

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
 South Eastern Sydney
 Local Health District

NAME OF DOCUMENT	Physiotherapy – Emergency/out of hours consultation
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	
DATE OF PUBLICATION	April 2023
NATIONAL STANDARDS	Standard 5 – Comprehensive Care Standard 2 – Partnering with Consumers Standard 8 – Recognising and Responding to Clinical Deterioration
RISK RATING	Low
REVIEW DATE	May 2028
FORMER REFERENCE(S)	
EXECUTIVE SPONSOR	Medical Co-director of Maternity Services
AUTHOR	G. Casson – Senior Physiotherapist + Physiotherapy allied health team
SUMMARY	Prompt review and treatment of a woman minimising transfers to higher dependency areas. To minimise unnecessary admission that if reviewed and treated by a physio would have not been admitted

Royal Hospital for Women (RHW)

CLINICAL BUSINESS RULE

Physiotherapy – Emergency/out of hours consultation

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1. BACKGROUND

On call physiotherapists are available 0800 to 1700 hours on weekends and public holidays for emergency physiotherapy. The physiotherapist is available within 60 minutes to treat women who have, or are likely to deteriorate if the physiotherapy is not performed that day.

This services aims for prompt review and treatment of woman:

- to minimise respiratory related admissions to Prince Of Wales (POW) High Dependency Unit (HDU) from Royal Hospital for Women (RHW) Acute Care Centre (ACC)
- to minimise unnecessary admission with antenatal musculoskeletal pain-related conditions
- with obstetric anal sphincter injuries (OASI) and/or postnatal faecal incontinence (FI)

2. RESPONSIBILITIES

- 2.1 Midwifery and Nursing staff will escalate review of woman by medical officer early to prompt emergency physiotherapy
- 2.2 Medical Officer will review, assess and document need for emergency physiotherapy. They will contact physiotherapist via switchboard
- 2.3 Physiotherapist will attend within 60 minutes of the call and treat woman to help prevent deterioration or unnecessary admission

3. PROCEDURE

3.1 Clinical practice

Ongoing treatment out of hours:

- Confirm physiotherapy review has taken place and has been documented as appropriate for ongoing treatment out of hours
- Expect physiotherapy contact with the ward in the morning to confirm time and that treatment is still necessary

Emergency/out of hours review:

- Identify need for out of hours physiotherapy treatment using the table below (table 1)
- Ensure medical practitioner assesses and documents need prior to physiotherapist being contacted
- Contact on-call physiotherapist via switchboard
- **Do not leave a message on the physiotherapy department answering machine after hours** as it only monitored during business hours Monday-Friday

Royal Hospital for Women (RHW)

CLINICAL BUSINESS RULE

Physiotherapy – Emergency/out of hours consultation

Table 1 - Review criteria

Emergency/Out of hours review criteria
<ul style="list-style-type: none"> • Acute Chest conditions (review aims to prevent transfer to POW HDU): <ul style="list-style-type: none"> ○ Sputum retention (confirmed by examination +/- recent imaging) ○ Weak, ineffective cough (unable to clear secretions independently) ○ Significant chest imaging changes indicating condition amenable to physiotherapy (exclusion criteria:- confirmed pulmonary embolus, pleural effusion, pulmonary oedema) ○ Dropping oxygen saturations (SaO₂) with difficulty stabilising or corrective with conservative measures (deep breathing exercises must be trialled first)
<ul style="list-style-type: none"> • Antenatal musculoskeletal conditions (affecting mobility): <ul style="list-style-type: none"> ○ New onset back and/or pelvic pain ○ Suspected Transient Osteoporosis of the Hip (TOH) requiring change in weight bearing status and gait aid prescriptions (e.g. made non-weight bearing, requiring assessment and fit of gait aid crutches or pick up frame)
<ul style="list-style-type: none"> • New severe perineal trauma or faecal incontinence wanting weekend discharge*: <ul style="list-style-type: none"> ○ Suspected or confirmed third or fourth degree tear ○ New onset faecal incontinence

* Woman must be an inpatient on postnatal ward or birth unit and would be otherwise only remaining an inpatient for physiotherapy review

3.2 Documentation

- Medical record

3.3 Educational Notes

- Any condition not listed in the above table can be referred via the usual pathway

3.4 Implementation, communication and education plan

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- Acute Care Centre – Admission Criteria, Process, Management and Escalation
- Bladder care during labour and the postpartum period
- Third and fourth degree perineal tear – repair and management
- Australian Commission on Safety & Quality in Health Care – Clinical Care Standard – Third & Fourth Degree Tears
- Australian Commission on Safety & Quality in Health Care – Clinical Care Standard – Lower Back Pain

Royal Hospital for Women (RHW) CLINICAL BUSINESS RULE

Physiotherapy – Emergency/out of hours consultation

3.6 References

- Nil

4. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal woman, she may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

5. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Reviewed and endorsed by Safety and Quality Committee May 2023 Author: G. Casson, in consultation with RHW Physiotherapy team 2022 Position: Senior Physiotherapist Department: Allied Health/Physiotherapy Review and endorsed Maternity CBRs group: 21/2/2023 Approved Quality Council: Reviewed and endorsed Maternity Services Clinical Committee/RHW clinical council or RHW Safety and Quality Committee: Approved Council Previously titled:		
FOR REVIEW: APRIL 2028		