

FSS Standard Operating Procedure	
DOCUMENT TITLE	Standard Operating Procedure for Advanced Paediatric Nurse Practitioner (APNP) role in Emergency Department at Huddersfield Royal Infirmary (HRI)
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Standard Operating Procedure for APNP role in Emergency Department at HRI

Purpose of SOP:

An APNP is one of many advanced roles under the umbrella term of Advanced Clinical Practice (ACP). The APNPs are a team of experienced Paediatric Nurses who have undergone education at Masters level in order to carry out ACP. They carry out history taking and physical examination in order to diagnose and treat children who attend the Emergency Department (ED) department at HRI. They work autonomously and have the support of a designated on-call Paediatric Consultant at all times, who is available for telephone advice and can be asked to attend the ED if needed.

The Advanced Paediatric Nurse Practitioner (APNP) will use advanced clinical and nursing knowledge and skills to develop, manage and promote excellence in children's nursing and medical care delivery. The APNP will be required to work within acute paediatric health care, assessing children and young people attending the HRI ED. Using their advanced clinical judgements to plan and initiate, evidence based management care and treatments including prescribing, referral and discharge.

There will be APNP cover within HRI at all times. If no APNP is available then the escalation policy for this situation will be followed, (see hyperlink below.)
[2017 \(Sept\) - APNP escalation process -v3 \(Review September 2020\).pdf](#)

APNP to monitor patients in ED on FirstNet throughout their shift and assess if input is needed with a low threshold to support ED activity in the event that they are not required on Ward 18. The APNP is available via bleep for advice at all times.

Wherever possible referrals should be made to the APNP by the coordinating nurse or the ED Doctor who has seen the child.

When a child has been referred by a Doctor or an ACP to an APNP they will attend ED **as soon as workload allows.**

The APNP will be called directly by the coordinating nurse or nurse in resuscitation area to review patients with a triage category of 1 or 2. It is expected that the senior ED Doctor will have been informed of these children and may be required to intervene before the APNP arrives.

It is expected that the APNP will attend the ED to see children with Triage category 3 if they have waited more than one hour, and those triage category 4 who have waited more than 2 hours. On occasions, when it is anticipated that these times will be exceeded (e.g. surge demand in registration) the coordinator may request the APNP to attend sooner. APNP will attend ED sooner if ward workload allows at times of high demand in ED.

If the APNP is unable to attend ED at any time due to workload on ward 18 they will inform the nurse coordinator in ED who will escalate this to all ED staff. The APNP will inform ED when they became available to attend.

All children will be triaged, with a full set of observations and a PAWS calculated prior to seeing APNP. If there is a long wait for triage in children, the APNP may see patients before being triaged. In these circumstances the ED escalation policy will be enacted.

Once in the ED the APNP will see children in order of clinical priority not necessarily time order.

The role of the APNP is not to see all of the children in the department, as the ED is a training placement for medical staff. ED doctors should still see children. At times of high workload in ED, the APNP will work to help support patient flow and patient safety by seeing sick children prior to seeing an ED doctor.

APNPs primarily see paediatric medical patients. They are not first line practitioner for trauma, minor injuries, or patients with surgical presentation, with the exception of children with abdominal pain who need paediatric review. The APNP will have a role in supporting families in ED for trauma/surgical calls. The APNP will be available to assist with surgical/trauma patients e.g. assist with cannulation, analgesia and to support ED staff.

All children with abdominal pain presenting at HRI should be referred by ED Dr once seen and assessed or referred either directly to the APNP if ED busy.

In the event that there are no patients on ward 18, the APNP will need to remain on the HRI site with one nurse basing themselves primarily in ED, ensuring that the ward is secured and locked when they are not resident. (CHFT Children's Operational Policy). The APNP and Children's Nurse will support paediatric patient flow within the ED department and will assist within the scope of their clinical practice with adult patients with non-registered duties. The APNP and Children's nurse may need to leave the department at short notice in the event of an admission to ward 18.

All patients being assessed and treated in ED by APNP remain the responsibility of the ED in terms of nursing care. The APNP will need to be supported by the ED nursing staff who will assist by recording observations, administration of medication, arranging transport and any other requests from the APNP.

