


Standing Operating Procedure for the Admission to UHL for Young People aged 16-17 years

University Hospitals of Leicester 



Trust Ref: B14/2024

1. Introduction

Teenage and young adult years are times of huge change, and great variability between individuals. UHL is committed to respecting young people by discussion with them (or their carers if appropriate), where is the best and safest place for their inpatient stay at UHL.

All children less than 16 years of age (before their 16th birthday) should be treated within the Children's Hospital, except for agreed exceptions

People after their 18th birthday will normally be treated in Adult Wards and services.

This policy is to guide UHL staff in the decision making about where a young person (YP) will be admitted when they are **between their 16th and 18th birthdays**. It provides guidance on

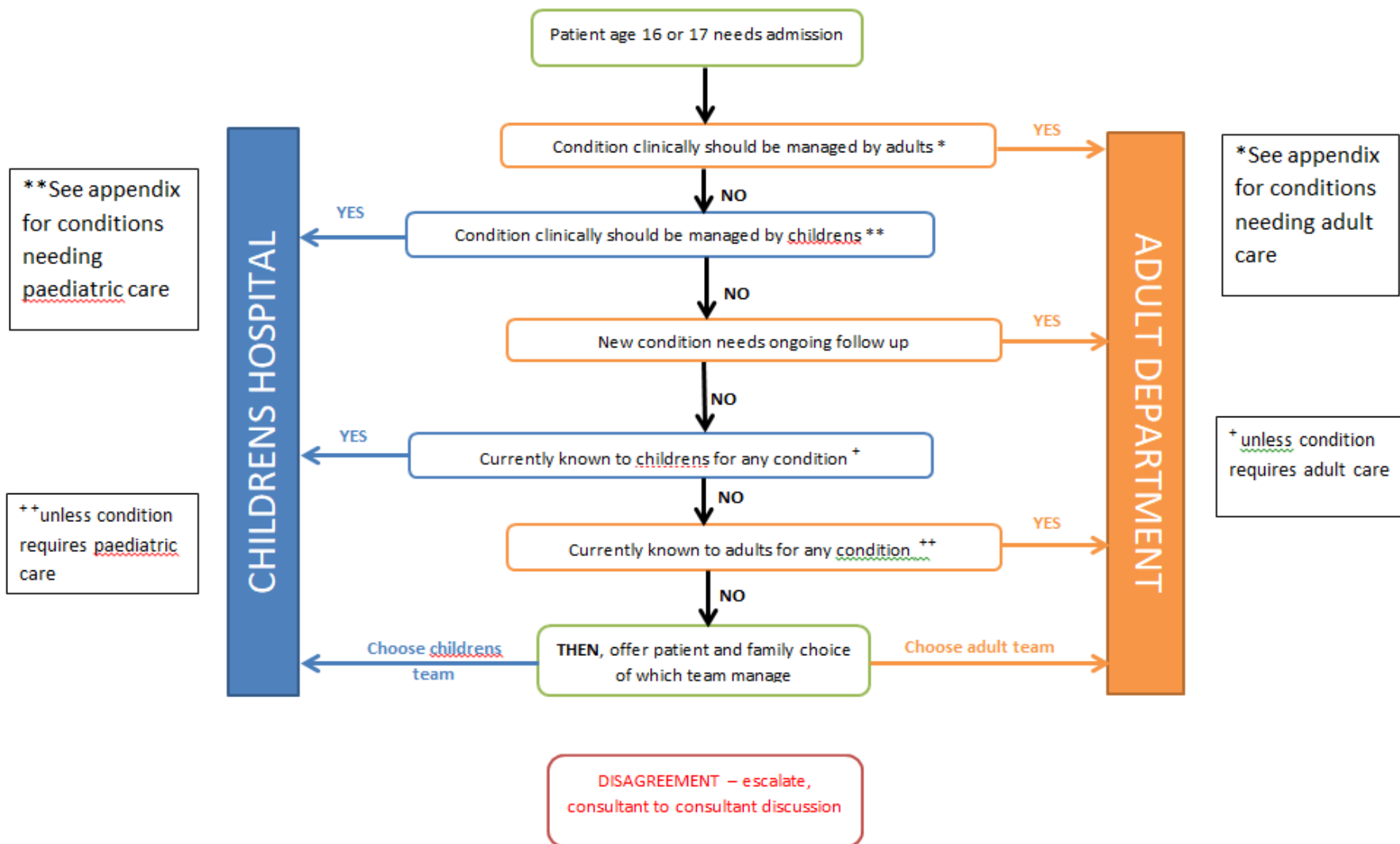
- a) Factors to consider when deciding whether to admit a young person to a child or adult service
- b) Considerations that need to be made to ensure that the environment is suitable for the young person

Related Documents:

[Safeguarding Children UHL Policy](#)

[Consent to Examination or Treatment UHL Policy](#)

[Pregnant Women Admitted Outside the Maternity Unit UHL Obstetric Guideline](#)



2. Factors to consider before admission of young person aged 16-17

Before accepting the young person, or offering them choice of destination, please address the following to decide on the most appropriate clinical setting:

- Is the YP under 16 years of age? If so the child should be admitted to the Children's Hospital. Exceptions are identified in this SOP.
- Is the YP already known to either children or adult services for **any** condition? If so then care should be within that service, (unless they have a condition needing specific care, in which case this needs individual case by case discussion)
- Does the YP have a new condition likely to need longer term follow up (in which case adult care is more appropriate)
- Is the YP's medical condition more appropriately managed by either paediatric or adult team, as determined by inpatient teams from adult and paediatric services? *see table [Appendix 1](#)
- Is the child /young person of sufficient size and physical maturity to be treated with adult equipment, drug doses etc.? (As a general guide weight should be over 40kg)
- The environment a YP is admitted **from** (i.e. children's or adult ED or accepted from another hospital) does **not** determine where a YP is admitted **to**.
- A decision to provide clinical care on a children's ward indicates that paediatric management protocols will be used and the patient clinically managed "as a child" by paediatric specialists, BUT if advice and input is needed by adult team it will be given.
- A decision to provide clinical care on an adult ward indicates that adult management protocols will be used and the patient clinically managed "as an adult" by adult specialists, BUT if advice and input is needed by paediatric team it will be given.
- Decisions should not be made on the basis of physical appearance, behaviour(s), disability or current educational/employment status.

Once a medical decision has been made that appropriate clinical care could be given in either children's or adult services, having confirmed using the above criteria, after this, the YP and family can be approached to offer choice.

- Has the young person been offered an informed choice of being treated within the children's hospital or adult services? *use patient information leaflet
- What is the young person's preference?
- Does the young person have an understanding of the environment they have chosen i.e. in a children's ward they may be cared for alongside babies - or on an adult ward mainly with older people?

Where there is disagreement between teams

- Decision making about where inpatient care **medically** most appropriate to be delivered is to be discussed with inpatient teams **before** offering choice to YP and family
- Escalate disagreement to consultants on call in each potential destination, and nursing management on call if appropriate
- Consultant to consultant discussion
- If still disagreement escalate to senior manager on call (SMOC) available 5pm to 5am in duty manager's office, on ext 15392 or 10143 via tactical command. SMOC may escalate to Silver tactical command if needed

A young person aged 16 to 17 **MUST** be reviewed by specialities for the area in which they are housed, i.e. 16 and 17 year olds on children's wards need to be seen by paediatric specialists, and those housed on adult wards must be seen by adult specialists.

Considerations once the decision has been made to admit a young person aged 16-17 years to children's ward

Consent

Young people at this age are presumed to have capacity to consent to procedures and treatment, unless there is a specific issue e.g. learning difficulty. This should be discussed with them direct, using language and terminology they will understand, (with support from parent, carer or other) unless there is a specific issue.

Standard adult consent form should be used where needed, unless there is a need for consent from a parent or guardian.

They may need extra time to understand the pros and cons of treatment, but information must be given in a way they can understand, in order to allow them to participate in care

Safeguarding

Safeguarding Children Procedures apply to young people until their 18th birthday.

Where there is concern that a patient of any age may pose a risk to children or young people, immediate advice should be obtained from the Safeguarding Childrens or Adults Teams.

Medication

BNFc doses go up to age 17, and can be used for YP aged 16 and 17

Paediatric management protocols should be used (if adult care pathways are more appropriate, then the young person should be managed by adult team on adult ward as above).

Support from adult teams

Clinical advice may be needed from adult colleagues and cross speciality working may be needed. If the paediatric team needs advice and support from an adult team for the medical management of a condition, then the adult team are expected to provide this.

