
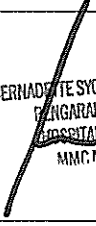


**JABATAN KESIHATAN NEGERI SARAWAK
HOSPITAL KANOWIT**

DOCUMENT : DEPARTMENTAL OPERATIONAL POLICIES AND PROCEDURES IN PATIENT - PAEDIATRIC WARD	
EFFECTIVE DATE : 01.02.2024	NO OF PAGES : 7

- DOCUMENT** : Departmental Operational Policies and Procedures in Patient – Paediatric Ward.
- OBJECTIVE** : To ensure the nursing care delivered to patient is effective, efficient and safe.
- SCOPE** : All Nursing Staff of Paediatric Ward Hospital Kanowit.

	REVISED BY:	APPROVED BY:	DATE DUE FOR REVISION
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HOSPITAL KANOWIT
WARD OPERATIONAL POLICIES
PAEDIATRIC WARD

1. LOCATION

- 1.1 The general Paediatric ward is located next to the female ward, in front of the medical store.

2. GOAL

- 2.1 Ensuring comprehensive care that considers the patient's social, emotional, cultural and physical needs.

3. OBJECTIVES

- 3.1 To develop rapport, understanding and trust in a helping relationships.
3.2 To provide the skills and level of quality care to patients.
3.3 To educate parents participation in decision making in health care and treatment.

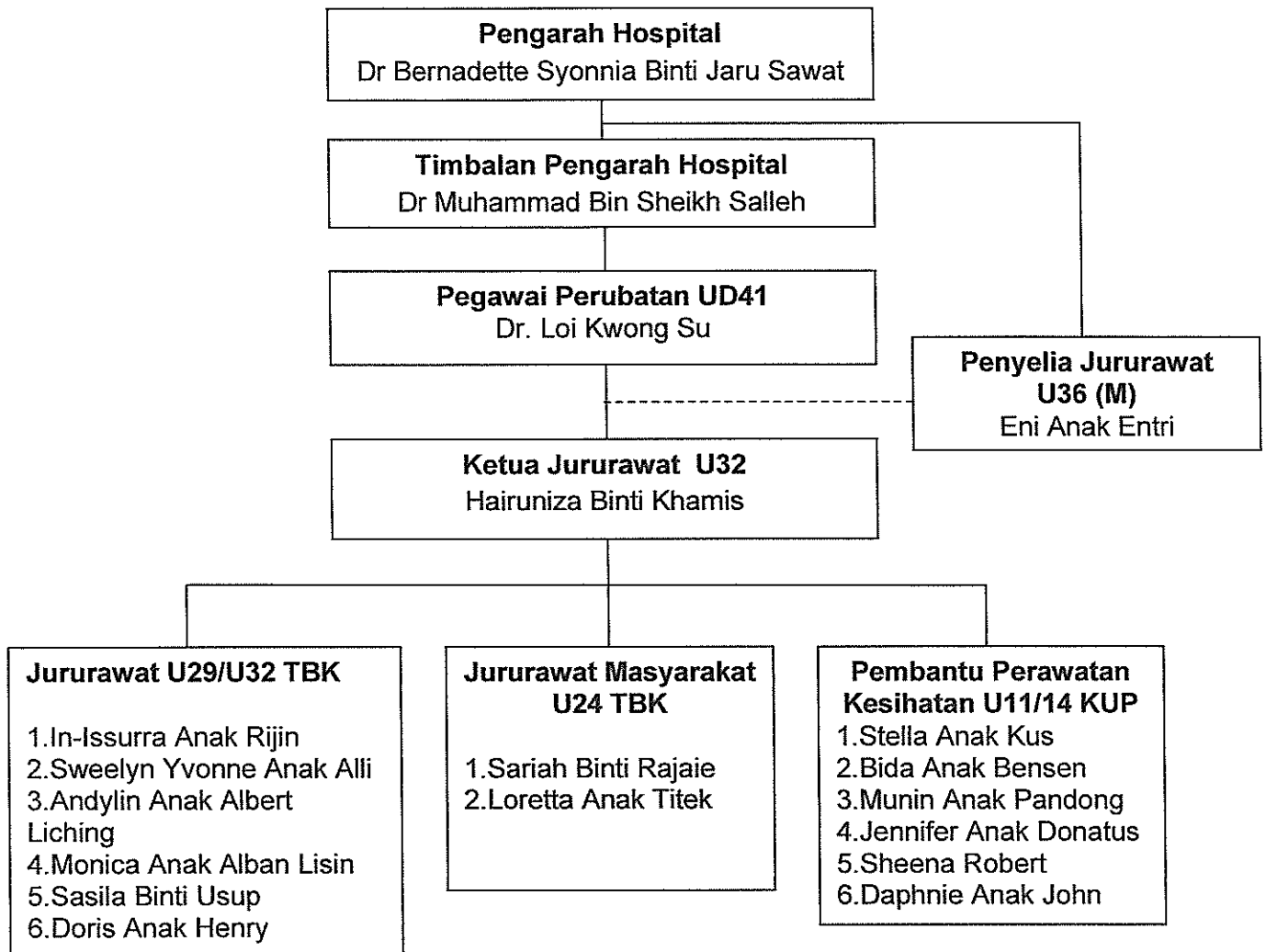
4. SCOPE OF SERVICES.