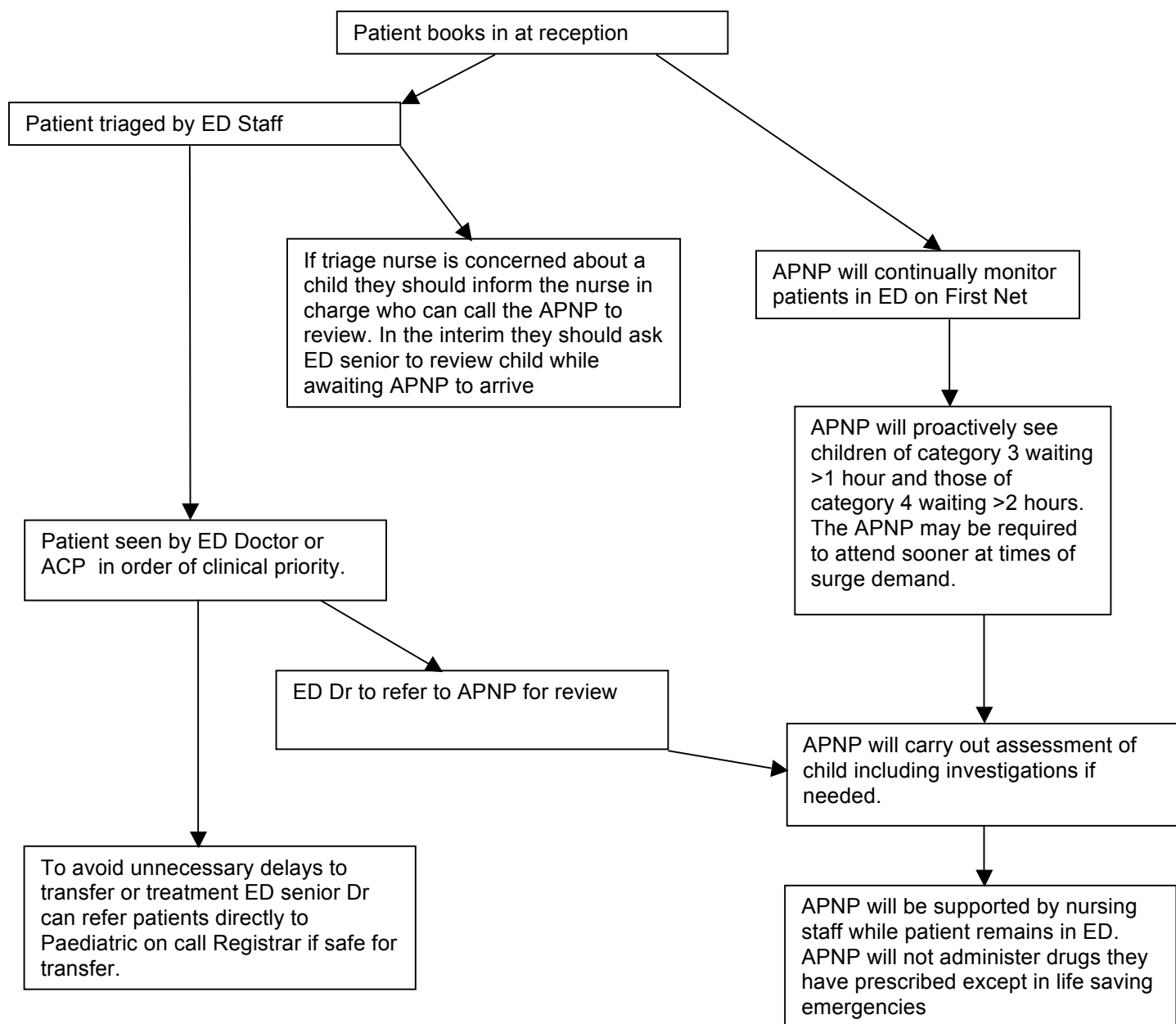
Except under life-threatening emergencies, the APNP will not be expected to administer medications they have prescribed, as the role of non-medical prescribing does not allow this.

Arranging transport for children and giving a nursing handover remains the responsibility of ED team. At times of high demand and when the APNP has capacity to do so, they may assist with these tasks.

In order to prevent unnecessary delays in treatment or transfer, those patients needing further care on Ward 3 at Calderdale Royal Hospital (CRH) are not required to be seen by the APNP. If a child has been reviewed by a senior doctor in ED they can be referred directly to the on-call Paediatric Registrar at CRH.

The APNP on duty will retain an outreach responsibility for patients on ward 18 so may need to return to the ward if clinical need arises. This will be the decision of the APNP on duty, who will return to ED as soon as possible.

APNP role in ED at HRI- referral pathway



**Any ED staff can contact the APNP for advice but referrals for review should be made by coordinating nurse or ED Dr who has seen the child.
Resus nurse may bleep the APNP to alert of any incoming emergencies**

APNP will see patients prior to triage only in times of extreme pressure and ED will have escalated appropriately at this point

Document Checklist

(Please note that this will be used for monitoring purposes and will be completed following completion of all stages of the above)

	Yes	No	N/A	Comments
Version number (footer)	✓			
Date fully ratified (front page)	✓			
Date for review (footer) (front page)	✓			
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Arrangements for training detailed	✓			
List of changes and dates changed	✓			
Monitoring / audit process	✓			
Process for review of monitoring / audit results	✓			
Process for monitoring of resulting action plans	✓			
Guideline available on Trust intranet	✓			