

LRI Emergency Department and Children's Hospital

SOP for Paediatric Immunology services

Staff relevant to:	All Children's Hospital and Children's Emergency Department staff
Team approval date:	May 2024
Version:	2
Revision due:	May 2027
Written by:	R Radcliffe
Trust Ref:	D2/2023



1. Introduction and who this standard operating procedure (SOP) applies to

From 13th February for 2-3 months, there will not be consultant available at University Hospitals of Leicester responsible for Paediatric Immunology. Cover will be provided by Dr Sameer Bahal (Consultant in Adult Immunology) and Sheffield Children's Hospital. However, there will be a significantly reduced capacity in the service.

All referrals and discussions need to be Consultant to Consultant

We have a guideline for the investigation of Primary Immune deficiency and when to refer. This should be consulted first.

Overarching document:

[Primary Immunodeficiency - Suspected UHL Childrens Medical Guideline](#)

Related Documents:

[Severe Primary Immune Deficiency - Admission to Ward 27 Standard Operating Procedure UHL Children's Hospital Guideline](#)

2. Standards and Procedures

For non-urgent advice.

Consultant to consultant only. Do take account of comments supplied on results before asking for advice. Please continue to email requests to paedsimmunology@uhl-tr.nhs.uk. Do include a detailed infection and vaccination history. Please note turn around times on advice are likely to be longer than at present.

For urgent advice

In Normal Office Hours

Please contact Dr Sameer Bahal via the Immunology secretaries (ext 16702).

Only if he is unavailable, the Sheffield Children's Hospital Consultant of the week can be contacted via their switchboard on 0114 2717000

- If a patient is known to Newcastle or Great Ormond Street Hospital (GOSH), (all post Haematopoietic Stem Cell Transplantation (HSCT) patients and some others) please contact the team directly. There is an Immunology Registrar available 24 hours a day, 7 days a week via the hospital switchboards.
- A small group of patients with very severe immunodeficiency (mostly those immediately post HSCT) have open access to ward 27 for assessment by the ward 27 team.

Out of normal office hours

- Contact Newcastle or GOSH Immunology Registrar on call via switchboard.
- A small group of patients with very severe immunodeficiency (mostly those immediately post HSCT) have open access to ward 27 for assessment by the ward 27 team.

For inpatients

Please let the immunology specialist nurse know of any Immunology patients reviewed in the Single Front Door or admitted. (Ext 16711)

A small group of patients with very severe immunodeficiency (mostly immediately post HSCT) will have open access to ward 27 for assessment by

the ward 27 team and admission if necessary. These will all be under the care of Newcastle or GOSH.

Other patients should continue to be cared for by the general paediatric team (as per current arrangements) unless admission under another team is more appropriate (e.g. respiratory, surgery). Immunology oversight from Dr Bahal/ Sheffield/Newcastle/GOSH will be given as required. On admission all patients with immunodeficiency should be accommodated in a side room.

For Referrals

Please continue to refer to the Investigation and Referral guideline in the first instance. We are happy to give advice by email paedsimmunology@uhl-tr.nhs.uk prior to referral.

Phone Numbers

Leicester Immunology Secretaries 0116 2586702

Leicester Immunology Specialist Nurses 0116 2586711

Sheffield Children's Hospital 0114 2717000

Great North Children's Hospital (Newcastle) 0191

2336161 Great Ormond Street Hospital (London) 020

74059200

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Compliance with timely and appropriate referral procedures	Review of referral s as they occur	R Radcliffe	As occurs	UHL Children's Q&S board

5. Supporting References

UHL Primary Immunodeficiency - Suspected UHL Childrens Medical
Guideline (2022)

6. Key Words

Haematopoietic Stem Cell Transplantation (HSCT), Primary Immune deficiency,
Ward 27

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) Ruth Radcliffe - Consultant	Executive Lead Chief Medical Officer
Details of Changes made during review: February 2022 - Minor Amendment Updated to reflect temporary change in service provision	