- 4.1 The main function of the ward is to provide facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of ill children aged newborn to 12 years old.
4.2 The ward shall also provide counselling and health education to parents/guardians on the care of their children.
4.3 Services shall be provided 24 hours a day, with nursing personnel working on 3 shifts.
4.4 All beds in the Paediatric ward are categorised as third class beds and cater for both male and female children and this ward is a multidisciplinary ward.
4.5 A "baby friendly" policy shall be observed at all times.



5. ORGANISATION

- 5.1 The day-to-day running of the ward shall be by the sister-in-charge.
- 5.2 The organization chart is as follows:



6. OPERATIONAL POLICIES

- 6.1 Children shall be admitted through the Outpatient department or Emergency Department to hospital wards during office hours. After Office hours, patients requiring admission will be admitted through the Emergency Department.
- 6.2 Pre-admission: RTK-Ag for Covid19 shall be checked to all children and caretakers.
- 6.3 Children, who are foreigners, will pay their registration fees at the admission counter prior to admission, and later their parents' employers will be responsible in clearing the payment once the child is discharged.
- 6.4 A confidential case history note shall be opened for each child once they are admitted in the ward.
- 6.5 All emergency and non-emergency cases shall be managed and clerked by a medical officer at the emergency department till the child's condition has been stabilized prior to his/ her admission to the ward.
- 6.6 The ward shall maintain the confidentiality of the in-patient registry in the ward registration book.
- 6.7 The placement of the child in the ward will be subjected to their clinical status based on his/ her nursing assessment after consultation with the medical doctor. Generally, ill children shall be placed near to the nursing station to permit closer observation by the nurses. Children with infectious disease shall be placed in the isolation room and shall be managed according to the standard procedures of infectious disease protocols.
- 6.8 No additional beds shall be added to the ward unless necessary.
- 6.9 Informed consent is a formal agreement between the child's parent/ guardian and healthcare provider acknowledging the child's parent's/ guardian's understanding of the treatments and procedures planned. In view of frequent practice of the procedures for children warded, the following procedures are to be taken consent during child's parent's/ guardian's orientation in the ward and consent shall be valid throughout the child's hospital stay. Consent given shall be documented in the child's case note with signature and chop of attending healthcare provider and signature and name of the child/ caretaker.

These are the list of procedures that may be done on a warded patient:

