patient.
- For readmitted ('old') General Medicine patients, the Admitting Consultant on-call **MUST** clinically assess the patient and then contact the "usual" paediatrician (or their on-call team Consultant) to notify them of the clinical condition, management plan and to handover the patient. The paediatrician is defined as "usual" if the patient:
 - has been admitted to CHW under their care within the past 12 months **OR**
 - has ongoing General Paediatric outpatient/private rooms follow-up
- For public patients on admission the Consultant on-call is AMO1 and the "usual" paediatrician is AMO2.
- When PICU and GCNC Consultants plan to hand over the care of a patient who does not already have a General Medicine Consultant involved in their care, a formal consultation is requested with the team on-call for General Medicine for the day of the child's admission to CHW, and the current Consultant on-call for that team allocated to complete the consultation. This should be requested in accordance with the "[Medical consultations on inpatients: arranging of and ethical guidelines](#)" policy.

1.9 Semi-urgent Surgical Admissions

Definition

Patients are considered as semi-urgent surgical admissions when their condition warrants that they be admitted to hospital within 24 hours for a procedure requiring a general anaesthetic.

Non- Emergency Department patients

Process within Normal Working Hours (7.30 a.m. – 4.00 p.m. Monday to Friday)

1. The Consultant or Surgical Registrar contacts the Bed Manager to discuss the admission.
2. The Bed Manager asks the Surgeon or delegate to complete a 'Recommendation for Admission Form' and to send it either by fax or in person to the Booking Office or Day Surgery depending on placement.
3. The patient is registered by the Booking Clerk with an existing Medical Record Number or is allocated a new MRN. For patients with an MRN the medical record is obtained from the Medical Records Department and for new patients a new file is created.
4. These patients are emergencies and are not booked onto the PAS Waiting List.
5. The Surgeon or delegate negotiates theatre time with the Operating Theatre and completes the 'Operating Theatre Emergency Booking' form.
6. The Surgeon or delegate liaises with the Duty Anaesthetist (via pager 6777) regarding fasting orders.
7. Depending on the proposed theatre time the Bed Manager asks the Surgeon or delegate to direct the parents to either the Enquiry desk, Middleton Day Surgery or an alternative area such as the Emergency Department.
8. The Surgeon or delegate informs the child's parents of the fasting orders, where to go and when to go there.
9. The Bed Manager liaises with the appropriate manager i.e. the floor manager in the Operating Theatre, the Manager in Middleton or the NUM of Emergency Department.

Process After Hours (times other than 7.30 a.m. – 4.00 p.m. Monday to Friday)

Bookings after hours are directed to the ED Admitting Officer

1. The Consultant or Surgical Registrar contacts the ED Admitting Officer.
2. The Consultant or Surgical Registrar contacts the AHNM who organises the bed allocation.
3. The Surgeon or delegate negotiates theatre time with the Operating Theatre and completes the 'Operating Theatre Emergency Booking' form.
4. The Surgeon or delegate liaises with the Duty Anaesthetist (via pager 6777) regarding fasting orders.
5. The Surgeon or delegate completes a consent form and letter of introduction and informs the child's parents of the fasting orders and asks them to present to the triage desk with the consent form and letter at least 45 minutes prior to the proposed theatre time.

Emergency Department Patients who are unable to be allocated theatre time on the day of their presentation and who do not need inpatient care overnight.

1. The patient is sent home overnight and is admitted to Day Surgery in the morning with the intention that that the procedure will be done in the emergency theatre prior to 4pm Monday to Friday.
2. The Consultant or Surgical Registrar negotiates with Operating Theatre and completes the 'Operating Theatre Emergency Booking' form.
3. A Recommendation for Day Surgery Form (including consent) is completed by the Consultant or Surgical Registrar.
4. The Consultant or Surgical Registrar liaises with the Duty Anaesthetist (via pager6777) regarding fasting orders and then provides the Emergency Department staff with this information.
5. The Emergency Department staff transfer this information to the fasting times fact sheet and discharges patient.
6. The paperwork is collected by the Day Surgery staff early the next morning.
7. Monday to Friday the parents are instructed that on their return they are to proceed directly to Day Surgery via the glass lift.
8. On Saturday or Sunday they are instructed to return to the Emergency Department for their admission, and the AHNM is contacted to arrange bed allocation.

