

**AMBULATORY CARE UNIT – REFERRALS AND PROCESS: ADMINISTRATION OF  
MEDICATIONS AND TREATMENTS IN – ST GEORGE HOSPITAL**

<p><b>Cross References</b> (including NSW Health/ SESLHD policy directives)</p>	<p><a href="#">Aseptic Technique</a> SGSHHS CLIN027  <a href="#">Blood and Blood Component Administration</a> SGSHHS CLIN148  <a href="#">Blood and Blood Product - Consent, Prescription and Ordering Protocol</a>            SGSHHS CLIN108  <a href="#">Central Venous Access Devices - PICC's and CICVAD's</a> SGSHHS            CLIN_058  <a href="#">Cellulitis – Lower Limb – Outpatient Management of Patients with – St            George Hospital</a> SGSHHS CLIN192  <a href="#">Community Nursing Services – Referral to St George and Sutherland            Services</a> SGSHHS CLIN291  <a href="#">Cytotoxic Drugs and Related Waste</a> SGSHHS_CLIN201  <a href="#">DVT – Outpatient Management of Lower Limb DVT – St George            Hospital</a> SGSHHS CLIN282  <a href="#">Medication Handling in NSW Public Health Facilities</a> NSW Health            PD2013_043  <a href="#">Medications – Intravenous Medications, Therapy and Additives</a> SGSHHS            CLIN115  <a href="#">Outpatient Management of Deep Vein Thrombosis (DVT) Policy</a> SGSHHS            CLIN282            PACE - <a href="#">Deteriorating ADULT &amp; MATERNITY Patient - Patient with Acute            Condition for Escalation (PACE): Management</a> SESLHDPR283            Safe Handling and Management of Monoclonal Antibodies            SESLHDPR/368 (draft)  <a href="#">Venesection – Therapeutic Venesection</a> SGSHHS CLIN066</p>
<p><b>1. What it is</b></p>	<p>A clinical business rule describing the correct process for referring patients for administration of medications and treatments in the Ambulatory Care Unit</p>
<p><b>2. Risk Rating</b></p>	<p>Low</p>
<p><b>3. Employees it Applies to</b></p>	<p>Medical Officers (MO), Registered Nurses, Enrolled Nurses</p>

**4. Process**

**4.1 Referral Requirements for ACU**

- Patients referred to ACU for treatment require a valid referral form. The referral form should expire in line with the next planned patient medical review date. At a minimum patients treated by ACU are required to be medically reviewed annually and therefore **all referrals will automatically expire after 365 days** (maximum length of referrals accepted).
- Children under 16 years cannot be treated in ACU due to a lack of paediatric emergency treatment.

#### **4.2 Referral to ACU from a Senior Medical Specialists or Inpatient Areas**

- All referrals are made using the approved form 'Referral - Ambulatory Care Unit' (S0638)
- All referrals from a medical specialist or inpatient medical teams must be made using this approved referral form and clearly state the patient's name, treatment required, medication name, dose, route, frequency and time.
- For the inpatient areas the referral must come from the treating inpatient medical staff.
- Nursing referrals are acceptable for wound care
- Medications are to be ordered on the Community Medication Authorisation and Record (S0168).
- In some cases multiple medication authority forms will be required to include all medications. Nursing staff must not administer medications, IV therapies or pre- medications unless the form (S0168) is correctly completed. Patients will be re-directed back to their treating doctor to complete.

#### **4.3 Referral to ACU from General Practitioners & External Specialists**

- All referrals from GPs must be made using approved referral form and clearly state the client's name, treatment required, medication name, dose, route, frequency and time.
- Referrals for specialised treatment should be made in conjunction with a senior Medical Specialist.
- Clients referred to ACU from GPs are required to be reviewed by the GMU registrar prior to treatment being commenced. The GMU registrar will be responsible for charting the requested treatment after reviewing the patient on a Community medication authority form
- No nursing interventions are to occur with GP referred clients prior to GMU registrar review
- For external specialists who wish to refer to ACU for treatment, this needs to be in conjunction with an internal specialist appropriate for the treatment or with the GMU consultant.

#### **4.4 Referral to ACU for Treatment from the Emergency Department and Cellulitis/DVT Pathway Clients**

- For referrals to ACU from the Emergency department: referrals are made via eMR consult order for ACU and fax Medication Authorisation to ACU: 32333
- Saturdays & Sundays:
  - eMR consult order for community nursing and ACU (due to ACU not being open on Sundays).
  - Medication chart to be faxed to 33388 (Access and Referral Centre) and to ACU: 32333

#### **4.5 Wound Care Referrals**

- Referrals for wound care may be initiated by any clinical staff in inpatient wards/units or outpatient departments, GPs, family or the patient/client.
- ACU nursing staff will assess the wound on the initial consultation and request further consult with the wound care CNC or appropriate team if clinically indicated.

