

Individual Patient Pack

Enclosed

1. Inclusion and exclusion criteria
2. Patient/carer agreement (to be signed and photocopy given to parents)
3. Checklists
4. Attend Anywhere monitoring documentation



Please tick patient's relevant diagnosis:

Bronchiolitis Fever Croup

Gastroenteritis VIW GORD

Awaiting blood results

General Criteria for all patients

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> Must have a treatment plan GCS 15/15 Carers must agree to shared care responsibility Carers must agree to make contact with the department at pre-set intervals Carers must have an internet connection Carers must have a smart phone that supports Attend Anywhere Carers must have access to a thermometer Carers must be able to bring patient back if advised Address patient will be residing at is known 	<ul style="list-style-type: none"> Patient on Child in need or Child protection plan Patient does not have a diagnosis Carer unable to undertake observations Patient is unstable Patient likely to be admitted Patient likely to be discharged Capacity within the system
Condition Specific Criteria	
<p style="text-align: center;">Fever</p> <ul style="list-style-type: none"> Source of fever known No evidence of meningism or sepsis Urinalysis conducted or will be in next 24hrs GCS remains 15/15 <p style="text-align: center;">Discharge when PAWS 2 or less and fever responds to antipyretics</p>	<p style="text-align: center;">Gastroenteritis</p> <ul style="list-style-type: none"> Assessed as mild dehydration <5% Has tolerated 10ml/kg fluids No vomiting for >1 hr No blood or bile in vomits Urinalysis conducted or will be in next 24 hrs <p style="text-align: center;">Discharge when PAWS 0</p>
<p style="text-align: center;">VIW</p> <ul style="list-style-type: none"> O2 sats >92% in air Last neb or 10 puffs >3 hrs Carers shown and understand how to assess WOB <p style="text-align: center;">Discharge when obs PAWS score 0 (or 1 for heart rate only, as long as there are no other clinical concerns)</p>	<p style="text-align: center;">Bronchiolitis</p> <ul style="list-style-type: none"> Excludes previous admission to PICU O2 sat.92% in air Taking approx. 50% of usual feeds <p style="text-align: center;">Discharged when PAWS score 0</p>

Healthier at Home Agreement

Dear Parent/Carer

Your child needs a further period of observation before they can be discharged. They fit into the conditions where it is possible to do these observations from home. Before we can consider allowing you to take your child home there is a need for us to both agree on a few items set out below.

You:

1. I have good internet connection that supports "Attend Anywhere" This is the digital system the hospital uses, and we will use this to assess your child. We will show you how to use the system before you leave. Information can be found on the following link: <https://www.leedsth.nhs.uk/video-consultation-2/appointments-by-attend-anywhere-2/>
2. I will remain at the following address for the next 4hrs. We need to know where you will be so if your child becomes unwell we can send help out immediately. If your child is not at the address given then we may have to involve the police and social care.
3. I will contact the CAT unit at the following times: This is to make sure you are not kept waiting unnecessarily.
4. I will immediately reattend if asked to by the nurses or doctors on the CAT unit This is because the nurses or doctors think your child looks unwell and a change in treatment is needed.
5. If my child's is not improving after 4hrs then they need to be seen on the CAT unit. This is because we may need to do some tests or change their treatment

The Hospital:

1. We will give you verbal and written information about your child's condition and what to look for, particularly when to seek urgent treatment.
2. You can contact the CAT unit at any time over the next 4hrs on (insert number)
3. We will be available to review your child via "Attend Anywhere" at the agreed times.
4. We will give you a car park permit in case you need to bring your child back.

Yours Faithfully

Carers Signature

Dr's Signature

Carers Name

Dr's Name

Date

Time

Generic Checklist

- All the general criteria have been fulfilled Yes No
- Are there any exclusion criteria Yes No
- What are they?
- Has there been any admissions to PICU Yes No
- Any high risk factors? Eg Heart problems/CLD Yes No
- HaH Agreement signed Yes No
- Relevant condition leaflet given to carer Yes No
- Healthier Together information sent to carers phone by SMS Yes No
- Car Parking Permit dated and timed Yes No

Please complete relevant condition specific checklist

Bronchiolitis

- O2 saturation in air%
- Taken half usual feed? Yes No
- Carer shown and understand how to assess WoB Yes No
- Carer shown and understands how to assess hydration Yes No

Croup

- Pt fully immunised including HiB Yes No
- O2 saturation in air%
- Time of last dexamethasone or neb:

Fever with Focus

- Any evidence of meningism or sepsis Yes No
- Source of fever:
- PAWS:
- Temperature:
- Urine obtained/arrangements made for urinalysis Yes No

Gastroenteritis

- Any evidence of meningism or sepsis Yes No
- Degree of dehydration%
- Time of last vomit:
- Any blood or bile in vomit Yes No
- Has tolerated 10ml/kg of fluid (wt)
- Urine obtained/arrangements made for urinalysis Yes No

Viral Induced Wheeze

- O2 saturation in air%
- Time of last nebuliser or 10 puffs of salbutamol
- Carer shown and understand how to assess WoB Yes No
- Inhaler technique assessed and satisfactory Yes No

Gastro-oesophageal Reflux

- Any evidence of meningism or sepsis Yes No
- Any signs of dehydration Yes No
- Time of last posset:
- Any blood or bile in posset Yes No
- Has tolerated a feed (wt) Yes No
- Urine obtained/arrangements made for urinalysis Yes No
- Carer shown how to assess hydration Yes No

Nurse Reviewed	Date	Time
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Senior Review	Date	Time
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Name of Dr/nurse making contact with carer:

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Time of first contact:
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Signature:
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Reg Number:	Date	Time
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Hourly Monitoring via Attend Anywhere

Time	On Admission				
Mod GCS - A lert - V oice - P ain - U nresponsive					
Temp					
Rash - Yes / No - B lanches					
RR					
Cyanosis - Yes / No					
Subcostal Recession - Yes / No					
Feed tolerated - Yes / No					
Amount taken (ml)					
Pt settled - Yes / No					
Hydrated - Yes / No					
Heart Rate - if possible					

