Clinical Care Pathway

Pathway for postnatal management of diagnosed or suspected (non-cardiac) surgical conditions

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The North West Neonatal Network (NWNODN) consists of 3 locality neonatal networks, Cheshire and Merseyside (CM) Lancashire and South Cumbria (LSC) and Greater Manchester (GM). This document has agreed by locality Clinical Effective Groups (CEG) and can be adapted for local use.

**Please acknowledge source if this document is adapted for local use.**
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Background

It is generally accepted that co-ordinated, integrated pathways of care are essential for Networks to provide effective clinical care. This guidance relates principally to the transfer of babies from Neonatal Units into the C&M surgical centre at Alder Hey Hospital for the management of postnatally suspected or diagnosed neonatal surgical conditions (with the exception of cardiac surgery). A separate pathway is available to guide management and referral in cases of antenatal diagnosis.

A key aim in the development of this guideline is to improve the ease of communication and availability of clinical information, to ensure that a rapid and effective response is provided by all the clinical staff involved. Two pathways are described in this guideline – for emergency/urgent referrals (including where telephone advice is needed) and a pathway for elective surgical procedures.

Principles

Emergency/Urgent Referrals for Surgical Conditions

- All acute postnatal referrals for transfer should be routed via the cot bureau to ensure all referrals are logged and a cot location process is initiated in the early phase of referral.
- Where possible a conference call should be arranged at an early stage which includes the surgical team, nursing & medical staff at the referring and receiving units, transport team and other specialist staff as required.
- If a bed is not available in Alder Hey, a decision will need to be made about the appropriateness of a ‘Park and Ride’ Transfer. This should not be arranged for elective procedures.
- If transfer out of the locality is required, the cot bureau will approach the surgical centre in GM (CMFT) before trying out-of-network units. The case will be escalated to the senior transport team staff (or NICU consultant) on duty if there are difficulties in obtaining a cot within the NW ODN.

Elective referrals for Surgical Conditions

- Elective cases should be referred well in advance, (ideally 4 weeks prior to discharge) directly to the surgical team.
- A referral should be made by letter sent by electronic fax to the surgical team.
Postnatal surgical condition

- **EMERGENCY referral or request for advice**
  - (e.g. perforated NEC, oesophageal atresia, gastroschisis)
  - Referring clinician to discuss with surgical consultant at AH and need for/timing of transfer
  - Need for transfer and destination (NNSU or PICU) agreed
  - Is appropriate surgical cot available at AHCH (referrals only)?
  - **Yes**
    - Contact cot bureau
  - **No**
    - Conference Call between surgical team, referring clinician, transport +/− anaesthetist +/− PICU consultant
    - Agree on destination and timing of transfer
    - Arrange transfer through Connect NW

- **URGENT referral or request for advice**
  - (e.g. intestinal obstruction, duodenal atresia, non-perforated NEC)

- **ELECTIVE referral**
  - (e.g. hernia repair)
  - Send referral letter by electronic fax to AHCH surgical pathway co-ordinator and consultant: 0151 252 5677
  - Surgical team to inform referring clinician about timing of surgery

Discussion between referring unit and surgeon: Is surgery deemed an ‘emergency’ or ‘urgent’ procedure??

- **Yes**
  - Is the transport team already engaged in an acute transfer or is there another pending transfer that must take priority??
    - **No**
      - Arrange Park and Ride Transfer
    - **Yes**
      - Explore transfer by another team/to out of area PICU

- **No**
  - Decline Park and Ride
  - Referring consultant to arrange an alternative date/time for transfer and then contact Connect NW
* proceed directly to conference call if immediate transfer is indicated and suitable bed available.
** These questions are best addressed by discussions between referring, transport and/or surgical consultants.