2 Elective Admissions

Definition

- An elective admission is one that can wait for more than 24 hours.
- Requests for elective admissions come from Senior Medical Staff with admitting rights.
- Requests for elective admissions are placed on the waiting list and then prioritised.
- All patients on the CHW waiting list are managed according to the NSW Health [Waiting Time and Elective Patient Management](#) Policy (PD2006_020).

Prioritisation

- Patients are prioritised according to clinical needs and bed availability.
- Priority is given to patients requiring tertiary level hospitalisation such as burns patients and patients already in the Emergency Department.
- Emergency admissions take priority over all elective admissions.
- Refer to '[Demand Management and Escalation Plan](#)' policy for further information.

2.1 Elective Admission Procedure

1. Requests for Elective Admissions are accepted from Senior Medical Staff (SMS) with admitting rights.
2. The SMS requesting the admission becomes the AMO for the patient.
3. A "Recommendation for Admission Booklet" must be completed by the AMO.
4. The admission date for each child is determined by the Nurse Scheduler in the Booking Office in consultation with the AMO.
5. Patients waiting for an elective admission are sent letters that provide them with the proposed admission date and information about the Hospital.
6. If a bed is already available the patient will be notified by phone.
7. For all elective surgical admissions a wellness check is completed by phone 3 days prior to the planned date of admission (See [Pre-Admission Testing Service](#))
8. All elective surgical admission patients are telephoned with fasting and arrival instructions the night before the procedure and given instructions on where to present the following day.
9. All other patients are given instructions to present to the Enquiry Desk on Level 2 to book in before they proceed to the allocated ward.
10. Elective admissions accepted by the AMO and who come from other hospitals also require a completed "Recommendation for Admission Booklet".

2.2 The Pre-Admission Testing Service (PATS) for Day of Surgery admissions

- Most children admitted for elective surgery are admitted as Day of Surgery admissions.
- The purpose of the PATS is to complement the admission process for elective Day of Surgery admissions for patients in whom an assessment by an Anaesthetist is considered important and for those patients who require pre-admission tests that can be performed as an outpatient.
- A small minority of children still require hospitalisation a day or two prior to surgery. Examples are children with a physical disability requiring pre-operative physiotherapy and children requiring heparin infusions. Some of these children will be admitted to wards and some may be able to be managed in the Care by Parent Unit.
- Children who are admitted via Middleton Day Surgery and who have all pre-admission requirements completed in the Surgeon's rooms are not required to attend PATS.

3 Other Considerations

3.1 Special needs

- Some patients and families have special cultural or religious needs.
- Some patients and families have particular needs and/or require specific planning and care due to the child's disability. For further information refer to the "[Disability- children and young people with disabilities: responding to their needs](#)" policy.
- All patients and their parents/carers must therefore be given the opportunity to express their special needs.
- Aboriginal and Torres Strait Islander patients should be referred to the Aboriginal Health Education Officer upon their arrival at the Hospital or at the first opportunity if the admission occurs outside normal working hours.
 - The Aboriginal Health Education Officer is contactable by extension 52616, or via pager 6030.
- Health Care interpreter services are available 24 hours a day.
- A 24 hour on-call chaplaincy service is provided by the Hospital.
- For patients coming from other hospitals their parents should be made aware of plans for transfer to CHW by the referring hospital. On accepting transfer of a patient CHW staff should confirm that this has happened.
- Patients and their families should be provided with appropriate information and resources upon arrival at CHW to help them navigate the hospital system and to make them feel supported.

4 Further Information

4.1 Contacting the Patient Flow Unit

Bed Manager Office

- Hours of operation
 - Monday – Friday 0730 – 1600
 - Ph 52687, Page 6056
 - After hours, the AHNM, extension 52466, Page 6056
- Location
 - Level 2, opposite volunteers

Booking Office

- Hours of operation
 - Monday to Friday 0730 – 1700
- Location
 - Level 2, behind enquiry desk Fax 984-52681

Enquiry Desk

- Hours of operation
 - Monday to Friday 0730 – 2000
 - Saturday & Sunday – 0830 – 1700
- Location
 - Level 2, Main Entrance

Note: Patients requiring admission outside these hours are administered by the Admitting Officer in the Emergency Department ext 52545.

4.2 Criteria for Ward Admissions

Adolescent Medical Patients

Refer to Wade Ward Admission Criteria Policy:

<http://intranet.kids/o/documents/policies/policies/2006-8181.pdf>

CAPAC

Refer to **Community Acute and Post Acute Care (CAPAC) Service Business Rules:**

http://intranet.kids/o/documents/policies/business_rules/2008-8066.pdf

Care by Parent Admissions

Refer to **Care by Parent Unit: Admission and Patient Care Procedure:**

<http://intranet.kids/o/documents/policies/procedures/2006-8009.pdf>

Emergency Medical Unit

Refer to Emergency Medical Unit Business Rules:

http://intranet.kids/o/documents/policies/business_rules/2010-8024.pdf

Gynaecological Patients

Refer to **Consultant Gynaecologist Policy and Procedure:**
<http://intranet.kids/o/documents/policies/policies/2007-8121.pdf>

Medical Assessment Unit

Refer to **Use of General Medical, Medical Assessment Unit (MAU) and Long Term Ventilation (LTV) beds in Hunter Baillie Ward (HB) Business Rules:**
http://intranet.kids/o/documents/policies/business_rules/2008-8025.pdf

Mental Health Patients

Refer to CHW policies:

- Mental Health Patients in the Emergency Department Practice Guidelines
- **Mental Health Patients: Admission (to Hall Ward) Practice Guidelines:**
<http://intranet.kids/o/documents/policies/guidelines/2007-0000.pdf>

Neonatal Patients

Refer to **Admission to the Grace Centre for Newborn Care Policy:**
<http://intranet.kids/o/documents/policies/policies/2007-8344.pdf>

Oncology Patients (Camperdown Ward)

Urgent oncology patient admissions come via the Emergency Department where they are assessed and are 'fast-tracked' to Camperdown Ward (or PICU) as necessary. Follow the [Emergency Admission Procedure](#).

Operating Theatres

Refer to **Surgical Procedures: Day Only & Day of Surgery Admissions:**
<http://intranet.kids/o/documents/policies/procedures/2010-8035.pdf>

Overseas or Medicare Ineligible Patients

Refer to **Admission of Overseas and Medicare Ineligible Patients Policy and Procedure:**
<http://intranet.kids/o/documents/policies/policies/2007-8062.pdf>

Paediatric Intensive Care Unit

Refer to the following CHW Policies:

- **Admission to PICU: Guidelines for Intensive Care and High Dependency Patients:**
<http://intranet.kids/o/documents/policies/policies/2007-8114.pdf>
- **Paediatric Intensive Care: What to do if a PICU Bed is hard to find:**
<http://intranet.kids/o/documents/policies/policies/2007-8356.pdf>

Other Wards

Contact the Bed Manager or AHNM (page 6056) for consultation.

4.3 Related policies and further information

- Medical Consultations on Inpatients: Arranging of and Ethical Guidelines:
<http://intranet.kids/o/documents/policies/policies/2008-8081.pdf>
- Demand Management and Escalation Plan:
<http://intranet.kids/o/documents/policies/policies/2006-8213.pdf>
- Disability- children and young people with disabilities: responding to their needs:
<http://intranet.kids/o/documents/policies/policies/2008-8045.pdf>
- Discharge Planning: <http://intranet.kids/o/documents/policies/policies/2006-8134.pdf>
- Transferring Paediatric Patients and Related Transport Requirements:
<http://intranet.kids/o/documents/policies/guidelines/2006-8105.pdf>
- Transitional Care: <http://intranet.kids/o/documents/policies/policies/2006-8157.pdf>
- Triage of Patients in NSW Emergency Departments:
<http://intranet.kids/o/documents/policies/policies/2007-8052.pdf>
- Waiting Time and Elective Patient Management:
<http://intranet.kids/o/documents/policies/policies/2007-8054.pdf>
- Mental Health Bed Types for Inpatient Units:
<http://intranet.kids/o/documents/policies/policies/2007-8055.pdf>

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