Kalafong Hospital, Department of Paediatrics
Standard Operating Procedure
Admission and Discharge Protocol, Ward 4

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Purpose

To provide guidelines and compliance requirements regarding admission, transfer and discharge procedures in ward 4.

Admission Procedure

Discriminate whether the new admission is to be admitted to Kangaroo Mother Care or ward 4A. If not sure – discuss it with the doctors working in ward 4 or ask the admitting doctor.

The ward doctor must obtain the details of the patient/s being admitted and ascertain where they are to be admitted either in W4A or in the KMC unit. After hours the admitting doctor makes the decision where the patient is admitted. Patients that are on IV therapy, IV fluids or require isolation are admitted into W4A whether they are term, premature or low birth weight infants.

I. Documentation

- Enter details of patient in ward admission book (KMC or Ward 4A)
- Enter patient and lodger details into the Daily returns book (KMC or Ward 4A)
- Check that the following documents were completed for both the baby and the mother:
  - TPH 1
  - TPH 3
  - Completed and signed Prescription form (KH79/01E)
  - A signed Lodger form (TPH 100) for the mother

<table>
<tr><th>Admissions from casualty, POPD or Transfers from Short Stay ward</th><th>Transfers from Ward 27/28, Ward 10</th></tr>
<tr><td>Ask for the following document
• Road to Health book (If not available ask that it is brought to the ward as soon as possible)</td><td>Ask for the following documents (Do not admit to ward 4 if these following documents are not available)
• Road to Health book
• Confirmation of birth</td></tr>
<tr><td>Attach a identification bracelet on the baby’s arm or leg.</td><td>Check for the identification bracelet. Replace if necessary</td></tr>
<tr><td colspan="2">Open a ring file for all new admissions and place the following documents in the file, organized under the file headings – Prescription, Clinical notes, Special investigations and Nursing notes</td></tr>
<tr><td colspan="2">Prescription - Completed and signed Prescription form (KH79/01E)</td></tr>
<tr><td colspan="2">Clinical Notes
• Ward 4 Statistics form (Green) – Nurses to complete the following: Mother’s cell phone number, Admission month, Admission date to W4A / KMC, Date of Birth, Gender, Gestational age, Hospital number, Name, Birth weight, Admission weight to W4A / KMC, Admitted from.</td></tr>
<tr><td>• KMC daily notes
•
• Completed Neonatal or Paediatric bedletter
• Daily weight growth chart up to 50 days of age</td><td>• The most recent HCU daily notes pages and / or KMC daily notes pages.
• Completed Neonatal bedletter
• Growth chart – daily weight (Started in ward 8)
• Discharge summary from ward 8</td></tr>
<tr><td>Special investigations
• Kalafong Paediatric laboratory result flow sheet</td><td>• All completed Kalafong Paediatric laboratory result flow sheets
• Ward 8 Sonar result sheet (If completed)</td></tr>
<tr><td colspan="2">Nursing notes
▪ Nursing Progress Report [TPH114/2(A)]
▪ Control (Temp) chart (TPH117)
▪ Paediatric Feeding Chart (TPH5)
▪ If patient is on a drip include a 24 Hourly Fluid Balance Chart (TPH118)
• Observation Nursing Care Chart (TPH114/5A) Use this if patient has convulsions, low blood sugar that needs observations, oxygen weaning.</td></tr>
</table>

II. Assess the Baby

- **In the presence of the transferring nurse:**
  - Positively identify the baby, especially if not accompanied by the mother.
  - Undress baby and examine baby for any scars, wounds, nappy rash and umbilical cord sepsis. Also check drip sites for swelling or drip burns.
  - Confirm whether baby is currently on oxygen or whether oxygen was recently discontinued.
  - Confirm whether baby is jaundiced and should continue with phototherapy.
  - Reflect any findings in the nursing progress report accompanied by a written statement.
  - Report any abnormalities to the ward doctor as soon as possible.
- Weigh baby on admission and enter Name, Registration number, Birth weight and Date of Birth into the respective weight books (Either Ward 4A or KMC)

