Postnatal pathway for neonatal surgical conditions

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<th>Postnatal pathway for neonatal surgical referrals</th>
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<tr>
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<td>GM NSG</td>
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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.**
Introduction

This guidance relates principally to the transfer of babies from Neonatal Units into Central Manchester for the management of neonatal surgical or other specialist surgical conditions (with the exception of cardiac surgery).

The guidance should be followed in conjunction with the Antenatal Management pathway, so that where possible the majority of babies with significant congenital abnormalities needing urgent surgical intervention are delivered at CMFT.

A key factor 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 acute / urgent referrals (including where a telephone discussion and surgical advice is needed) and a pathway for elective surgical procedures or investigations.

Principles

Emergency Transfers for Surgical Conditions

- All acute postnatal referrals or potential cases should be routed via the NW Perinatal Cot Bureau at the outset. This will 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 to include the surgical team, nursing & medical staff at the referring and receiving units, transport team and other specialist staff as required. This should include cases where admission is not certain at the outset to facilitate a discussion and consensus decision.
- The cot bureau will initially seek a cot in CMFT on NICU, but where appropriate a bed may be located in RMCH according to the dependency level, weight and gestation.
- If a bed is not available within CMFT, the cot bureau will approach the surgical centre within C&M (Alder Hey or LWH as appropriate) before trying further afield. 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 NWNODN.

Elective Transfers for Surgical Conditions

- Elective cases should be referred well in advance, (ideally at least 6 weeks prior to expected date of discharge) directly to the surgical team, using the standard proforma. A further assessment should be performed around 1 week prior to the provisional admission date to ensure that the child remains suitable for admission.
- A confirmed admission date will be provided around 1 week prior to the procedure on the proviso that there is a discussion with the referring unit that they retain a cot for repatriation the day following surgery.
- Following discussion with referring NNU and parents direct discharge home may be undertaken in some circumstances if the baby remains clinically well.
- Decision for discharge from CMFT should be discussed with pathway/shift co-ordinator at CMFT, tel. no: 0161 9010946, and clearly documented on Badger discharge letter.
- Babies with complex needs will be transferred back to referring NNU for discharge
**NEONATAL SURGICAL ACUTE REFERRAL PATHWAY**

**EMERGENCY REFERRAL:**
Admission clearly required

CALL COT BUREAU
Patient details, reason for referral and referrers name and phone number taken
Is a cot available in CMFT?

YES – (cot bureau)
Contact the on call registrar of the appropriate surgical specialty

Conference call with Surgical Team, NICU Consultant, Transport Team and Referring Clinician

**ADMISSION REQUIRED**
Timing of Transfer Agreed, Cot confirmed in NICU / RMCH
Confirm which transport team is activated

**ADVICE GIVEN**
Referring team given contact details if further advice needed

**NO COT AVAILABLE IN CMFT**
NICU shift coordinator and consultant review activity and liaise with PICU as appropriate to confirm.
Surgical Team and Transport Lead informed

**NO COT AVAILABLE IN PICU** – look for referral into Cheshire and Merseyside
COT BUREAU ARRANGE CONFERENCE CALL with Referring clinician, surgical team at Alder Hey (AHCH) / Connect-NW
If baby suitable for a cot in AHCH and cot available arrange for admission and transfer to AHCH
If neonatal cot needed, extend conference call to include clinician from LWH
Confirm destination and transfer arrangements, ensure referring unit and appropriate transport teams are clearly informed.

**NO SURGICAL COT in C&M**
Cot Bureau Contact Surgical Teams at nearest surgical centres outside NW
Complete NWNODN Communication Sheet (Appendix 1)
NEONATAL SURGICAL ACUTE REFERRAL PATHWAY

Advice Call or Possible admission

CALL COT BUREAU
Patient details, reason for referral and referrers name and phone number taken

Cot Bureau Contact the on call Consultant of the appropriate surgical specialty

Conference call with Surgical Consultant, NICU Consultant, Transport Team and Referring Consultant

ADMISSION NOT REQUIRED
Advice Given
Referring team given contact details team if further advice needed

ADMISSION REQUIRED
Timing of Transfer Agreed
Cot confirmed in NICU / RMCH
Confirm which transport team is activated

NO COT AVAILABLE IN CMFT
NICU shift coordinator and consultant review activity and liaise with PICU as appropriate to confirm.
Surgical Team and Transport Lead informed
COT BUREAU ARRANGE CONFERENCE CALL with ALDER HEY / LWH team / Transport Team

NO SURGICAL COT in C&M
Cot Bureau Contact Surgical Teams at nearest surgical centres outside NW
Complete NWNODN Communication Sheet (Appendix 1)
Elective surgical referral pathway

**Referring Unit:**
- Identify patient for elective procedure at point of diagnosis ideally 6 weeks in advance
- Standard referral proforma completed and faxed to surgical team

**Surgical / NICU Team:**
- Referral reviewed and provisional theatre slot booked
  - Surgical / pathway coordinator liaises with referring unit with date for surgery

**Surgical / NICU Team:**
- Surgical / Pathway coordinator contact referring unit 1 week prior to admission to complete pre-admission checklist
- Information shared with NICU Consultant & Coordinator / Surgeon / Anaesthetist
  - Admission date confirmed and cot bureau informed

**Transport Team:**
- Arrange transfer for day prior to procedure

**Referring Unit:**
- Confirm that a cot will remain available for repatriation on Day 1 Postop

**Surgical / NICU Team:**
- Prepare for admission, undertake procedure
  - and contact referring unit with anticipated date and time of repatriation or discharge home.
- Follow up arrangements organised.
APPENDIX 1

North West Operational Delivery Network (NWNODN) Communication Sheet

As a template for use in the following situations:
1. To provide information around exceptions highlighted in “Exception Reports”.
2. At any time where a Provider is requesting support from the NWNODN around a specific situation/issue
3. At any time when the NWNODN is requesting information around a specific situation/issue.

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<th>Request to: Name of person &amp; Organization</th>
<th>Request from: Name of person &amp; Organization</th>
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**SBAR**

Information/comments

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<th>Situation</th>
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<th>Action</th>
<th>What you did</th>
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<tr>
<th>Recommendations</th>
<th>Where appropriate, plans for future prevention</th>
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<th>Other</th>
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N.B. please return completed form by next working day