- 6.9.1 Blood taking procedure (venepuncture and blood withdrawal).
- 6.9.2 Intravenous cannulation procedures
- 6.9.3 Intravenous medication administration.
- 6.9.10 Intramuscular/subcutaneous medication administration by injection.
- 6.9.11 Finger skin prick for bedside glucose examination.
- 6.9.12 Continuous bladder draining (foley) catheter insertion for selected patients.
- 6.9.13 Naso gastric tube insertion for selected patients.
- 6.9.14 Per Rectal manual examination for selected patients.
- 6.10 Any medical or surgical emergencies in the ward shall be notified immediately to the ward doctor or doctor on-call, who shall see the child as soon as possible.
- 6.11 A child shall be seen at least once a day by the ward doctor.
- 6.12 All treatments ordered by the treating doctor shall be carried out promptly and correctly by the nursing staff who shall maintain their own nursing documentation in the integrated case notes.
- 6.13 All children's parent/ legal guardian shall be given an explanation regarding their condition, investigations done and treatment that will be done on them during their hospitalization.
- 6.14 Most medical procedures shall be carried out in the treatment room in the ward, unless the child cannot be moved, in which case the procedures shall be done by the bedside with adequate privacy. Parents may accompany children during the treatment/ procedure if considered desirable by the doctor.
- 6.15 The sister in charge or staff nurse shall abide by a regular schedule for indenting drugs and medication from pharmacy and ensure that there is sufficient stock available at all times.
- 6.16 A parent/ legal guardian of the child shall be allowed to accompany each child in the ward. A lazy chair shall be provided for the caretaker of the child. A bed shall be offered only to postnatal mother/ caretaker and mother that is pregnant more than 22 weeks. Meals will be provided for the caretaker of the child.

- 6.17 A male caregiver shall be put in a separate room or a separate cubicle, with the child, in the absence of a female relative. This is to protect and provide privacy to the mothers/ female caregivers in the ward.
- 6.18 Mothers shall be encouraged to breastfeed their infants. Formula milk is not allowed except for certain caretaker or special conditions.
- 6.19 A midnight census of patients shall be carried out each day and notified to the medical records department in the prescribed forms.
- 6.20 Children shall be discharged into the care of parents or legal guardians only. The parents or guardians shall be given the discharge slips, supplementary prescription slips and follow-up appointments if applicable, necessary advice and counselling on continuous care for their children.
- 6.21 A medical attendant will accompany the child's caretaker to the billing counter for payment of hospital charges prior to discharge from the ward.
- 6.22 Upon discharge, caretakers shall be given emphasis and advice regarding health education and health promotion of the child to increase their health knowledge whenever deemed necessary.
- 6.23 Medication prescribed on discharge shall be explained and given by the in-patient pharmacist to the caretaker.
- 6.24 After discharge, the case summaries shall be completed by the treating doctor and the case notes will be dispatched to the medical record department within 72 hours of working days. The staff nurse in charge will ensure the security and movement of patient's records in the ward.
- 6.25 Ward sister and staff nurse shall maintain and update inventory of all ward equipment and assets. They shall ensure that planned preventive maintenance (PPM), breakdown maintenance is carried out accordingly and all equipment are maintained in good working condition by the concession company.
- 6.26 Ward sister and staff nurse shall monitor all cleansing and housekeeping services, linen and laundry services, waste management service that are carried out by the appointed concession company by Ministry of Health Malaysia, according to the schedule drawn up and agreed upon by the hospital and concession company.

7. CONTINGENCY PLAN OF CONVERSION TO ARI WARD

- 7.1 Paediatric Ward will be converted to a containment ward for ARI cases shall the need arise and as directed by Hospital Director.
- 7.2 The Paediatric Ward patients shall be moved to Maternity Ward until the situation resolves.
- 7.3 The Hospital Director shall be the person in charge and the Matron and Nursing Sisters shall be the Bed Management Unit in coordinating the care of patients and redistribution of human resources, equipment and consumables as well as medication required in this ward.

ROLES OF NURSING COVID-19 SUB-COMMITTEE

8. HUMAN RESOURCE

- 8.1 To ensure an effective internal nursing staff deployment plan is in place.
- 8.2 Deployment of staff shall be arranged by the Matron and Nursing Sister.
- 8.3 To ensure that appropriate training has been given to nurses in performing specific tasks to patient's care.
- 8.4 To ensure appropriate training on Infection Prevention and control prevention for all relevant staff.
- 8.5 Nurses working at ARI Ward shall be on 12 hours working shift:

AM SHIFT: 7 AM-7 PM

PM SHIFT: 7 PM-7 AM

9. STAFFING

- 9.1 An estimate of 7-8 Staff Nurses, 4 Community Nurses and 4 Medical Attendants to run each ward. These nurses and PPKs shall be deployed from the internal nursing staff deployment of the hospital.

