

## Algorithm to support a standard operating procedure for acute admissions for 16–19 year olds

### Consideration 1 – clinical need:

- For example: medical / obstetrics and gynaecology / surgical / trauma / oncology
- Is the service available on this site?

### Consideration 2 – young person centred care:

Are there other reasons why the patient might be better cared for in a paediatric or adult environment?

For example, a patient who:

- has a learning disability
- has a long-term condition
  - is still receiving care from the paediatric team
  - has already transferred to *and been seen* by the adult team
- is known to child and adolescent mental health services (CAMHS)
- is known to have a child protection plan
- is/was a 'looked-after' child.

(In hours, notify the relevant consultant and/or team.)

### Consideration 3 – seamless care:

Has there been consultant-to-consultant discussion and agreement about acute admission, and appropriate sharing of management and information by the adult and paediatric teams?

### Consideration 4 – developmentally appropriate care:

Is an appropriate bed available on the paediatric wards or adult wards (eg with other adolescents or in a single room)?

### Consideration 5 – young person's preference:

Would the young person prefer a paediatric or an adult ward?