Flow process for Paediatric ED redirection

Last Updated - 18/7/2022

Appropriate cases from the below inclusion criteria will be identified at Paediatric ED Triage by the **Senior Triage Nurse** and if meeting the inclusion criteria can be allocated directly to a routine LUCS PCEC appointment at any base. This will be done by phoning the Flow centre on the number below.

If Urgent LUCS telephone advice is needed, or the case is not listed in the inclusion criteria, the ED Triage nurse can then request a doctor advice call via the ED to LUCS 'Prof to Prof' line to discuss.

Opening hours and contact details:

- Flow Centre is open 24hrs per day 7 days per week.
- LUCS operational hours are 6pm to 8am Monday to Friday, and 24hrs on Saturday and Sundays with additional hours on Public holidays
- Flow Contact Number: For Appointments - 0131 537 2713
- Flow Contact Number Triage Nurse 'Prof to Prof' doctor advice 0131 537 2713

Inclusion criteria:

Patients must be older than 3months and less than 16yrs of age and have a PEWS score of 2 or less (Is this patient suitable for Pharmacy First, Community services or redirection to day time Primary Care for review?)

- Upper Respiratory Tract Infection symptoms (If confirmed or suspected Covid-19 please notify Flow Centre to alert LUCS Base)
- Simple conjunctivitis
- Tonsillitis
- Croup (if no inspiratory stridor)
- Ear pain (if not already on antibiotics for ear infection)
- Hayfever/ simple allergy
- Asthma flare (no previous ITU admissions for Asthma)
- Skin complaints eczema, nappy rash etc (once Monkey Pox excluded or isolation room requested for suspected case)
- Skin infections or insect bites
- Sunburn if otherwise well
- Constipation (with no GI surgical history)
- Vomiting and/ or Diarrhoea for less than 24hrs (with Ketones < 1.0 and BM >4.0)
- Simple Urinary Tract Infection (with no renal tract abnormality)
- Vulvo-vaginitis/ Balanitis

Exclusion criteria:

- Patients who can be safely redirected from triage to follow up in daytime Primary Care Services
- Children less than 3 months of age (corrected for prematurity)
- PEWS score of greater than 2
- Non blanching rash
- Second presentation for same complaint within 2 weeks
- Pyrexia of Unknown origin
- Child protection concerns
- Recent admission or post-operative within last 3 weeks
- Admitted by Ambulance to ED (require a 'Prof to Prof' discussion prior to acceptance)
- Referred to ED by another Health Care Professional
- Patients who have been injured (inc. burns other than sunburn)
- Head injuries, Seizures or loss of consciousness
- Palpitations
- Back pain (Acute or Chronic)
- · Diarrhoea needing fluid challenge
- Suspected Testicular torsion
- Isolated Abdominal pain
- Limping Child
- Foreign bodies in orifices
- Immunocompromised or on long term oral steroids
- Eating disorder or presenting with Self harm or Suicidal ideation
- · Intoxicated, under influence of drugs or patients with a history of violence against health service staff
- Currently registered with Edinburgh Challenging Behaviour Practice/ tertiary services (transplant/ CF)
- Dental patients
- Patients who have had investigations performed or started in Paediatric ED (bloods, ECG, CXR etc)
- Blood test/ scan requests
- Wound management requests
- Complex past medical history known to Paediatric SERVICES
- Pregnancy or child protection issues post-partum
- PEG/Nasogastric/ catheter issues
- Extremely High Parental concern

Process for Flow Centre:

- Paediatric ED will triage appropriate cases and call Flow Centre to request either a routine 'LUCS PCEC appointment', or a 'Prof to Prof' call from a LUCS Clinician using the number above.
- The Flow Centre will apply the exclusion criteria listed and obtain from **ED** the necessary **PEWS score (2 or less)** and **FULL** set of observations with referring Clinician recorded.
- Appropriate patients with conditions not listed in the inclusion criteria should be discussed between the Senior ED
 Triage Nurse (as defined above) and LUCS clinician on the 'Prof to Prof' number prior to any referral.
- ED clinical concerns not included in the above criteria should be escalated within ED as per current processes.
- Patients should be advised to attend LUCS PCEC at the agreed appointment time and should only be discharged from ED if safe to await their LUCS assessment at that time