

Nurse-Initiated Discharge of the Child with Bronchiolitis within Acute Receiving Unit

Protocol No:	RHSC PROTOCOL 8.16
Protocol Name:	NURSE DISCHARGING
1. Statement:	
The registered nurse is personally accountable for his/her own practice and in exercising professional accountability may expand their practice to include nurse-initiated discharging of the patient with bronchiolitis.	
2. Objectives:	
<ul style="list-style-type: none">• To ensure practice is safe and does not put the patient at risk.• To ensure more timely discharges.• To reduce discharge delays.• To promote autonomy for the professional carrying out the discharge.• To reduce the length of in-patient stays to a minimum.• To assist with the development of new roles.	
3. Qualifications and skills of a nurse authorised to discharge:	
<ul style="list-style-type: none">• A Registered Sick Children's Nurse/Registered Nurse (Child Branch) at Band 6 or above with a minimum of 5 years post registration experience in the acute care setting.• The nurse must be willing to adopt such an expanded role.• The nurse must have undergone both self and peer assessment by means of the suggested competency framework for achieving timely discharge (D.O.H 2004), and achieves an expert level of competence as defined therein with relation to bronchiolitis.• Any deficits highlighted by the competency framework have been identified and additional training or supervision needs addressed.• The nurse understands the terms "Criteria for clinical stability" and "Fit for discharge" (D.O.H 2004) as defining separate concepts.• The nurse must be able to fully assess the patient's physical, social and functional needs for discharge, as defined within the competency framework.• The nurse must be able to demonstrate, under medical supervision, the ability to make safe and effective discharge decisions.• The nurse will maintain their education relevant to their discharge responsibilities (updated record of training and practice development).• The nurse must be entered on a local database of nurses granted discharge rights for children with bronchiolitis.• He/she must undergo annual self and peer assessment of skills in relation to the competency framework requirements.	
Staff must also have access and adhere to the following policies:	
<ul style="list-style-type: none">• The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (Nursing and Midwifery Council 2015),• Data Protection Act (HMSO 2018),• Children's (Scotland) Act (Scottish Office 1995).	

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4. Scope:

- Only patients suitable for inclusion within the established “nurse-led” care pathway for the child with bronchiolitis are eligible for nurse-initiated discharge.
- The child must also be deemed suitable for nurse-initiated discharge by their consultant or lead clinician, and this must be documented in the patient’s health care record.
- *Inclusion Criteria:*

All children with uncomplicated needs under 2 years of age admitted to the Acute Receiving Unit with a primary diagnosis of simple bronchiolitis, and nursed using the care pathway for bronchiolitis.

Patients may be transferred to other ward areas. In this case the pathway facilitator or medical staff will be responsible for discharge.

Exclusion Criteria:

*any infant less than 7 days old (including adjusted age);

*Apnoea

*Chronic Lung Disease

*Active Cardiac or Renal Disease

*Complications of Prematurity/Immunodeficiency

*any other complicating co-morbid condition

*Patients should have regained their birthweight and show no signs of failure to thrive.

5. Guidelines:

- The Clinical Board for Medicine, and Medical Nurse Service Manager must agree to nurses undertaking this expanded practice role.
- Receiving Consultants must agree to delegate responsibility for discharge to specified senior nurses.
- The suitability of a child for nurse-initiated discharge must be documented in the patient’s health care record by the named consultant or lead clinician at the earliest opportunity. It is the responsibility of the discharging nurse to ensure this is clearly specified by medical staff.
- The “Criteria for clinical stability” (D.O.H 2004), which defines a patient as medically stable, should be agreed by the consultant in the child’s care pathway document, and must be satisfied before a nurse may initiate discharge.
- Nurses must be aware of a child’s consultant. Communication channels between the nurse(s) and medical team involved with a child must be maintained at all times.
- The nurse should demonstrate their ability to make effective discharge decisions by undertaking 5 satisfactory discharges supervised by medical staff before undertaking independent discharge.
- Nurses must keep documented evidence of competency.
- Discharge of the patient with bronchiolitis shall be a shared responsibility with medical staff, dependent on the availability of a suitably skilled senior nurse.
- The discharging nurse must certify the patient as “fit for discharge” (D.O.H 2004) in the pathway document and make any additional written comments required.

- The discharging nurse must be content that any follow-up or supervision arrangements have been made prior to discharge, and that discharge medications if required are arranged in advance of discharge by medical staff.
- The process of nurse discharging will be audited by the facilitator of the project to ensure consistency and safety of decision-making.

6. List of nurses with discharging rights for the child with bronchiolitis:

7. References:

Her Majesty's Stationary Office (2018) Data Protection Act. London: HMSO.

Department of Health (2004) Achieving Timely "simple" discharge from Hospital: A toolkit for the multi-disciplinary team. London: DOH.

Nursing and Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing and Midwifery Council.

Scottish Office (1995) Children's (Scotland) Act. Edinburgh: Scottish Office.

8. Ratification

Head of Nursing

Signature:

Date:

Clinical Director:

Signature:

Date:

