DeCon Multi-site Audit

Service Description Questionnaire

The Service Description Questionnaire should be completed by a senior member of the clinical team. This information will be used to provide the contextual background for the patients' clinical audit data.

Please complete all questions.
To select the appropriate response if applicable, make a cross X in the pertinent box.

Section A: Your Hospital

Admission: The acceptance by an inpatient area within a hospital of a patient who receives treatment and or observation for a period which exceeds the first 4 hours of presentation.
Attendance: An encounter where the patient presents to hospital for treatment or care but is not admitted to an in-patient area.

The last calendar year covers the period 1 January 2009 to 31 December 2009.

1. What is the number of children and young people aged 0 to less than 18 years who were admitted to your hospital in the last calendar year? (Refers to episodes of care)

2. What is the number of children and young people aged 0 to less than 18 years who attended your hospital in the last calendar year? (Refers to episodes of care)

3. What is the maximum age in years of the children and young people who receive care at your hospital?

4. Is the guideline *Management of a Child with a Decreased Conscious Level* employed at your hospital?

Not used	
Used as a stand-alone guideline	
Incorporated within another guideline(s)	
Other, specify: ____________________________	

Section B: Resources

Definition of 24/7- Refers to whether the department is fully staffed and functional at any time of the day or night, 24 hours per day, 7 days per week.
APLS- Advanced Paediatric Life Support. EPLS- European Paediatric Advance Life Support

5. In a typical week in your hospital?

a. What is the most senior grade of paediatrician resident on-site all night?

Consultant	
Staff Grade	
Clinical Fellow	
Associate Specialist	
ST1-ST3 or equivalent	
ST4-ST6 or equivalent	
ST7 or equivalent	
ST8 or equivalent	
Uncertain	
Other, specify: ____________________________	

b. Is there a Paediatric Nurse with APLS, EPLS or equivalent on shift?

No		Yes- 24/7		Yes- but not 24/7		Uncertain	

c. Is there access to Paediatric Anaesthetic skills or expertise on-site?

No		Yes- 24/7		Yes- but not 24/7		Uncertain	

d. What is the level of Paediatric Anaesthetic staff expertise available at your hospital? Select all that apply.

Paediatric Anaesthetist	
Paediatric Intensivist	
General Anaesthetist with Paediatric Interest	
General Anaesthetist	
Uncertain	
Other, specify: ___________________________	

Section C: Services

6. Does your hospital have the following:

a. On-site Paediatric Emergency Department?

No		Yes- 24/7		Yes- but not 24/7		Uncertain	

b. On-site Paediatric Intensive Care Unit?

No		Yes	

c. On-site Paediatric ward/department?

No		Yes	

d. Short stay or assessment unit solely for paediatric patients?

No		Yes- 24/7		Yes- but not 24/7		Uncertain	

e. Access to a laboratory able to process plasma ammonia?

No		Yes- 24/7		Yes- but not 24/7		Uncertain	

f. Is the hospital able to carry out CT scanning on-site?

No		Yes- 24/7		Yes- but not 24/7		Uncertain	

Thank you for completing this form.

©Royal College of Paediatrics and Child Health 2010 (v1.3)