



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Hospital in the Home (HiTH)

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

Infants transferred to HiTH (PMH) remain on HiTH for 72 hours **only**. Arrangements should be made by the medical staff **before** discharge for ongoing support for complex cases i.e. Ambulatory care coordination (ACC) program, general paediatrician for ongoing care.

During the daily ward round, the medical/nursing staff will identify infants who are stable to go home with HiTH. This can be done well in advance of discharge. If an infant needs to be discharged on a weekend, the infant should be identified during the previous week and HiTH contacted. However referral is still possible on weekends.

Suggested conditions for HiTH:

- IV antibiotics.
- To ensure smooth transitioning from hospital to home of preterm infant who has been discharged at 36-37 CGA, infants on tube feeds and infants with weight gain issues.
- Infants on home monitoring devices (corometrics apnoea monitors).
- Checking SBR.
- Complex care patients followed up at PMH (arrangements should be made by the medical staff to a PMH nominated general or specialist paediatrician for ongoing support **before** discharge).

Referrals from Ward 6B

The 6B Coordinator informs HiTH of potential transfers (Ph: 9340 8379). HiTH referral nurse will undertake a risk assessment and advise the 6B Coordinator/CNC if HiTH can accept.

The HiTH nurse can visit the infant at home 1 to 3 times per day as required, visiting hours are from 0700-2200hrs, 7 days a week. If parents are worried about the infant, they can call the HiTH hotline (Ph: 9340 7839), 24 hours a day for advice.

In the first 72 hour on HiTH, if the infant becomes unwell, the HiTH nurse will contact the 6B Registrar.

- The infant will be reviewed **by the neonatal medical staff** and can be reviewed in ACDF Monday to Friday during office hours.
- After hours review should be on 6B (preferably in a cubicle) - if this is not possible the HiTH Nurse will organise a PMH bed to allow review. **Infants on HiTH should not go to ED for review.**
- If readmission is required, the infant will need to be admitted in 6B. Only the 6B neonatologist on call can refuse re-admission of an eligible neonatal HiTH baby (e.g. No beds available in 6B). In that case, it is the responsibility of the Neonatal Consultant and 6B Coordinator to speak to PMH Nursing Manager to ensure the infant is admitted safely in another PMH ward.

- The 6B Consultant/SR will need to speak to the admitting paediatrician and give clinical handover of the infant.
- To access the case notes please contact Medical Records. They will be able to retrieve the notes anytime from the HiTH office. HiTH nurses will complete a transfer letter with relevant information for infants requiring review or readmission.

Referrals from KEMH SCN

CNC KEMH will complete the HiTH referral and send to HiTH. HiTH referral nurse will undertake a risk assessment and advise the KEMH CNC if they can accept. HiTH will need access to the medical records therefore charts must be sent to PMH as soon as possible after discharge.



In the first 72 hour on HiTH, if the infant becomes unwell, the HiTH nurse will contact the SCN2 Registrar (through KEMH switchboard).

- **Infants on HiTH from SCN should not go to PMH ED for review.** The infant will be reviewed **by the neonatal medical staff in KEMH Emergency Department.**
- If readmission is required, the infant will need to be re-admitted to SCN. Only the Neonatologist on call can refuse re-admission of an eligible neonatal HiTH baby (e.g. No beds available in SCN). In that case, it is the responsibility of the SCN2 Neonatal Consultant or Consultant on-call to speak to the PMH admitting Paediatrician to ensure the infant is admitted safely in another PMH ward and given clinical handover of the infant.
- To access the case notes please contact PMH Medical Records. They will be able to retrieve the notes anytime from the HiTH office. HiTH nurses will complete a transfer letter with relevant information for infants requiring review or readmission.

All Infants after 72 Hours on HiTH

After 72 hours (or less if considered stable by the HiTH nurse), infants will automatically be transferred to Post Acute Care (PAC) or the local Child Health Nurse by the HiTH team. If the PAC nurses are concerned they should contact the CNC 6B/SCN to arrange review in the next available SR/Consultant clinic.

Alternatively, if the infant requires immediate review whilst under PAC care, he/she will be sent to the emergency department.

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