10. BED MANAGEMENT

- 10.1 The ARI Ward will be operating on 10 beds and can accommodate 24 beds if the need arises.
- 10.2 An escalation of bed occupancies must be reported to the Nursing Sister/ Matron. The Sister in charge will provide relevant information in relation to:

- * Bed availability,
- * Expected admission and discharges
- * Current occupancies

11. FACILITIES & EQUIPMENT

- 11.1 The Nursing Sisters shall co-ordinate, prepare and monitor equipment, consumables, PPE are adequate.
- 11.2 At the moment there are enough functioning equipment or assets in the ward.

12. REFERRALS TO OTHER HOSPITAL

The basis for referral to another hospital will be:

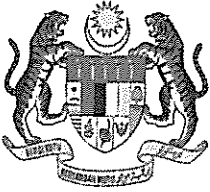
- 12.1 Better facilities for patient management.
- 12.2 The referral shall be in the specified form and shall contain a good account of the history, examination and management of the patient undertaken so far. The reason(s) for referral shall be stated.

13. NURSING POLICIES

- 13.1 Relevant aspects for the hospital Nursing policies shall be complied.

14. WHOLE HOSPITAL POLICIES

- 14.1 Relevant aspects of the Whole Hospital Policies shall be complied with.



KEMENTERIAN KESIHATAN MALAYSIA
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Email Rasmi : hospital.kanowit@moh.gov.my
Laman Web <https://jknsarawak.moh.gov.my/hkanowit/>

PIAGAM PELANGAN
WAD PAEDIATRIK
RAWATAN PESAKIT DALAM

KEMASUKAN

1. Pelanggan akan ditempatkan ke katil selepas sampai ke wad dalam masa 10 minit.
2. Kes kecemasan akan dikendalikan oleh doktor dengan secepat mungkin sebaik saja diberitahu.
3. Kes yang tidak memerlukan rawatan segera akan dikendalikan oleh doktor pada rondaan wad yang seterusnya.

RAWATAN

1. Setiap pelanggan diberi jaminan bahawa kehormatannya akan dipelihara dan diagnosis penyakitnya akan diterangkan semasa menerima rawatan.
2. Pelanggan akan diberi penerangan dengan jelas mengenai keadaan, pemeriksaan serta perawatan yang akan dilakukan terhadapnya.
3. Setiap pelanggan akan dilayan dengan penuh mesra.
4. Setiap pelanggan akan diperiksa oleh doktor wad sekurang-kurangnya sekali sehari.

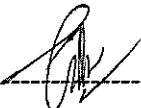
DISCAJ

1. Setiap pelanggan akan diberitahu sehari sebelumnya.
2. Setiap pelanggan akan dibekalkan dengan perkara – perkara yang berkaitan seperti berikut semasa discaj iaitu:
 - a. Maklumat temujanji rawatan susulan.
 - b. Surat rujukan, sijil discaj dan sijil cuti sakit (jika perlu)
 - c. Bil Hospital.
 - d. Ubat-ubatan.
 - e. Pendidikan kesihatan.

TANGGUNGJAWAB PELANGGAN SERTA KELUARGA

1. Setiap pelanggan bertanggungjawab memainkan peranan penting dalam mempercepatkan proses pemulihannya.
2. Setiap pelanggan serta keluarga mesti bekerjasama dan mematuhi peraturan hospital semasa kemasukan ke wad.
3. Setiap pelanggan diberi jaminan bahawa keselamatannya akan dipelihara dan diagnosis penyakitnya akan diterangkan semasa menerima rawatan.
4. Setiap pelanggan harus menghormati staf yang bertugas.
5. Setiap pelanggan dikehendaki mematuhi perencian yang terkandung di dalam piagam pelanggan.

Dikemaskini oleh:



(KJ U32 HAIRUNIZA BINTI KHAMIS)

Tarikh: 01.02.2024

Disahkan oleh:

(DR BERNADETTE SYONNIA BINTI JARU SAWAT)

Pengarah Hospital

Hospital Kanowit

MMC No.: 61590

PAEDIATRIC WARD

VISION

To be the unit of excellence in delivering safe quality care.

MISSION

To incorporate the values of corporate culture in caring of sick, mainly teamwork, caring and professionalism.

GOAL

To ensure patient receive comprehensive care that meets their social, emotional, cultural and physical needs.

OBJECTIVES

- 1. To provide quality care to inpatients in general Medicine & Surgery.**
- 2. To provide the skills & level of quality care to patients.**
- 3. To promote patient participation in decision making in health care and treatment.**