#### **4.6 Haematology and Cancer Outreach Program Referrals**

- ACU has a service agreement in place with the SGH Haematology service.
- Phone referrals will be accepted for these clients via the senior Medical Specialist (and their medical teams) or Cancer Outreach program CNC, for urgent treatment i.e. blood transfusions or review.
- A valid referral completed by the MO must be faxed to ACU prior to the clients' arrival.
- On arrival to ACU for their arranged appointment the Haematology/Oncology clients referred via telephone will be reviewed by the inpatient Haematology team.
- The inpatient Haematology team will be responsible for charting and documenting the treatment/medications required to be administered in ACU.
- Clients will not be treated without a referral and a valid treatment order. The Community Medication Authorisation and Record Form should be used for medication charting. For blood products an approved fluid order chart and a valid consent is required

#### **4.7 Documentation**

- A clear and valid referral is required for medical treatment in ACU. In most cases this needs to be from a MO. This referral is valid for 12 months only
- A completed and accurate medication authority form (S0168) is required for the administration of medications, IV therapy and pre-medications.
- A fluid order chart and valid consent is required for blood product administration, as well as, a valid referral stating product name, date, route, frequency, dose and planned review date.
- For billing purposes ACU administration staff may seek an additional referral from the client's GP however this will not impact on clinical treatment.

#### **4.8 Medication Administration Guidelines**

- Refer to [Medication Handling in NSW Public Health Facilities](#) and [Medications – Intravenous Medications, Therapy and Additives](#)

#### **4.9 Making Appointments, including follow-up appointments**

- Clients referred to ACU will not be referred to the nursing staff for treatment until the required valid treatment and referral orders are received by the ACU administrative staff.
- The ACU team leader will review all new clients' referrals and treatment orders the day before, to ensure that they are valid. Invalid treatment orders will be rectified where possible however in some where this is not possible clients will be contacted, have their appointments delayed and be directed back to their referring doctor for a valid treatment order/referral.
- All ACU nursing staff are required to check the referral against the treatment orders to ensure they match and are valid, prior to administering treatment. The pre- appointment check by the team leader does not negate the need for point of treatment checks by responsible treating nurse.
- Clients will be reminded when their referral expires by ACU administration staff and directed back to their referring medical officer. No further appointments will be made until the follow-up has occurred and a new referral received
- Clients are required to check into and out of ACU via the front administration desk, where follow up appointments and referral expiry dates will be confirmed

#### 4.10 Blood Product Administration

- See [Blood and Blood Component Administration](#)
- Clients referred to ACU require a clear and completed referral form, stating product name, frequency, dose, route and clients name and with completed forms
- A valid consent is required for blood product administration and this must be completed by the referring medical officer. The consent is valid for the duration of the treatment for the period of the referral or until the clients condition changes i.e. if the client becomes unwell or is admitted to hospital
- Clients that present to ACU without the required valid orders will be referred back to their medical specialist or GP.

#### 4.11 Patients presenting unwell to ACU

- A full set of vital signs should be completed on each client prior to commencing treatment
- If patients meet the PACE criteria, a PACE call and review must be made
- All clients that present to ACU feeling unwell should be reviewed by the GMU registrar or referring inpatient team in the first instance prior to receiving their treatment. A further review may also be required prior to discharge from ACU, where indicated.
- In all cases clients should be encouraged to return to the referring doctor for follow-up and review of treatment referral.
- If concerned about a client's ongoing care and treatment plan ACU nursing staff are required to ask the clients to return to their referring doctor prior to providing ongoing treatment and medication management.

<b>5. Keywords</b>	Ambulatory Care Unit, Referral, Outpatients
<b>6. Functional Group</b>	Aged & Extended Care, Nursing, Medicine
<b>7. External References</b>	
<b>8. Consumer Advisory Group (CAG) approval of patient information brochure (or related material)</b>	NA
<b>9. Implementation and Evaluation Plan</b> Including education, training, clinical notes audit, knowledge evaluation audit etc	Clinical business rule is available on the intranet site. Updates will be discussed at team meetings. Education will be provided to wards or other areas on request Review of 10 referrals annually to ensure all processes are being met.
<b>10. Knowledge Evaluation</b>	Q1: For internal staff, how is a referral made to ACU? A: Referrals can be made using the form " Referral to Ambulatory Care" (S0638) or via eMR ( order consult for ACU).  Q2: How are medications prescribed for administration in ACU? A: The Community Medication Authorisation & Record form (SO168)

	<p>Q3: How often does a patient need a new referral for treatment in ACU? A: At a minimum annually or when clinically indicated for review or when the patient's condition changes.</p>
<b>11. Who is Responsible</b>	Medical Officers, Nursing Staff
<b>Approval for AMBULATORY CARE UNIT – REFERRALS AND PROCESS: ADMINISTRATION OF MEDICATION AND TREATMENTS IN – ST GEORGE HOSPITAL</b>	
<b>*Nursing/Midwifery Co-Director</b>	Name/position: Nicole Wedell, NCD Aged & Extended Care Date: 05.05.15
<b>*Medical Co-Director</b>	Name /position
<b>Executive Sponsor</b>	Name/Position: Nicole Wedell, NCD Aged & Extended Care Date: 05.05.15
<b>Contributors to CIBR development</b> e.g. CNC, Medical Officers (names and position title/specialty)	J. Burgess, CNC Ambulatory Care/ Community A. Clark, NUM ACU

**Revision and Approval History**

Date	Revision number	Author (Position)	Revision due
Dec 2011	1	Nursing Co-Director Aged & Extended Care	Dec 2014
May 2015	2	CNC Ambulatory Care, SGH	May 2018

<b>General Manager Ratification</b>	
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