

ADMITTING AND ORIENTATING A PATIENT AND THEIR FAMILY/ CARER TO THE WARD

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- Admitting a patient to the ward is an important part of the health care journey
- Orientation process is an opportunity to establish partnerships and comprehensive care
- Care provided to the patient, can be the most influential dimension of patient's admission and a predictive measure of patient's satisfaction and positive health outcomes.
- Key aspects which need to be considered in admitting and orientating a patient and their family/ carers to the ward area.
 - Essential documentation requirements
 - Observations/ Initial Assessments/ Risk Assessments
 - Essential Services
 - Information to support priority populations
 - Information to support Orientation to the Hospital
 - Management of patients own medications
 - Orientation to the ward and local space information
 - Support Services for Patient and Families

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 November 2022	Review Period: 3 years
Team Leader:	Director of Nursing CHW	Area/Dept: Nursing and Education

CHANGE SUMMARY

- New SCHN Practice Guideline. Replaced the CHW Facility document “*Admitting a Patient to the Ward - Nurses role in orientating Families / Carers – CHW*”.

READ ACKNOWLEDGEMENT

- Read Acknowledge Only – all staff

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Introduction

Admitting a patient to the ward is an important part of the health care journey and the orientation process is an opportunity to establish partnerships and comprehensive care¹

Comprehensive care aims to ensure that patients receive health care that meets their individual needs, and considers the impact of their health issues on their life and wellbeing. It also aims to ensure that risks of harm for patients during health care are prevented and managed through targeted strategies.

Staff should discuss and negotiate care needs for the patient, including what will be shared care and who will deliver these cares. Families are encouraged to continue to be a part of the care team.

Comprehensive care considers the impact of the patient's health issues on their life and wellbeing and integrates processes to identify patient needs and prevent harm. It includes actions related to falls, pressure injuries, nutrition, mental health, cognitive impairment and end-of-life care¹.

Partnering with Consumers aims to create mutually beneficial outcomes by having:

- Patients and their families as partners in their own care, to the extent that they choose.
- Providing clear communication to patients and their families.

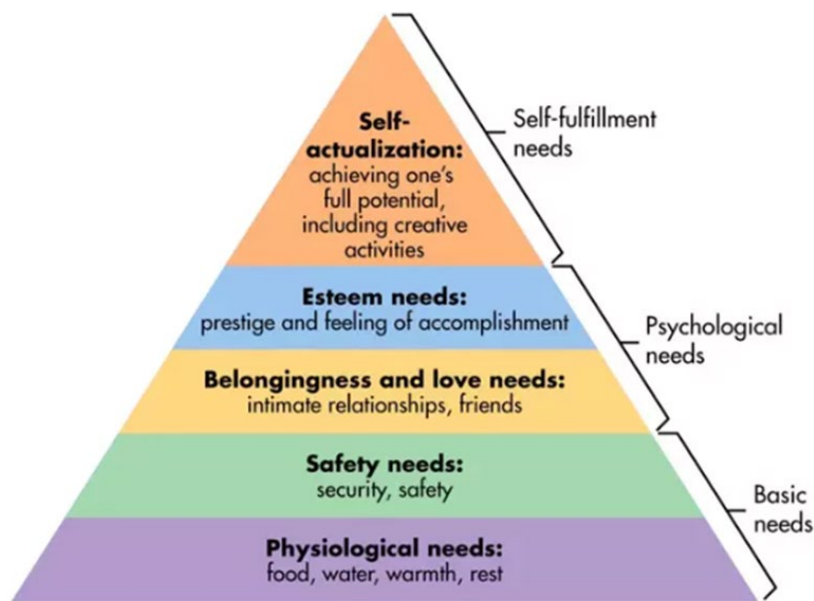
The process of admitting and orientating a patient and their family/ carers to the ward may involve a number of staff including the nurse, clinical support assistants (CSA), allied health, medical and volunteers. However it is vital for the nurse to be involved in the admission in order to develop a therapeutic connection and understand the requirements of the patient and family/ carers from the start.

The sequence in which a patient and family/ carer are admitted and orientated to the ward may vary based on the way they enter the facility, but undertaking a holistic assessment at the beginning is essential for the nurse to familiarise themselves with the patient and their needs.

The care provided to the patient, can be the most influential dimension of patient's admission and a predictive measure of patient's satisfaction². As such, initial care should be based on **Maslow's hierarchy of needs**, comprising of the five-tier model of human needs to ensure developmental and growth needs are met in the paediatric and young person's needs during their admission.

