

HARBOR-UCLA MEDICAL CENTER

SUBJECT: PEDIATRIC CARE

POLICY NO. 307B

PURPOSE:

To provide guidelines for pediatric care on the pediatric wards.

DEFINITION:

Pediatric: Birth to young adulthood.

POLICY:

1. Patients up to age twenty-one (21) years who meet inpatient criteria may be admitted to and cared for in spaces approved for pediatric beds ("Pediatric Service") after the indications for admission have been reviewed and accepted by the admitting pediatric house staff, admitting pediatric attending physician, referring pediatric subspecialty physician, and/or Department of Pediatrics Chair (Refer to Pediatric Ward Specialty Manual Policy #010: Admission, Discharge, Transfer Criteria).
 - a. Patients from birth until eighteen (18) years of age shall have priority for admission to the pediatric ward beds over older patients.
 - b. Patients under twenty-one (21) years of age who are followed by a general or sub-specialty pediatric clinic may be transferred from a non-pediatric service to the Pediatric Service.
 - c. Patients over twenty-one (21) years of age followed by pediatric subspecialists may be admitted to the Pediatric Service at the discretion of the admitting attending and/or Department Chair. Patients who meet California Children's Services (CCS) requirements may also be evaluated for admission to the pediatric ward.
2. Patients admitted to the Pediatric Service must have a primary diagnosis of a surgical or medical condition.
 - a. No patient shall be admitted to the Pediatric Service with a psychiatric diagnosis as the primary indication for admission. A patient of appropriate age with a primary problem of medical or surgical condition requiring treatment and a concomitant psychiatric diagnosis may be admitted to the Pediatric Service.

EFFECTIVE DATE: 5/20

SUPERSEDES:

REVISED:

REVIEWED: 5/20

REVIEWED COMMITTEE: Dept. of Pediatrics

APPROVED BY:


 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

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- b. All patients who are admitted and placed on an involuntary legal hold will be assigned 1:1 continuous in-person monitoring. The Child and Adolescent Psychiatry (CAP) Service will be consulted in the care of these patients.
 - c. The CAP Service may be consulted by the pediatric care team for assistance in management of psychiatric issues of admitted patients. In the event that CAP is not available, the on-call Adult Psychiatry Service will be contacted.
3. All patients admitted to the Pediatric Service, regardless of room assignment, will be the primary responsibility of the Department of Pediatrics, represented by the pediatric house staff and pediatric attending physician assigned to the pediatric ward team.
 4. Patients shall be assigned to rooms on the pediatric ward based on requirements for treatment, monitoring and assessments, as defined by the pediatric house staff and/or pediatric attending physician. All ward beds will be assigned by Bed Control and all step-down beds will be assigned by Patient Flow.
 - a. Adolescent patients occupying multi-person rooms shall be separated and grouped according to sex/gender identity/age.
 - b. Adolescent patients fifteen (15) years of age or older with appropriately stable medical conditions may be admitted and/or transferred to an adult medical/surgical unit if the pediatric ward is at capacity. The indications for and appropriateness of transfer will be determined by the pediatrics house staff and/or pediatric attending physician.
 5. Visitation Regulations
 - a. See Policy #109A-Visiting Hours.

Reviewed and Approved by:
Medical Executive Committee – 5/2020



Janine R. E. Vintch, MD
President, Professional Staff Association