

# Medical services–children’s

CSCF v3.2

## Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list) and Children’s Services Preamble.

Children’s medical services comprise many specialties and require significant support services to provide safe patient care. These services are provided by registered medical practitioners and/or a range of registered medical specialists, nursing and allied health professionals (with adequate support services) in addition to multidisciplinary teams. Additionally, a small number of patients may require superspecialist services for complex clinical issues.

Children’s medical services include the following:

- adolescent medicine
- cardiology
- child development
- child protection
- clinical genetics
- clinical haematology
- clinical immunology
- community child health
- dermatology
- endocrinology
- gastroenterology
- general paediatrics
- hepatology
- immunology
- infectious diseases
- medical oncology
- metabolic medicine
- nephrology
- neurology
- paediatric pathology
- paediatric radiology
- palliative care
- rehabilitation medicine
- renal medicine
- rheumatology
- sleep medicine
- thoracic medicine
- transplantation medicine

Selection of appropriate service on patient presentation is dependent upon the child’s medical risk. However, diagnosis may not be clearly established on presentation, and/or the child’s course of illness may change during hospitalisation, therefore it is essential patient status is regularly reassessed. Where patient risk increases or their condition deteriorates, transfer to a more appropriate medical service is required. Achieving optimum patient care and management depends on timely access to required medical expertise.

## Service networks

In addition to the requirements outlined in the Fundamentals of the Framework, specific service network requirements include:

- documented processes at each level of medical service with public or licensed private health facility(s) for referral and transfer of patients to/from higher capability level services to provide safe, ongoing care and management of children.

## Service requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

## Medical services – Children’s

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> <li>provides ambulatory care, generally during business hours, for children and their parent / carer / guardian(s), with no inpatient care, including initiatives for universal, selective and indicated populations to promote children’s survival, development, protection and participation.</li> <li>care is delivered in a variety of community settings, including child health clinics, multipurpose health clinics, schools and home-based care.</li> </ul>	<ul style="list-style-type: none"> <li>primarily provides planned ambulatory care for healthy children, usually in rural and remote locations.</li> <li>provides limited inpatient service with short-term coverage, which can provide low-risk acute care and treatment to a child.</li> <li>capable of providing basic life support for children and provides limited stabilisation of children who require transfer to higher level of service within relevant children’s service network.</li> </ul>	<ul style="list-style-type: none"> <li>provides definitive planned and unplanned ambulatory and/or inpatient care for children and may provide subspecialty ambulatory referral system.</li> <li>may also provide general practitioner ambulatory services.</li> <li>Inpatient services usually treat single-system disorders for children with low-acuity medical conditions.</li> <li>children with complex social issues and pre-existing significant comorbidities</li> </ul>	<ul style="list-style-type: none"> <li>provides ambulatory and/or inpatient care.</li> <li>ambulatory care may occur within community and/or service facility, and provides multidisciplinary team approach to broad range of conditions (e.g. developmental assessment teams).</li> <li>inpatient service provides designated children’s ward, and all children up to age of 14 years should be admitted to children’s ward (flexibility with adolescents should be exercised).</li> </ul>	<ul style="list-style-type: none"> <li>provides definitive ambulatory and/or inpatient care with some subspecialty services available.</li> <li>has stand-alone multidisciplinary teams in some specialties (e.g. rehabilitation, child protection and developmental services).</li> <li>service provided separately from neonatal services with access to Level 6 neonatal service.</li> <li>any child under age of 3 months admitted overnight for procedure that is not general paediatric surgery should</li> </ul>	<ul style="list-style-type: none"> <li>provides most complex medical services to children on statewide and interstate basis.</li> <li>specialties include adolescent medicine, cardiology, child development, child protection, clinical genetics, community child health, dermatology, endocrinology, gastroenterology, general paediatrics, infectious diseases, immunology, medical imaging, metabolic medicine, nephrology, neurology, oncology and haematology,</li> </ul>