- Physiological needs (food, warmth, rest and clothing)
- Safety needs (safe environment, feeling of security, harm free)
- Love and belonging needs (friendship),
- Esteem
- Self-actualization

Maslow's hierarchy of needs



Like Maslow's hierarchy of needs there are key aspects which need to be considered in admitting and orientating a patient and their family/ carers to the ward area. As a service, we work in partnership with our patients and families to meet all these needs.

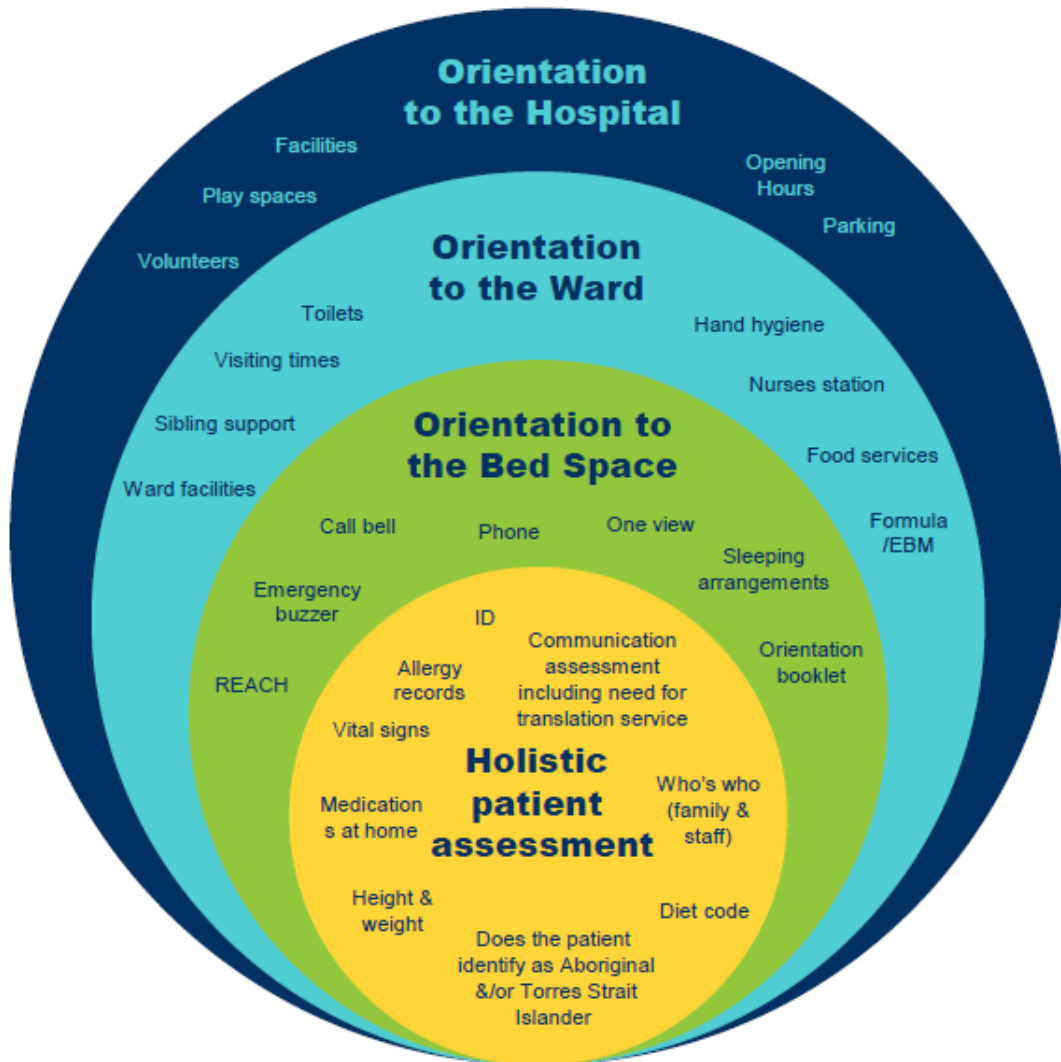
- **Essential documentation requirements**
 - Observations/ Initial Assessments/ Risk Assessments/ (safety)
- **Essential Services**
 - Priority Groups (belonging needs)
 - Orientation to the Hospital (physiological and safety needs)
 - Orientation to the ward and space (physiological , safety and belonging needs)

This document places strong emphasis on the base of the pyramid and we aim to work in partnership with families to meet the higher needs, with the support of other services, such as child life therapy, clown doctors/ starlight captains and hospital school.

