Clinical Protocol

PATIENT PATHWAY FOR PAEDIATRIC SURGICAL GYNAECOLOGICAL EMERGENCIES

SETTING
Division of Women’s and Children’s Services, Bristol Children’s and St. Michael’s Hospitals and the Bristol Royal Infirmary (BRI) Emergency Department.

FOR STAFF
Gynaecologists, Obstetricians, Paediatricians, Emergency Department medical staff and Registered Nurses caring for female patients under 16 years of age.

PATIENTS
Female patients under 16 years of age presenting to the Emergency Department at the Children’s Hospital or at the BRI with a pregnancy related or an acute gynaecological condition.

PROTOCOL

• Young women under 16 presenting to the Children’s Emergency Department with a positive pregnancy test and a pregnancy related complication (pain/bleeding) should be referred to the on call Obstetrics and Gynaecology SpR (bleep via switchboard). If needing admission and less than 20 weeks they will be admitted to Ward 78 at St. Michael’s Hospital. If >20 weeks pregnant admit to the Central Delivery Suite. Ongoing appropriate paediatric input and advice should be obtained for any medical comorbidity or social issues with particular regard relating to child protection issues.

• Girls and young women under 16 presenting to the Emergency Department at the Bristol Children’s Hospital or the BRI with a negative pregnancy test and a possible acute surgical problem should be referred to the Paediatric Surgical on call SpR at the Children’s hospital. If an emergency gynaecological opinion or assistance in theatre is needed (e.g. conservative minimal access surgery for ovarian cyst/torsion) there should be Consultant Paediatric Surgeon to Consultant Gynaecologist referral. The Gynaecology on call Consultant (contact via switchboard) can then either attend in person or delegate a colleague or suitable senior trainee to attend the Children’s Hospital to review the patient/assist in theatre.

• Theatre cases at the Children’s Hospital should remain under the care of the Paediatric Surgical team unless both Consultants consider it is in the patient’s best interest for her to be transferred to Ward 78 where the patient would be allocated a side room.

• Non acute gynaecological cases (e.g. menorrhagia/severe dysmenorrhoea etc.) should be referred to the Adolescent Gynaecology clinic at St Michael’s, currently run by Dr Bryony Strachan (Secretary Ext 25594).

AUTHORISING BODY
Gynae Governance Group

QUERIES
Contact Mr M Mills, Consultant Obstetrician & Gynaecologist Ext 25217