Pregnant females at any gestation with clinically significant non obstetric illness who require admission to the UHL (any site) should be notified to the Obstetric team by contacting the Maternity Bleep Holder (on bleep **4001**), who will in turn inform key members of the Obstetric team at the relevant UHL site (please note that there is an Obstetric on call team at both LRI and LGH).

Chaperones

Suitable chaperones should be used for medical examinations or procedures for all young people (in this age of young person, check if they wish this to be parent / guardian, or a staff member).

Considerations once the decision has been made to admit a young person to an adult ward/area

A checklist of issues to consider is included in this SOP as [Appendix 2](#)

Consent

Please refer to the [Consent to Examination or Treatment UHL Policy](#), including information about parental responsibility

The majority of 16 - 17 year olds will be considered adults for consent purposes, and the usual adult forms and procedures should be used. There needs to be consideration to explain in language the YP can understand, and they may need someone there for support.

If a young person is considered to lack capacity, consent CAN be given by someone with parental responsibility up to their 18th birthday. In this case Standard Consent Form 2 for parental consent for a child or young person should be used. Forms can be obtained from Children's ED or Children's Hospital wards.

If there is any doubt about a young person's capacity, contact
Safeguarding Children's team Ext 15770
Safeguarding Vulnerable Adults/Consent Matron Ext 17703

If there is disagreement between parents and clinical team in a YP with doubts about capacity, it may be appropriate to involve Trust legal team and / or UHL Trust Mental

health Clinical leads : Dr Samantha Jones CYP Mental health Clinical MH lead (samantha.j.jones@uhl-tr.nhs.uk), Dr Mark Williams Adult Mental Health Clinical Lead (mark.williams@uhl-tr.nhs.uk), Trust Mental Health Lead Michael Clayton (Michael.clayton@uhl-tr.nhs.uk)

Safeguarding

Safeguarding Children Procedures apply to young people until their 18th birthday. . All clinical staff will have level 2 safeguarding children training. Clinical staff who work predominantly with Children and Young People will have level 3 safeguarding training.

All services have safeguarding champions who have level 3 training, and who should be the first port of call for any concerns. The Safeguarding Children Team should also be informed on ext 15770 or via child.protectionteam@uhl-tr.nhs.uk

Where there is concern that a patient of any age may pose a risk to children or young people immediate advice should be obtained from the Safeguarding Childrens or Adults Teams.

Out of hours advice can be sought from Silver Nurse (until 9pm) SMOC (after midnight), Children's Hospital Bed Manager, or Acute Paediatrician on-call.

Support from paediatric teams

Clinical advice may be needed from paediatric colleagues and cross speciality working may be needed. If the adult team needs advice and support from a paediatric team for the medical management of a condition, or for advice regarding safeguarding (after discussion with safeguarding team), then the paediatric team are expected to provide this

Resuscitation/life support

Any child or young person admitted to an adult area must be sufficiently mature, and of sufficient size to make it appropriate for adult resuscitation protocols to be used therefore staff do not need specific paediatric life support training. In general weight should be 40kg or more as above.

Medicines management and prescribing

As above, young people on adult wards will generally be appropriately managed using adult doses and processes.

Advice re pain management for Children and young people may be obtained from Children's pain clinical Nurse Specialists who can be reached via switchboard

Environment

Young people should be physically separated from adults as far as is practicable and clinically safe. Side rooms should be used if possible.

The nurse in charge should discuss with parent and/or carers regarding extended visiting hours e.g. allowing visiting in the morning, and consideration for a parent or carer to stay overnight if the young person wishes.

Parent/ carers should be allowed to stay with the young person as far as is possible through their treatment and stay, e.g. in anaesthetic room and recovery, if this is what the young person wishes.

The young person should be offered age-appropriate activities during hospital stay, e.g. access to Wifi, and play specialists can be contacted via switchboard if felt appropriate

Chaperones

Suitable chaperones should be used for medical examinations or procedures for all young people (this may not be necessary where they are accompanied by parents/carers).

When young people are being escorted from the ward to other departments for treatment or diagnostic tests, they should be accompanied by parent, carer or staff from the ward, as well as portering staff.

Education

All children and young people up to their 18th birthday should be in education or training.

Any young person age 16 to 17 admitted to UHL will be picked up by the 7th day of their admission (sometimes sooner) and offered input via a children's hospital school teacher. This might be bedside teaching, to contact their school/college to provide work, or other engagement activities.