III. Assess the Mother

- Welcome the mother to the ward
- Ask the mother whether she has enough breast milk.
  - If she has any problems with milk supply inform the ward doctor to prescribe galactogogues such as Eglonyl (sulperide) or Maxolon (metoclopramide).
  - Also contact the dieticians and inform them of the problem.
  - If the mother has no milk a decision should be made as to the type of substitute milk the baby may need. A choice would be between formula milk or donor breast milk.
- Check the mother's breasts to exclude breast engorgement
- Assess social background of mother.
- Discuss family planning options with mother.
- Obtain history of other medical problems such as – epilepsy, diabetes, tuberculosis, etc. Make sure that the mother has enough medication while admitted to the ward.
- If a mother has a health problem ask the doctor to refer the mother to Family Medicine. If it is an emergency, see that the mother is taken to casualty for evaluation. The mother is a lodger in ward 4, she is not a patient and ward 4 nursing staff cannot take care of her as a patient. If she has a major problem she needs admission to another ward and treated.

- **Orientate mothers**

1. Explain that all of the staff members are there to help her care for her premature baby. If she has any questions or if she is at all unsure of what to do, she must feel free to ask for assistance.
   - Show the mother the beds that are available and allow her to choose where she would like to sleep
   - Provide the mother with a KMC wrap and show her how to secure her infant to the chest in the KMC position
   - Provide the mother with a cup – for expressed breastmilk when feeding the baby
   - Provide the mother with a jug containing Milton – the cups should be sterilized in this solution after washing them with soap and water.
   - Show the mother the information file that is available at each bed. Information on KMC, breastfeeding and ward routine is compiled for the mother to read.
2. Show her the different areas in the ward for example:
   - Toilets and showers
   - Mother's and visitor's lounge
   - The dining room where they will have their meals
   - The linen room
   - The kitchen
   - The medicine fridge
   - Introduce her to the other staff and mothers in the unit
3. Meals
   - Explain to the mothers that the hospital will provide food and drinks to them

- Extra fluid will be supplied to them to increase their breast milk supply and improve breastfeeding
- No food should be kept openly in the ward as it attracts cockroaches. Any food that the mothers have by the bed should be placed in the special receptacle that closes tightly and will keep cockroaches out.
- There is a fridge in the mother's kitchen where they can store food or drinks at their own risk.
- Meal times are as follows:

Breakfast	08h00
Lunch	12h00
Dinner	17h00

4. Self medication to baby
    - Orientate mothers (with RVD disease) to administer Nevirapine to her infant once daily.
5. Visitors and visiting times
    - Mothers are welcome to have visitors during the day.
    - Children under the age of twelve may be allowed during visiting hours if the following rules are adhere to:
        - The child should be healthy and not have any illness such as a cold or a cough.
        - The child must be accompanied by an adult and the adult must see that the child is contained or restrained and not allowed to run around in the visiting area.
        - If the child is not controlled he or she may not enter the ward.
    - Visits will be restricted to the lounge and visitors are not allowed at the bedsides of the KMC cubicles. Visitors may visit mothers next to the beds in ward 4A, however children will not be allowed inside ward 4A. If children accompany a parent they must visit with one another in the visitors lounge, the kitchen or cubicle D.
    - Official Visiting hours:
        11h00 – 12h00
        15h00 – 16h00
        18h00 – 19h00
6. Smoking
    - No smoking is allowed in the hospital, because of oxygen therapy and the danger of fire. Smoking irritates the airways of babies with chronic airways disease. Smoking may cause sudden infant death.
    - Mothers may smoke outside but are not allowed to leave her baby more than 4 times per day.
7. Activities in the unit
    - Mothercraft
    - Speech and communication sessions
8. Explain to the mothers about the special clinics in the unit
    - KMC follow-up clinic on Tuesdays and Thursdays, 8h00 to 11h00
    - Eye clinic on Thursdays in the TV room in ward 4 for babies <32weeks & <1.301kg
    - Wednesday clinic run by the dieticians for teenagers and LBW infants discharged from ward 10 (9h00 – 11h00)

Transfer Procedure

- The doctor makes arrangements for transfers of patients into the ward or out of the ward. This is usually done telephonically but it may be necessary for the doctor to go and see the patients before they are transferred in order to receive proper orientation with regards to the details and management of the patients. The doctor must get as much information as possible about the patient that will be transferred.
- All <u>non-emergency transfers</u> should take place as early as possible <u>before 16h00</u>. After 16h00 the patients will not be accepted in ward 4, especially not on a Friday afternoon.

