AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Admission to Women's Assessment Unit (WAU)

Document Type	Policy
Function	Clinical Service Delivery
Healthcare Service Group (HSG)	National Women's Health
Department(s) affected	Women's Assessment Unit (WAU)
Patients affected (if applicable)	All patients in National Women's Health
Staff members affected	All clinicians in National Women's Health
Key words (not part of title)	Gynaecology, obstetrics
Author – role only	Charge Midwife WAU
Owner (see ownership structure)	Midwifery Advisor
Edited by	Clinical Policy Advisor
Date first published	April 2005
Date this version published	January 2013
Date of next scheduled review	January 2016
Unique Identifier	PP2830/PCR/003

Contents

1. Purpose of policy
2. General principles for managing an admission to WAU
3. Antenatal (> 20/40) and postnatal admission procedure
4. Induction of labour admission procedure
5. Acute gynaecological admission procedure
6. Supporting evidence
7. Associated ADHB documents
8. Corrections and amendments

1. Purpose of policy

The purpose of this admission process guide is to provide all staff members with the same framework of addressing the events associated with an admission to Women's Assessment Unit (WAU) within Auckland District Health Board (ADHB). It also clarifies and defines the midwifery, nursing, medical and clerical role and responsibilities when there is an acute admission to WAU.

Back to Contents

2. General principles for managing an admission to WAU

All antenatal women for admission must be handed over to team care with the exception of women being admitted for an induction of labour (IOL), IOL for fetal abnormality and/or women with an intra uterine death.

All inductions of labour must have a clear secondary care provider documented. In some cases it is appropriate for a primary care provider to retain clinical responsibility for an IOL however this should be discussed with the secondary care provider.

All maternity admissions are under the team of the day. However, if recently admitted under another team, or are under another team in clinic, transfer to that team should occur upon warding.

All gynaecology women are admitted under the team of the day. However if recently admitted under another team, or are under another team in clinic, transfer to that team should occur upon warding.

The woman's needs should be met in a timely, effective way that recognises the woman's individual needs.

Care, procedures and treatments undertaken, should be in line with ADHB policies and guidelines and professional responsibility.

All staff members involved in a woman's care should be aware of their responsibilities, access agreement terms and conditions, scope of practice and the policies and procedures that underpin safety.

All staff members working in WAU should be current in all mandatory emergency training.

It is assumed, that the teams involved in the specialty of Obstetric and Gynaecology, are fully aware of the sensitive nature of National Women's Health and how this affects behaviour and communication. The woman's family life, beliefs, feelings, cultural requirements, personal situation, age and any psycho-social issues may impact on understanding and compliance with care planning, and consultation should be tailored accordingly.

Back to Contents

3. Antenatal (> 20/40) and postnatal admission procedure

Notify the unit coordinator and on-call WAU medical team by telephone and/or written referral (GP/LMC/other DHB).

Ward clerk responsibility

The ward clerk ensures the clinical records are ordered, either via CRIS or hard copy (in the case of high risk clinic patients). On admission registration and admission details are checked upon, and HealthWare updated.

Midwife responsibility

Area prepared for specific emergency, if appropriate, and triage performed upon admission.

WAU medical team informed of admission:

- Orientates woman to geography of room/unit and explains call bell system
- According to the triage category, midwife to assess the woman and fulfill all observational and immediate intervention procedures, and record in clinical record
- Midwifery assessment and plan communicated to medical team, in some cases midwifery-led discharge is appropriate
- Ensure the antenatal assessment screen is completed on HealthWare and verified before the woman is discharged as this should ensure the LMC and GP are informed of assessment details. If the woman is being admitted to the maternity wards the HealthWare assessment page must be verified so that the LMC is informed of admission
- Organise handover to ward if admitted or coordinate discharge if going home and ensure follow up care is organized

Medical team responsibility

- WAU medical team to assess and stabilize condition, then formulate and document plan of care/treatment
- As a women’s condition allows, and treatment/assessment commenced or completed, then arrangements made for transfer to another area or discharge home
- Ensure the antenatal assessment screen is completed on HealthWare and verified before the woman is discharged as this should ensure the LMC and GP are informed of assessment details

Back to Contents

4. Induction of labour admission procedure

Ward clerk responsibility

The ward clerk ensures the clinical records are ordered, either via CRIS or hard copy (in the case of high risk clinic patients). Registration and admission details checked upon arrival, and HealthWare updated.

Midwives responsibility

- Confirm booked IOL and check details including method of induction and rationale
- If woman has an LMC, confirmation required regarding responsibility for the initiation of the IOL. This requires documentation and use of handover sticker in the clinical record if the WAU team to start process
- Regardless of induction method, full midwifery antenatal assessment to take place, including CTG, and full clinical preparation and assessments completed according to the IOL policy. Discuss findings with team, and record on whiteboard
- 1 x 16g IV luer should be sited and routine bloods sent for FBC and Group and Hold
- Induction of labour procedure commenced by either the midwife or registrar, depending upon induction methods/agents and reason for induction, according to the IOL policy
    - Induction of labour procedure commenced by either the midwife or registrar, depending upon induction methods/agents and reason for induction, according to the IOL policy
- Ensure the woman is fully informed of all plans of care and has informed consent provided
- When required, stabilize transfer of woman to delivery unit or operating room, with all up to date documentation, following discussion with DU/IOL team and/or LMC

Medical team

- Care plan/management plan and any anaesthetic plans must be viewed prior to commencing IOL
- Documentation, observation and continuation of IOL agents maintained throughout process
- Effective communication with woman, team and LMC regarding progress and care planning

Back to Contents

5. Acute gynaecological admission procedure

Notification to unit coordinator and on-call WAU medical team by telephone (ED/other DHB) and/or written referral (GP/LMC).

Ward clerk responsibility

- Orders clinical record if necessary (usually have admission to discharge planner commenced). Registration and admission details checked upon arrival as appropriate, and HealthWare updated

Nurse responsibility

- Area prepared for specific emergency, if appropriate, and gynae triage model of care followed
- WAU medical team informed immediately of admission
- Nurse orientates the women to the geography of the room/unit and explains call-bell system
- According to triage category, nurse to assess the woman and fulfill all observational and immediate intervention procedures, and document in planner

Medical team responsibility

- WAU medical team to assess and stabilize condition, then formulate and document plan of care/treatment
- As a woman's condition allows and treatments/assessment commenced or completed, than arrangements made for transfer to another area, outpatients department or discharge home
- All women must be assessed by a registrar or consultant prior to transfer to ward 97

Back to Contents

6. Supporting evidence

- Oats J & Abraham S (2005) Fundamentals of Obstetrics and gynaecology Eighth Edition, Elsevier Mosby, USA
- RANZCOG Clinical Guidelines (2006) Intrapartum Fetal Surveillance

Back to Contents

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

7. Associated ADHB documents

Admission - Antenatal - Not in Labour
Admission - Day Assessment Unit
Admission - Labour & Birthing Suite
Admission - Postnatal
Admissions & Triage - Gynaecology
Women's Assessment Unit (WAU) - AED Process for Obstetric Patients over 20 weeks
Women's Assessment Unit (WAU) - AED Process when WAU full or closed

Back to Contents

8. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed ***before*** the scheduled date, they should contact the owner or the Clinical Policy Advisor without delay.

Back to Contents