	<ul style="list-style-type: none"> <li>predominantly provided by registered nurse and /or registered midwife, nurse practitioner, Aboriginal and Torres Strait Islander health worker or allied health professionals and includes: <ul style="list-style-type: none"> <li>rapid health assessment for the sick child</li> <li>routine child health care</li> <li>prevention and promotion of health</li> <li>screening and early diagnosis of conditions for early intervention and treatment or referral</li> <li>chronic / long-term care and management.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>documented consultation and referral links with higher level services within relevant children's service network, and particularly with retrieval and outreach services such as Royal Flying Doctor Service and visiting Level 4 services.</li> </ul>	<p>typically not admitted at this level.</p> <ul style="list-style-type: none"> <li>allocated bed area or bay of inpatient children's beds available.</li> <li>capable of providing advanced life support for children and can stabilise children who require transfer to higher level of service within relevant children's service network.</li> <li>documented consultation and referral links with higher-level services within relevant children's service network.</li> <li>medical and surgical outreach services may visit on day basis, and service</li> </ul>	<ul style="list-style-type: none"> <li>may be some exceptions to ages specified in this document dependent on local policies and circumstances.</li> <li>all admitted infants of less than 3 months of corrected age must be involved with paediatric medical services team on admission.</li> <li>admitted children with complex social issues or significant comorbidities must have combined care with paediatric medical team.</li> <li>registered medical specialist with credentials in paediatrics accessible 24 hours to support inpatient services.</li> </ul>	<p>have medical consultation by registered medical specialist with credentials in paediatrics.</p> <ul style="list-style-type: none"> <li>Level 5 community child health residential facilities do not require on-site medical imaging and pathology services.</li> </ul>	<p>palliative care, pathology, rehabilitation medicine, respiratory medicine, rheumatology and transplantation medicine—where appropriate, specialties accessible 24 hours a day.</p> <ul style="list-style-type: none"> <li>supports children's Level 6 surgical, intensive care, emergency and child and youth mental health services.</li> <li>supported by appropriately staffed Level 6 paediatric intensive care service, and equipped for retrieval support 24 hours a day.</li> </ul>
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	<ul style="list-style-type: none"> <li>• interventions may include family assessment, immunisation, parenting education and support programs, feeding support, developmental screening, sexual health programs, environmental health and disease control, and alcohol and substance abuse programs.</li> <li>• capable of providing limited treatment for minor injuries and illnesses, basic life support and limited stabilisation prior to transfer to higher level of service.</li> </ul>		<p>capability may increase during this time, where formally approved.</p>			
<p>Service requirements</p>	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <li>• staff trained in assessment, care and management and delivery of health promotion</li> </ul>	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> <li>• no planned admissions of children; however, children may be admitted short-</li> </ul>	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> <li>• members of multidisciplinary team suitably qualified and experienced in general</li> </ul>	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <li>• multidisciplinary team approach used in care / treatment of children including community-based</li> </ul>	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> <li>• multidisciplinary team members experienced, and have advanced knowledge and skills in delivery</li> </ul>	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> <li>• multidisciplinary team members have demonstrated experience, and advanced</li> </ul>

