Procedure

Nurse facilitated discharge (NFD) of children

1 Scope

All children within children’s services who fulfil the agreed discharge criteria for nurse facilitated discharge (NFD).

2 Purpose

The development of nurse facilitated discharge is intended to:
- provide patients with a quicker and more efficient discharge process
- respond to patient need
- make best use of nurses’ skills
- prevent delayed discharge

3 Undertaken by

Registered nurses RN child who are competent in NFD. This practice will take place in development and agreement with relevant consultant teams.

4 Key principles

The key principles underpinning the role of NFD include the following:
- patient safety is paramount
- holistic management of discharge
- benefits to patients and the NHS
- coordination and cooperation
- communication between all involved in discharge process
- voluntary partnership
- to support and not to replace multidisciplinary care
- educational preparation

5 Exclusions

Patients requiring to take out (TTO) medication. TTOs must be prescribed by a doctor/ nurse prescriber signature on the electronic medical records (eMR) discharge letter (refer to non-medical prescribing policy). This also includes discharges where the parents have all the medication at home.
Criteria for nurses to undertake discharge

The nurse must have:

- been deemed competent to assess and make critical decisions regarding discharge
- at least two years’ post registration clinical nursing experience
- the support of their line manager, divisional nurse lead and lead clinician to confirm that:
  1. the post is one in which they will have the need and opportunity to initiate and authorise discharge
  2. local protocols and patient criteria have been developed, agreed and are in operation
  3. they will have access to and support of the multidisciplinary team (MDT)
  4. the nurse is working in a permanent position in that area

Education and training

Nurses preparing for a role within discharge will undertake a children’s services specific preparation. The programme will include:

- eMR training
- learning in practice, which will provide the nurse with supervision support and opportunities to develop competence in authorised discharge practice
- documentation/record keeping

Competency must be successfully completed and authorised by the line manager through appraisal. On an annual basis prior to appraisal, they should undergo peer review and re-sign competence tool to continue to be deemed competent to continue practice.

All nurses undertaking this role will have a professional responsibility to keep up to date with the best practice in the management of discharge, and the co-ordination and communication with the MDT.

It is the nurse’s responsibility to inform her/his manager if she/he feels that competence or confidence in the discharging of abilities is no longer at an acceptable or safe level. The nurse should not continue with discharge activities in this case until needs have been addressed and competence is restored.
8 Audit and evaluation

An evaluation audit will be put in place yearly by the practice development team, to evaluate the safety, effectiveness, appropriateness and acceptability of NFD; and to also review the quality of nursing documentation.

Each nurse will also be responsible for his/her individual practice, and must carry out regular reviews of their discharge practice in accordance with clinical governance activities.

9 Discharge framework

Nurses who have successfully completed the children’s services specific preparation and demonstrated competency will become authorised with responsibility for patient discharge by the appropriate line manager.

Nurses may only discharge patients in the clinical area where they hold a substantive post.

Nurses may discharge patients where it has been documented that no further medical review prior to discharge is required.

Before discharging, the nurse will need to have carried out a holistic assessment of the patient which should include obtaining results of all tests/procedures carried out; and are clear about the management plan. Where these are not available, medical staff should be informed.

The decision to discharge must recognise patient/parent choice and involvement, and all treatment and care should be considered.

Nurses authorised to discharge will also be expected to recognise those situations where it is inappropriate for the nurse to authorise discharge (see appendix 1).

It is the responsibility of each nurse to ensure that all the discharge details are complete and written clearly and legibly.

10 Record keeping

All nurses are required to keep contemporaneous records which are unambiguous and legible. The Nursing and Midwifery Council (NMC) standards for records and record keeping outline requirements of nurses’ records.

- The record of the nurses discharge should be entered into the medical records at the time of writing.
- The record should indicate that it is a nurse facilitated discharge.
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- A discharge checklist must be completed within the ‘standard’ nursing documentation, or integrated care pathway (ICP) if applicable.
- The entry must be dated, with time, printed name and signature.

11 **Informing patients/ carers**

Nurses authorised to discharge must ensure that patients/ carers are aware of the scope and limitation of nurse facilitated discharge.

12 **Professional development**

It is the responsibility of the nurse to ensure maintenance of knowledge on discharge matters.

13 **Legal liability**

The Trust as an employer will assume vicarious liability for the actions of nurses authorised to discharge providing that they:

- have undergone preparation
- are deemed competent to undertake the role by the appropriate line manager at appraisal
- have followed this procedure
14 Monitoring compliance with and the effectiveness of the procedure

Compliance with, and the effectiveness of, this procedure will be monitored by peer review of documentation and by examining readmission data. Data and audits will be collated and presented at quarterly children’s services clinical governance meetings.

15 References


16 Associated documents

- non-medical prescribing policy

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

Disclaimer

It is your responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

Document management

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Appendix 1: Flowchart for nurse facilitated discharge

1. **Pain Score Low 0-3**
   - No signs of postoperative nausea or vomiting (PONV).
   - Child does not have any postoperative/post procedure complications.
   - Wound site is clean and dry.
   - Child has passed urine.
   - Have own transport
   - Parents are happy and confident to take child home.

2. **Pain Score Medium 4-6**
   - Give analgesia. Review in one hour.
   - Child has PONV: Give anti-emetic. Review in one hour.
   - Apply appropriate dressing. Review one hour.
   - Encourage oral fluids. Assess for dehydration and retention. Re-assess after one hour.

3. **Pain Score High 7+**
   - Give analgesia. Review in one hour.
   - Child has PONV: Give anti-emetic. Review in one hour.
   - Apply appropriate dressing. Review one hour.
   - Encourage oral fluids. Assess for dehydration and retention. Re-assess after one hour.

4. **Recommendations**
   - Check medical notes for specific directions.
   - Ensure parents have all the appropriate discharge information and education.
   - Cannula has been removed.
   - Ward contact number has been given to parents.
   - Follow-up has been organised and parents informed.
   - eMR discharge letter written and copy given to parents.

5. **Organise transport. Discuss with nurse in charge if problems.**

6. **Offer parents further advice and education.**

7. **Discharge**