- **Support Services**
 - Educational and play services (belonging and esteem needs)

Effective orientation on admission to the hospital enables services and supports to be wrapped around the child and family/ carers.

Risk Assessments, Falls, Pressure Injury, Nutrition Screening, Child Protection Screening



Essential Documentation

Initial Assessment

Documenting the various patient assessment requirements, may occur during the first 8-12 hours (weight and height within 24 hours) of the patient's admission to ensure safety measures are in place to support the admission.

It is also a requirement to ascertain and document if the patient and family/ carers identify as [Aboriginal or Torres Straight Islanders](#). This only needs to be asked and documented once so refer to the medical records are checked and you have liaised with the Clinical Support Administrator (CSA) to prevent any unnecessary repetition.

Observations

- A full set of observations must be documented on admission/ transfer to the ward. Escalate concerns, as required as per [Between The Flags \(BTF\) : Clinical Emergency Response System \(CERS\)](#)

Initial Paediatric Admission Assessment

- Staff are to complete assessment in the electronic medical record, which includes:

Patient Identification

- The primary purpose of a patient identification (ID) band is for establishing and checking identity of the patient throughout the care process.
- Staff should establish how the patient and family/ carer patients wish to be identified and referred to including pronouns (he/him; she/her; they/them).
 - This should be documented in the medical record.
- Identification bands are a critical tool to prevent errors associated with mismatching patients and their care
- When applying the identification band, the three (3) core patient identifiers must be documented and verified with the Patient/ parent / carer:
 - MRN
 - Full name
 - Date of birth
- Apply one (1) appropriate size white identification band
- A red ID band replaces the white ID band if the patient has a known Medication/food/tape allergy and/or adverse reaction to a medicine
- If a newborn baby has not been given a name yet the family name of the mother should be marked followed by "baby of (mother's first name and surname)".
- Patients having surgery/ procedures outside the unit/ward must have 2 ID bands applied to opposite limbs.

- Ensure ID bands are secure so they do not fall off but do not rub the skin or cause a pressure injury.
- If unable to apply ID band to a limb (such as distress to patient with sensory needs), an alternative patient identification tool/s may be used to identify the patient and documented in the medical record, as per: [Patient Identification Bands Policy](#)

Height and weight

- Must be documented within 24 hours of admission and at least weekly in acute setting and monthly for long stay patients.
- For accurate medication management, documentation of weight is ideally within 4 hours of admission

Allergy status

- To be reviewed on every admission
- Allergies are to be documented in eMR and on handover sheet
- Red identification bands are to be placed on all patients with Medication/food/tape allergies

Issues List

- Document any long term concerns, diagnosis or disabilities that will continue to exist over a period of time i.e. Cardiac management/ Asthma/ Autism

General Health / Social History

- Enables documentation of personalised information on the patient needs/ routines/ cognitive status/ skin integrity and medications (refer to Patient Own medications)
- Any clinical concerns should be documented in the patient's progress notes
- Any social and developmental concerns should be documented within the Clinical Progress Notes and escalate to the relevant clinical staff where appropriate
- Any known child protection concerns in relation to the patient

Assessment

- Initial A-G assessment documented including airway needs/ lines, tubes and drains in situ

Input/ Output and Nutritional Screening

- Documentation of Infant and child feeding needs and toileting needs

Risk Assessments

The following risk assessment must be completed within a minimum of 8 hours of admission within the eMR:

- Nursing Admission Assessment
- Nutritional screening tool
- Falls Assessment
- Pressure injury and Skin Assessment
- Behavioural Assessment – If answering 'Yes', must be escalated to the treating team.
- Any identified risks should have a documented management plan which is communicated to staff, included in nursing handover and discussed with patient and family/ carer
- Appropriate care actions should be implemented and documented in the medical record

Discharge Planning

Consideration of discharge date and requirements should be made on admission, including an estimated date of discharge (EDD) in the patient management system (PAS), which will display in the Patient Flow Portal.

<https://www.safetyandquality.gov.au/standards/nsqhs-standards/comprehensive-care-standard/developing-comprehensive-care-plan/action-513>

Infection Prevention and Control

- Clarifying any infectious contacts with the family is essential, as patients may need to be moved or isolated to ensure they are not an infection risk to other patients, as per [Infection prevention and control: Isolation and Transmission Based precautions practice guideline](#)
- Patients with infections must have the appropriate isolation precaution sign/s displayed on the door of room indicating required precautions and Personal Protective Equipment (PPE)
- Notifying the ward/ unit prior to any transfer/admission (if known) of any symptoms, positive pathogen result or insolation precaution helps with patient management.