	<p>activities and programs for children and their families in:</p> <ul style="list-style-type: none"> <li>- growth, development &amp; behavioural stages</li> <li>- nutritional requirements</li> <li>- linking families with appropriate services for Aboriginal and Torres Strait Islander health, family support and wellbeing</li> <li>- providing advice and referral to relevant services for family wellbeing</li> <li>- supporting families through transition, including facilitating access to programs</li> </ul>	<p>term for acute health and/or protection concerns (e.g. rehydration, tonsillitis, otitis media) using relevant management protocols (e.g. health management protocols).</p> <ul style="list-style-type: none"> <li>• may be admitted awaiting transfer or retrieval.</li> <li>• may provide medical ambulatory clinics with visiting clinician groups / individuals (e.g. Royal Flying Doctor Service).</li> </ul>	<p>paediatric principles and practice.</p> <ul style="list-style-type: none"> <li>• access—during business hours—to mental health services for consultation and/or liaison.</li> <li>• no children admitted to general intensive care beds, except for stabilisation prior to transfer.</li> <li>• may provide some visiting specialist outreach ambulatory services.</li> </ul>	<p>multidisciplinary team.</p> <ul style="list-style-type: none"> <li>• access to well-established community child developmental health services.</li> <li>• documented processes between ambulatory and inpatient children’s medical service teams.</li> <li>• clear links to Level 5 and Level 6 children’s medical services for both clinical and educational support and referral.</li> <li>• paediatric support for emergency departments where emergency department located on-site.</li> <li>• access to child and youth mental health services for consultation and/or liaison during business hours, and access to general mental</li> </ul>	<p>of children’s services pertaining to specialty / subspecialty area (e.g. children’s surgical service).</p> <ul style="list-style-type: none"> <li>• well-developed, dedicated, child development specialist service.</li> <li>• designated close observation care area / beds managed by paediatric specialists—these may be in children’s inpatient unit or general intensive care unit.</li> <li>• neonatal services provided by separate sustainable roster.</li> <li>• dedicated consultation-liaison child psychiatry service available with dedicated child and youth</li> </ul>	<p>knowledge and skills, in children’s services pertaining to specific specialty and/or subspecialty area/s, some with postgraduate qualifications.</p> <ul style="list-style-type: none"> <li>• adolescent-based ambulatory service with defined transition to adult service.</li> <li>• designated adolescent inpatient service with adolescent trained nursing staff.</li> <li>• Children’s pain-management service.</li> <li>• links with all other children’s services, ensuring care is provided locally in coordinated manner.</li> </ul>
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	<p>that build on emotional health, resilience and coping skills.</p> <ul style="list-style-type: none"> <li>• referral pathway must exist to provide access to: <ul style="list-style-type: none"> <li>– hearing assessment services</li> <li>– children’s specialty services for advice / referral</li> <li>– maternal, child health, development and neonatal services for infants up to 28 days of age</li> <li>– allied health supports, which may be adult allied health teams with links to higher level of service for children’s specific requirements</li> </ul> </li> </ul>			<p>health services for consultation and/or liaison after hours.</p> <ul style="list-style-type: none"> <li>• clear governance by facility to allow clinical leaders to develop and implement workplace policies and guidelines specific to children.</li> <li>• clear transition guidelines to adult services for both ambulatory and inpatient services.</li> <li>• lung function services as per modules A-C in the Thoracic Society of Australia and New Zealand (TSANZ) guidelines, Accreditation of Paediatric Respiratory Function Assessment Services.</li> <li>• designated child protection advisor who provides child protection-</li> </ul>	<p>mental health beds.</p> <ul style="list-style-type: none"> <li>• dedicated clinical intake officer [in public sector] for child development services during business hours.</li> <li>• designated children’s-specific day-stay treatment area.</li> <li>• well-developed Hospital in the Home service.</li> <li>• access to on-site electro-encephalography (EEG).</li> <li>• lung function services as per modules A-I in TSANZ Guidelines, Accreditation of Paediatric Respiratory Function Assessment Services.</li> <li>• well-developed children’s ambulatory service, which may be provided</li> </ul>	<ul style="list-style-type: none"> <li>• links with Level 6 neonatal services, in particular, maternal foetal medicine services.</li> <li>• psychiatric emergency service with access to registered medical specialist with credentials in child and adolescent psychiatry accessible 24 hours for consultation.</li> <li>• leading and coordinating well-defined children’s telehealth service.</li> <li>• statewide telephone support for relevant specialties 24 hours.</li> <li>• statewide approach to outreach and coordination of</li> </ul>
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	<ul style="list-style-type: none"> <li>- adult mental health services, child and youth mental health service (CYMHS), and drug and alcohol services.</li> <li>• use of paediatric physiological observational and severity tool such as Children’s Early Warning Tool.</li> <li>• telehealth for clinical and educational purposes.</li> </ul>			<p>specific consultation and liaison, and who participates in local intergovernmental suspected child abuse and neglect (SCAN) meetings [private facilities must have clear local workplace guidelines to enable referral and reporting to relevant government department].</p> <ul style="list-style-type: none"> <li>• conducts 3-monthly mortality and morbidity meetings.</li> <li>• children at certain ages may be admitted to a Level 4 or 5 children’s intensive care service.</li> <li>• may provide non-invasive ventilation care.</li> <li>• may provide a Hospital in the Home service.</li> </ul>	<p>in stand-alone environment.</p> <ul style="list-style-type: none"> <li>• well-developed child protection service, which may act as support to other services.</li> <li>• may have Level 4 or Level 5 children’s intensive care service.</li> </ul>	<p>care provided by each specialty service, where relevant.</p> <ul style="list-style-type: none"> <li>• specialty support for all Level 6 neonatal services and maternal foetal medicine units.</li> <li>• access to on-site school.</li> <li>• support for statewide mortality and morbidity meetings.</li> <li>• support and advice to statewide children’s root cause analysis.</li> <li>• leadership role in development and implementation of statewide clinical guidelines for children.</li> <li>• active involvement in national and international benchmarking.</li> </ul>
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						<ul style="list-style-type: none"> <li>links with other national services.</li> <li>may be nationally funded centre providing care for funded patients from interstate or overseas.</li> </ul>
<b>Workforce requirements</b>	<p>As per module overview, plus:</p> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>access to registered nurses and/or registered midwives or nurse practitioner.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>access to allied health professionals.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>links and/or contact with child protection liaison officer with clear processes for child protection referral outlined.</li> <li>may have access to Aboriginal and</li> </ul>	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> <li>healthcare practitioners include, but not limited to, registered medical practitioners, registered nurses, nurse practitioners, registered midwives and lactation consultants, enrolled nurses, allied health professionals, and Aboriginal and Torres Strait Islander health workers.</li> <li>minimum one staff member on-site each</li> </ul>	<p>As per Level 2, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>registered medical practitioner either on-site or in close proximate call for inpatient services to provide paediatric resuscitation 24 hours.</li> <li>registered medical practitioners trained in advanced paediatric life support.</li> <li>designated medical officer accessible to enact 'Care and</li> </ul>	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <li>access to clinical educators (however titled) across disciplines and established paediatric education program.</li> </ul> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>designated registered medical specialist with credentials in paediatrics as lead clinician responsible for clinical governance of children's medical services in public sector.</li> <li>access—24 hours—to</li> </ul>	<p>As per Level 4, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>some registered medical specialists with credentials for specialty paediatrics (e.g. paediatric rehabilitation, child protection, child development).</li> <li>dedicated registered medical practitioners (registrar / senior house officer) on-site 24 hours with these staff not responsible for special care nursery or</li> </ul>	<p>As per Level 5, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>lead clinician responsible for clinical governance of medical services with qualifications in paediatrics.</li> <li>lead clinicians in all specialty units.</li> <li>senior registrar with significant role in junior staff management and leadership.</li> <li>accessible service provided 24 hours for all specialties where</li> </ul>

