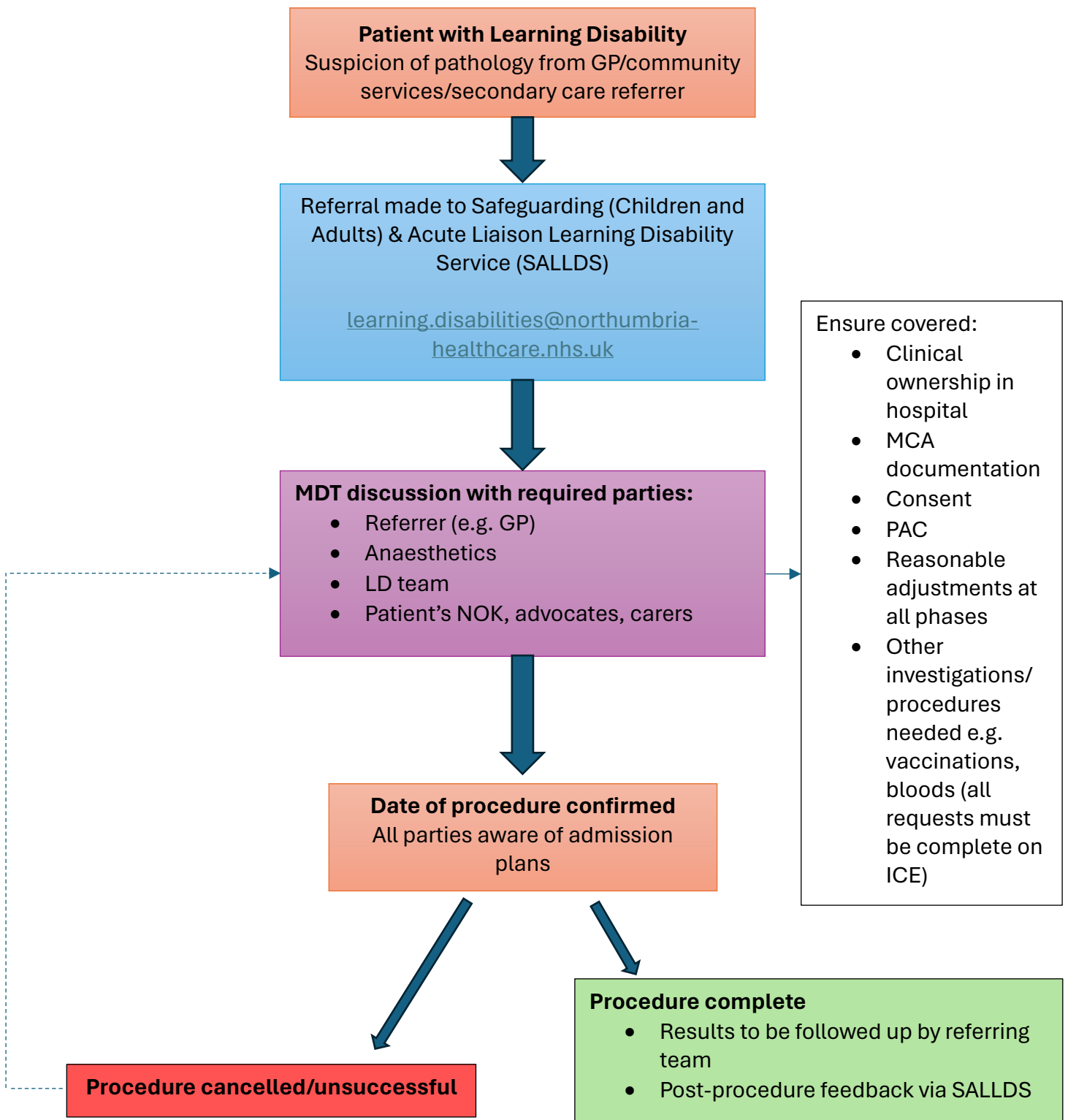


Referral pathway for Adult Learning Disability patients requiring anaesthetic services

(please use in conjunction with notes overleaf)



Pathway guidance & notes

Referral

The referring team should refer directly to the SALLDS via the generic inbox learning.disabilities@northumbria-healthcare.nhs.uk

- Consent and consideration of the MCA, Best Interests and existing LPAs, should be undertaken by the referrer at the point of referral,
- Urgency of referral must be indicated, along with any attempts undertaken already e.g. sedation, desensitisation, liaison with community LD team,
- The level of learning disability should also be included.

MDT discussion and co-ordination

- Virtual discussion and planning for procedure takes place between acute learning disability nurse and all interested parties (the list below is not exhaustive):
 - Anaesthetics
 - Referrer – GP/hospital consultant/community team
 - Community LD team
 - Patient's NOK/care team/advocates
- There must be consideration of other investigations and procedures that may be needed (possibly extending beyond the reason for referral). This will help to coordinate care, prevent future referrals and anaesthetic intervention. These may include (again not an exhaustive list):
 - Vaccinations – especially seasonal influenza and COVID-19
 - Bloods – common requests include diabetes, thyroid investigations, and drug monitoring,
 - Smears
 - Dental examination and treatment (patient is more than likely known to community dental services)
 - ECG
- Procedure date and location agreed,
- Acute learning disability nurse to support patient/family/carers throughout the pathway,
- If theatre space, time and staffing is needed, this must be arranged via the Surgical Information Team (SIT)
- Patient TCI and admission info should be sent out via Contact Centre as per any patient. Anaesthetic secretaries can arrange this. Letter templates exist with the Contact Centre and there is an anaesthetics PAS code for day case admission.

Must do

- Someone must take clinical ownership of the patient,
- Mental Capacity Act forms should be completed,
- Pre-assessment (if suitable) and consideration of social implications for the patient pre- and post-procedure
- ***At all phases, reasonable adjustments must be considered.***

Day of Procedure

- Patient admitted and consent confirmed,
- ICE requests printed,
- Sedative pre-medication administered (if needed)
- Procedure performed and recovery complete,
- Patient discharged – discharge paperwork to be completed,
- Feedback via questionnaire to be gathered from patient/carers to improve future interventions.

Procedure cancelled/unsuccessful

- Reasons for unsuccessful procedure to be considered,
- SALLDS to coordinate discussion with all MDT parties to consider rescheduling procedure and make any necessary changes to plan.
- In the event of multiple unsuccessful attempts, consideration must be given to whether continuing is in the patient's best interest. If it is, then more restrictive measures may be possible, but most would likely need legal advice and Court Of Protection intervention.