Allergies

Food allergies

- Food allergies are a risk for paediatric patients so must be discussed on admission and documented
- Identify if the patient has an ASCIA action plan +/- an adrenaline injector prescribed – refer to Allergy section
- Order diet as per site specific procedure
- [Food Allergy –\(IgE\) High Alert Meal Service – CHW](#)
- [Anaphylaxis and Generalised Allergic Reaction \(GAR\)](#)

Adrenaline injector

- If the patient has an adrenaline injector (e.g. EpiPen®, EpiPen Junior®, Anapen 150® Anapen 300® Anapen 500®) arrangements are to be made regarding appropriate storage (see *Patient's own medication*)
- Adrenaline injector should be prescribed PRN in case they are needed for [acute anaphylaxis](#)
- Patient should have appropriate ASCIA action plan stored with Adrenaline Injector
 - Contact Allergy and Immunology department if assistance is required.
 - Downloadable appropriate [ASCIA Action Plans](#)

Medication allergies and adverse events

- Allergies must be reviewed by the medical officer before any medications are charted and administered, as per [Adverse Drug Reaction Practice Guidelines](#).

Essential Services

Orientation to the hospital services is essential to ensure personal, cultural, belonging and safety needs are met for the various patients groups admitted to the ward.

Priority groups

It is important to identify children from priority populations so that appropriate supports can be put in place.

Priority groups include:

- Children who identify as Aboriginal and /or Torres Strait Islander (see Aboriginal Health Unit below for contact information)
- Children living with a disability
- Children from Refugee and/or Asylum Seeker background
- Children living in Out of Home Care. Coordinator email Phone 9845 1254
- Children from culturally and /or linguistically diverse (CALD) backgrounds
<https://intranet.schn.health.nsw.gov.au/multicultural-diversity-health>
- LGBTIQI+

Services to assist priority groups

Staff are to ensure patients and families are aware of the following services and refer as needed.

PEACH Service

Providing Enhanced ACcess to Health Services. The PEACH services enable earlier, supported and integrated access to healthcare services for vulnerable children who are referred to SCHN. This includes priority populations such as Aboriginal and Torres Strait Islanders, refugees, patients from non-English speaking background as well as patients affected by drugs and alcohol, living with mental illness or disabilities. Please email patient details to: SCHN-PEACH@health.nsw.gov.au

Aboriginal Health Unit

When a patient identifies themselves as Aboriginal and /or Torres Strait Islander, please refer the patient and family/ carer to the Aboriginal Health worker

- CHW – 9845 3898
- SCH – 9382 1021

The aim of the Aboriginal Health Unit is to improve experiences, access and health outcomes for Aboriginal patients and their families.

Child Life and Music Therapy services

The Child Life and Music Therapy department can support in minimizing the stress and anxiety that children and their families may experience through their healthcare journey.

- Sydney Children's Hospital, Randwick, Phone 9382 6984 or request through eMR
- The Children's Hospital, Westmead, Phone 9845 3717 or request through eMR

Interpreter services

Staff should assess if the patient and family/ carer requires an interpreter. Staff are responsible for requesting an interpreter if they believe that communicating in English is not appropriate e.g. when patients are not fluent in English or are deaf:

- CHW - Contact Health Care Interpreter Service (HCIS) on Tel: 9912 3800
- SCH - Contact Sydney Health Care Interpreter Service (SHCIS) on Tel: 9515 0030
[Interpreter Services Policy](#)

Staff are responsible for documenting the requirement for an interpreter, and language and communication needs in the patient's record

Food and Formula service

Diet Codes

All patients require a diet code to be ordered via eMR Orders. No food will be sent to a patient or carer without a diet code(s).

- If a patient does not require a meal a diet code is still required in eMR.
 - Within Orders search "diet"
 - Choose a diet option that is appropriate for the age of the patient
 - Add any special dietary requirements, multiple diet codes can be selected
- Feeding assistance is mandatory and must be completed
- Children with food allergies have additional requirements, please see allergy section.

Formula

Ready to feed standard infant formula is available in most ward kitchens

- All other formulas can be ordered via your sites Formula Room and/or Dietitian
- [Infant Feeding: 0 - 12 months - Formula Feeding and Introduction of Solids](#)

Patient Own Medication

If the family/ carer have brought their child's medications to hospital, staff are to encourage the family/ carer to take them home (excluding Day Stay Units).