	<p>Torres Strait Islander health worker, where appropriate.</p>	<p>shift trained in advanced life support.</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• registered medical practitioner available by telephone 24 hours.</li> <li>• registered medical practitioner trained in advanced life support available within 30 minutes in normal circumstances.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>• access—24 hours—to suitably qualified and experienced registered nurse or nurse practitioner.</li> </ul>	<p>Treatment Order for a Child' 24 hours for inpatient facilities.</p> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>• suitably qualified and experienced registered nurse in charge of each shift.</li> <li>• registered nurses with relevant clinical knowledge and experience appropriate to service being provided.</li> <li>• one registered nurse present in inpatient unit at any one time.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>• access to allied health professionals to provide treatment to children in both community clinics and inpatient settings.</li> </ul>	<p>registered medical specialist with credentials in paediatrics.</p> <ul style="list-style-type: none"> <li>• registered medical practitioner dedicated to paediatrics (however titled) on-site during business hours and accessible after hours in public sector (in private sector, specialist or locum caring for patient must be immediately accessible at all times or have appropriate locum cover).</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>• suitably qualified and experienced nurse manager (however titled).</li> <li>• all registered nurses working within service trained in paediatric life support.</li> </ul>	<p>neonatal intensive care service.</p> <ul style="list-style-type: none"> <li>• community child health residential facilities provide registered medical practitioner who is accessible 24 hours.</li> <li>• dedicated child development registered medical specialist with credentials in paediatrics supports ambulatory child development service.</li> <li>• clinically engaged academic appointment.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>• other nursing staff roles (e.g. case manager, clinical nurse consultant or nurse practitioner) relevant to</li> </ul>	<p>clinically relevant.</p> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>• suitably qualified and experienced nursing leader/s (however titled).</li> <li>• all specialties have designated children's specialist nurse (however titled).</li> <li>• suitably qualified and experienced designated nurse manager (however titled) all service units.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>• lead clinician responsible for clinical governance of allied health services with paediatric experience.</li> <li>• lead clinicians in all specialty disciplines.</li> </ul>
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				<ul style="list-style-type: none"> <li>• minimum two registered nurses at any one time in inpatient unit.</li> <li>• access to lactation consultation during business hours.</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>• well-developed, multidisciplinary, allied health team approach to managing care, with some allied health professionals holding children-specific qualifications and/or experience.</li> <li>• access—during business hours—to allied health professionals with relevant qualifications and experience in children’s service delivery including, but not limited to, dietician, occupational therapist,</li> </ul>	<p>specialties (e.g. oncology, rehabilitation).</p> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>• access to children’s allied health professionals during business hours including paediatric pharmacist.</li> <li>• access—24 hours—to general physiotherapist to support inpatient service.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• school teacher during school hours.</li> </ul>	
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				physiotherapist, psychologist, speech pathologist and social worker. <ul style="list-style-type: none"> <li>inpatient units have access to general physiotherapist 7 days a week.</li> <li>inpatients requiring non-invasive ventilation have access to general physiotherapist 24 hours.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>access—during business hours—to biomedical support for equipment maintenance.</li> </ul>		
Specific risk considerations	Nil	Nil	Nil	Nil	Nil	Nil