3. Training and education

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Compliance with SOP	Datix reports	Lead Consultant	6 monthly	CMG Q&S Board

5. Supporting References

[Safeguarding Children UHL Policy \(B1/2012 January 2024\)](#)

[Safeguarding Children 1 - Parental Responsibility \(Including Care Orders\) UHL Guideline \(B32/2019 August 2023\)](#)

[Consent to Examination or Treatment UHL Policy \(A16/2002 March 2022\)](#)

[Pregnant Women Admitted Outside the Maternity Unit UHL Obstetric Guideline \(B32/2011 July 2021\)](#)

6. Key Words

Children, Teenage, Young adult

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details	
SOP Lead (Name and Title) Anne Willmott - Consultant	Executive Lead Chief Nurse
Details of Changes made during review: New document	

Appendix1: Condition/Area appropriate for inpatient management

The following table indicates conditions medically best managed by one specific area

Manage in children's	Manage in adults
Patient under care of children's service for any condition	Patient under care of adult service for any condition
torsion	New condition needing ongoing care eg diabetes, IBD, epilepsy
	GI bleed
	pulmonary embolism, DVT
	vascular surgery
	Significant liver abnormality needing tertiary input

Appendix 2: checklist for patients age 16 and 17 admitted to adult area



Please note: Any safeguarding concerns should be discussed with the Safeguarding Children Team via: ext 15570 or email: childprotectionteam@uhl-tr.nhs.uk Out-of-hours discussion must be held with the Consultant Paediatrician on-call or with Children's Social Care:

Leicester City - 0116 454 1004
Leicestershire County - 0116 305 0005

This checklist should be utilised in conjunction with the UHL Standard Operating Procedure for the admission to UHL for young people aged 16-17 years. Ensure suitable chaperones accompany the young person for all medical examinations or procedures.

Checklist for 16-18yr Old Inpatients on Adult Wards

S Number of patient:

Matron / Children's Hospital Bleep holder completing call:

Date:

1. Care plan for the Young Person is tailored to their individual specific needs and is reviewed daily by the adult team ☐
2. Provision of Medical care is overseen by a named adult consultant and support from paediatric clinical team/ consultant has been requested **where identified:**

Name of Consultant

Name of other clinicians involved in young person's care
.....

3. Provision of Nursing care is overseen by a named adult nurse within the ward environment:

Name of Nurse

4. Where consent is required for procedures, the UHL Consent policy is being followed (Section for Children and Young People is found in the UHL Consent policy on InSite) ☐
5. Access to Play staff and how to make contact with the team. (Contact via Ext 17549) ☐
6. Access to Education team and how to make contact (Contact via Ext 15330) ☐
7. Where consent is required for procedures, the Consent to Examination or Treatment UHL policy for children is being followed (Section for Children and Young People is found in the UHL Consent policy found on InSite) ☐

8. Nursed in an environment suitable to protect them from harm:
 - a. Nursed in a side room where possible ☐
 - b. Access to Wi-Fi / Television / Suitable age-appropriate activities ☐
 - c. Parents / Carer eligible and supported to be resident (overnight) with young person ☐
 - d. Clear understanding of who can escort the young person from the ward (parent, carer or staff member) ☐
 - e. Open visiting times are available and young person and family aware ☐
 - f. Has been orientated and shown around ward environment ☐
 - g. Has separate toileting and bathroom facilities where able ☐
 - h. Has access to snacks. drinks in between meal service where care appropriate ☐
9. Awareness of the Children's Hospital Bleep holder for access to 24/7 advice if required (contact via Bleep 5256) ☐
10. Awareness of how to contact the Children's Hospital Matrons (contact via Ext 16695/Bleep 5256) ☐
11. UHL Paediatric Mental Health Lead: Dr. Sam Jones: 07950 886291
Samantha.j.jones@uhl-tr.nhs.uk ☐
12. Local risk assessments have been undertaken and documented where required in relation to nursing the Young Person in an adult environment and how to mitigate any risks to safeguard the young person, such as where prisoners are in the ward area / inpatients where there are other high risk safeguarding concerns to others). ☐
13. Children's Hospital Team Pain Team (contact via bleep 4101) ☐
14. Children's Hospital School (contact via ext 15330) within 7 days of admission ☐
15. Planning for Paediatric Discharge support / advice if referral to other agencies is required Children's Discharge Specialist Sister (07967 760514) or Community Diana contact via 0116 295 5080 ☐