Where this is not possible, some wards may lock medications away, please refer to local guidelines.

Staff are to inform family/ carer not to administer their own medications to their child.

All administrations of medications whilst in hospital should be checked and signed by nursing and medical staff*.

***Exception:** If the patient has an adrenaline injector (EpiPen® or Anapen®)³

- A risk assessment and discussion with the patient and family/ carer regarding access to the adrenaline injector to establish where it is kept in relation to local procedure.
- Family and patients may administer own adrenaline injector in response to anaphylaxis³

At the Bedside and Ward Space

Introduce yourself on admission to the ward and at the start of each shift, this encourages the patient and family/ carer engagement and assists in building a partnership⁴. Outlining your role and responsibilities may also reduce complaints and escalation.

Provide orientation to the ward to the patient and a family/ carer as per local procedure. This may include:

- Ward layout,
- Ward routines/ visitors and current restrictions,
- Explain various roles of staff on the ward: CSA / Team Leaders/ NUM/ Nurses/ Medical staff/ Domestic Services
- Demonstrate how to perform hand hygiene using the alcohol based hand rub (ABHR) or using the hand wash basin, with instructions that all parents/visitors are to use when entering/leaving the room as this is important to reduce the spread of infections
- Explain how to escalate care concerns or complaints to the Nurse and Medical staff, as per [REACH](#) and the [Patient Complaint Management](#) Policy
- [Your Health care rights and responsibilities](#)
- Explain available accommodation for parents, hostel and ward rooms
- Other facilities e.g. Toilets/ ATM/ cafeteria etc.

Orientate patient and family to the Bedside Devices

- Encourage family to watch the [welcome video](#) for the device and hospital
- Explain how to access hospital and ward [information from the devices](#)
- Consider if the patient requires [parental controls](#) on the devices i.e. Access to social media and internet, special consideration on how this may impact on mental health

Support Services

SCHN has a range of services to support patients and the families/ carers whilst in hospital to ensure patient-centred and family-centred care is delivered to children and young people.

To maintain the balance of clinical and social, play and developmental needs for the patients, patients have access to the following services:

- Clown doctors
- Starlight Express Room - a medical free zone with music, games and activities.
 - Starlight Express Captains can visit the bedside on request
 - CHW – 9845 3577
 - SCH – 9328 1436
- Access to Volunteers services – Ward Granny
 - [CHW](#) – 9845 2641
 - SCH – 9328 3570
- Social Work
 - CHW – 9845 2629
 - SCH – 9382 1021
- School ages patients can enroll in the [School in the Hospital](#) with the following criteria:
 - Anticipated hospital admission is for five days or more
 - Admitted on a regular basis
 - Referred under special needs
- Patient Friend is a service for families/ carers to [make a complaint](#) if the issue/ concern cannot be resolved locally by the NUM/ TL or Medical Officer
 - CHW – 9845 3535
 - SCH – 9382 0680
- Parent and Carer Resource Centre
 - CHW – 9845 3590

Chaplain and Chaplaincy Services

Staff should ask patient and family/ carer, “Do you have any cultural or spiritual beliefs or traditions we should be aware of during your time here?”.

Ask if the patient and family/ carer if they would like to be referred to the Hospital Chaplaincy Services.

- [Chaplain Services at SCH](#)
- [Chaplaincy Department at CHW](#)

Ronald McDonald House

- CHW – 9806 7111
- SCH – 9832 3132

Reference list

1. **Comprehensive care** - Australian Commission on Safety and Quality in Health Care, 2022, Resources for the NSQHS Standards, <https://www.safetyandquality.gov.au/standards/nsqhs-standards/resources-nsqhs-standards>
2. Nursing work environment and nurse caring: relationship among motivational factors, [Paige L. Burtson, Jaynelle F. Stichler](#) 02 July 2010. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2648.2010.05336.x>
3. Australian Commission on Safety and Quality in Health Care, 2021, *Acute Anaphylaxis Clinical Care Standard*, <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/acute-anaphylaxis-clinical-care-standard>
4. Patient and Family Engagement Governance Policy 2015-9082v4 <http://webapps.schn.health.nsw.gov.au/epolicy/policy/4418/download>
5. Admissions Policy 2017-018v2 <http://webapps.schn.health.nsw.gov.au/epolicy/policy/5172/download>

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