Transfer in

- As soon as the transfer arrangement has been confirmed between the doctors, the nursing staff should be informed about the number of patients that will be transferred into the ward.
- The nursing staff should contact the nursing staff in the ward from which patients are coming and inform them that the patients can be transferred.
- If beds are not available, the nursing staff should inform the transferring ward as soon as beds become available.
- Remind the staff that patients should arrive in the ward before 16h00.

Transfer out

- In the case where a patient is to be transferred out of ward 4 the nurses should be informed of the transfer arrangements as soon as the doctor has made these arrangements with the receiving ward.
- The nursing staff should contact the receiving ward and make sure that they are ready to receive the patient.

Discharge Procedure

I. Doctor's Action

- The doctor together with the consultant makes the decision whether a patient is ready for discharge
- The doctor informs the sister in charge who is for discharge on that specific day
- The doctor writes a prescription (TTO) at the back of the prescription sheet (KH79/01E) which should be placed in the wire holder at the entrance of the ward before 11h00 in the morning.
- The doctor informs the dietician which infants are for discharge. The dietician will provide a cup and FM 85 when appropriate.
- Documentation of import on Discharge:
    - Sign the TPH3 forms for the baby and mother
    - Sign the lodger form (TPH100)
    - Complete the (green) W4 statistics form.
        - Enter the discharge date, discharge weight and the follow up date on the stats form. If follow up is not required, make a note that no follow up is necessary.
        - Any special investigations outstanding – write the bar code on the form or apply the bar code sticker on the green form and in the Road to Health chart (RTHC).
        - Any appointments that are made for sonars, follow up clinics at SBAH must also be written on the statistics form and the RTHC.
        - Staple the daily growth chart onto the statistics form. (Where applicable).
        - File the statistics form in the appropriate admission month envelope stored in the black suitcase in the doctor's room.
    - Complete the (RTHC) on page 6 and 7. Summarise the problem list on page 6.
        - Enter the discharge date and discharge weight on page 6.
        - Write the date, time and location of the follow-up clinic on the bottom of page 6.
        - Complete page 7 by marking the appropriate information with regards to the HIV status of the mother and whether the baby is receiving Nevirapine treatment.
        - Make sure that the infant received all the immunisations and that it has been completed correctly.
    - Write a discharge summary. If there is already a discharge summary from ward 8, add to the existing summary. Staple the original copy of the summary onto the last page of the RTHC.
    - Complete the KMC or ward 4 discharge file with the details of the patient.

II. Nurses Action

- Check whether the TPH3 and Lodger form (TPH100) was signed off by the doctor.
- Check whether the above actions were taken by the doctor. If not please remind the doctor to complete all the steps.

- Positively identify the baby (especially if not accompanied by the mother). Check for the identification bracelet. Baby will not be allowed out of the hospital grounds without this bracelet as proof.
- Complete the nursing care Plan (TPH 114/1) with the mother's name, home address and contact telephone number. She must also sign at the designated space.
- Enter the discharge date and details into the KMC or ward 4A admission book.
- Complete the names and hospital numbers of the mother and baby in the daily return book.
- Write in the progress report all the actions that were taken on discharge.
- Check the baby for any skin lesions and look at the umbilical cord area. Give advice to the mother of how to take care of the cord before and after it has fallen off.
- The following topics need to be addressed before discharge:
    - Medication – how to give it, when to give it, how long it should be given.
    - Cord care – Clean the cord with spirits until it falls off and continue cleaning the area for another week until the area is dry.
    - Follow-up arrangements – inform the mother of the importance of attending the follow-up clinics, make sure that they know the date and time of attendance. If they are unable to come on the specific date then to come on the next clinic day, which is either on a Tuesday or a Thursday morning.
    - Advise the mothers to go to their local clinics as soon as possible after discharge to make a date for the 6 weeks immunisations
- Make sure that the baby was immunised at birth that the batch number was written down and that the nurse giving the immunisation signed in the appropriate space.

Approval Signature: Date: Ward Stamp:

Ward 4 Manager Ward 4 Consultant