## Support service requirements for children’s medical services

	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
<b>Children’s anaesthetic</b>					3		4		5		6	
<b>Children’s intensive care</b>						4		4	4		6	
<b>Children’s surgical</b>								4	4		6	
<b>Medical imaging</b>				2	3		4		4		5	
<b>Medication</b>		1	2		3		4		5		6	
<b>Mental Health (child &amp; youth)</b>		4		4		4		4		4	5	
<b>Neonatal</b>		1		2		3		4		5		6
<b>Nuclear medicine</b>									4		5	
<b>Pathology</b>		1		2		3		4	5		5	

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

# Legislation, regulations and legislative standards

Refer to the Fundamentals of the Framework and Children's Services Preamble for details.

## Non-mandatory standards, guidelines, benchmarks, policies and frameworks

(not exhaustive & hyperlinks current at date of release of CSCF v3.2)

In addition to what is outlined in the Fundamentals of the Framework and Children's Services Preamble, the following are relevant to children's medical services:

1. Australian College of Midwives. National Midwifery Guidelines for Consultation and Referral, 2nd ed. ACM; 2008.
2. Queensland Government. Child and Youth Health Practice Manual for Child Health Nurses and Indigenous Child Health Workers. Queensland Health; 2007.  
[www.health.qld.gov.au/child-youth/](http://www.health.qld.gov.au/child-youth/)
3. The Royal Australasian College of Physicians. Standards for the Care of Children and Adolescents in Health Services. Sydney: RACP; 2008.  
[www.awch.org.au/pdfs/Standards\\_Care\\_Of\\_Children\\_And\\_Adolescents.pdf](http://www.awch.org.au/pdfs/Standards_Care_Of_Children_And_Adolescents.pdf)
4. Thoracic Society of Australia and New Zealand. Accreditation of Paediatric Respiratory Function Assessment Services. TSANZ; 2006.