



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

Code Yellow

Neonatal Bed Demand Management Policy

This document should be read in conjunction with the [Disclaimer](#)

This policy CODE YELLOW - NEONATAL BED DEMAND refers to situations where high bed occupancy levels and/or acuity, and/or staffing deficits threaten the safe continuation of services within the Neonatal Directorate (KEMH / PCH).

The following terminology will be used throughout this policy:

- CODE YELLOW - NEONATAL BED DEMAND (escalation: notify switchboard and personnel external to NICU - WNHS emergency).

Bed management occurs **daily** in neonates KEMH at 0900 to discuss occupancy, staffing numbers (staff required/staff deficits) as well as confirmed and pending admissions, transfers and discharges. It is attended by:

- Nursing Co-Director and/or Nursing Coordinator - SRN7, Nurse Manager (Monday-Friday).
- CNC's, D/C Coordinator, Area Manager (7 days).

Code Yellow occurs when:

1. Overall patient numbers
 - KEMH \geq 85 and/or
 - PCH \geq 24 (3B on respiratory By-Pass to KEMH).
2. Acuity levels within the patient cohort:
 - KEMH more than 35 babies requiring L3 intensive care (Clinical Services Framework L6). **Take into account the number of 1:1 ratios: HFOV, Jet ventilator, nitric oxide therapy.**
 - 3B more than 10 babies requiring L3 intensive care.
3. The ability of staffing to cover all patient areas adequately.
4. Whether the isolation cubicles are in use (1:1 ratios).
5. Availability of specialist equipment and resources.
6. Additional meetings will be organised if deemed necessary to discuss staffing requirements.
7. Complete Bed Demand statistics for each day the unit is on **Code Yellow**.

Action Plan For Code Yellow (KEMH Neonates)	By Who
Identify and arrange transfer for any infants suitable for transfer to postnatal ward or back transfer to peripheral hospitals from Neonates (complete or delegate discharge exam MR410 and documentation of 'criteria met' on MR440 - inter-hospital transfer form).	SCN3 Consultant/ Senior Registrar, Discharge Co-ordinator/ SRNs.
Identification of any other patients suitable for transfer from SCN3 to SCN2 whilst on respiratory support (complete weekly exam and all paperwork).	SCN3 Consultant / Senior Registrar, to liaise with SCN2 Consultant/SR. CNC's to liaise with each nursery Nursing Co-ordinator.
Identification of patients suitable for transfer to 3B if 3B not on respiratory By-Pass. Complete weekly exam and all paperwork.	SCN3 Consultant / Senior Registrar and CNC to liaise with 3B Consultant / Senior Registrar and 3B Nursing Coordinator / CNC.
Discussion with obstetric staff about timing of induction and non-urgent deliveries that are likely to need admission to NICU. (The obstetric SR will contact the Obstetric consultant for further discussion).	SCN2 Consultant / Senior Registrar will page and discuss with obstetric SR in the first instance.

Action Plan For Code Yellow - PCH 3B	By Who
Identify and arrange transfer for any infants suitable for peripheral hospitals from 3B (complete or delegate discharge exam MR410 and all paperwork and documentation of 'criteria met' on MR440 - inter-hospital transfer form).	3B Consultant / Senior Registrar / NETS fellow and 3B CNC / Nursing Coordinator.
Identify and arrange transfer for any infants suitable for a paediatric ward at PCH (complete or delegate discharge exam MR410 and all paperwork).	3B Consultant / Senior Registrar / NETS fellow and 3B CNC / Nursing Coordinator.

Escalation to Code Yellow - Neonatal Bed Demand Confirmed

This is a WNHS emergency, notify the following personnel:

Persons To Notify		By Who
KEMH	Switchboard - state "CODE YELLOW - NEONATAL BED DEMAND" Neonatal Directorate	Nursing Co-Director/ SRNs
KEMH	On weekends/ out of hours notify the WNHS executive on-call	Nursing Co-Director/ SRNs (the Hospital Clinical Manager should be notified too, if this occurs during weekends/out of hours)
KEMH/ PMH (PCH)	Neonatal Heads of department at KEMH/PCH +/- Medical Co-Director and Duty Consultants if out of hours.	SR/ Consultant SCN3/2
KEMH	Hospital Clinical Manager	Nursing Co-Director/ SRNs
KEMH/ PMH (PCH)	Patient flow coordinator	3B Nursing Coordinator /CNC

List the infants who could not be transferred in the preceding action plan (due to lack of available L2 beds) for possible transfer to St John of God Hospital under SJOG Buying Beds Scheme* [*needs approval by hospital executive].

- By Whom: Medical Co-Director/ HOD, Nursing Co-Director.

Each day a **CODE YELLOW** is still active:

- Complete bed management stats.


To stand-down **CODE YELLOW - NEONATAL BED DEMAND** notify the following personnel:

Persons To Notify		By Who
Switchboard - state " ALL CLEAR CODE YELLOW - NEONATAL BED DEMAND CONFIRMED "		Nursing Co-Director/ SRNs
WNHS Executive		Nursing Co-Director/ SRNs
Neonatal Heads of department at KEMH/ PCH and/or Medical Co-Director.		SR/Consultant SN2
Duty Consultants if out of hours.		SR/Consultant SN2
PCH patient flow coordinator.		3B Nursing Coordinator / CNC

Related policies

[PCH Transition and Transfer from Neonatal Clinical Care Unit to a PMH Inpatient Unit](#)

[PCH Bed Management and Patient Flow](#)

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