

# DAILY ALLOCATION BOOK

UNIT: \_\_\_\_\_

YEAR: \_\_\_\_\_

MONTHS: \_\_\_\_\_



**KWAZULU-NATAL PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA

GROWING KWAZULU-NATAL TOGETHER

## ASSESSING ACUITY

The demand for in-patient beds, especially in neonatal nurseries, frequently exceeds the number of available beds.

In order to ensure optimal and cost efficient use of in-patients beds it is therefore critical to define levels of care within a facility ie what constitutes general, intermediate, high and intensive care and to ensure that standard and objective criteria are applied in order to determine which patient is admitted to what bed.

## LEVELS OF CARE

The level of care that an individual newborn or child requires is not defined by their diagnosis or investigations but rather by the intensity of nursing interactions and the frequency of review by the doctor that they require and, to a lesser extent, by the modalities of treatment they are receiving.

The following parameters have therefore been considered in developing a template for establishing criteria for defining the levels of care for each category of bed and patients who enter our nurseries or wards:

1. Modalities of treatment:
  - a. On the whole this is not considered that important as it merely dictates the following 2 points;
  - b. However the frequency of some treatments (eg nebulisation or atropine administration for Organophosphate poisoning) may dictate the level of care required.
2. Frequency that the child needs to be reviewed by a doctor which will be determined by:
  - a. The acuity of their illness;
  - b. Anticipated deterioration in light of the natural history of their disease;
  - c. Anticipated change in condition (improvement or non-response) which may necessitate a change in treatment;
  - d. Need to review condition in order to adjust treatment.
3. Intensity of nursing observations:
  - a. All children in hospital will receive basic 6 hourly observations – temperature, heart rate, respiratory rate;
  - b. Some children require additional observations – SpO<sub>2</sub>; BP; HGT; neuro-observations; intake / output etc;
  - c. Some children require more frequent observations.

Based on the above considerations the following criteria have been developed for defining the different levels of care for newborns and children within a facility.

Level of care	Medical review	Nursing observations	Treatment
General care	Daily	Routine observations 6 – 12 hourly	Routine
Intermediate care (Ward based high care)	Twice daily	Additional observations 3 – 6 hourly	2 – 4 hourly Invasive support
High care	2 – 3 times daily	Additional observations 2 – 3 hourly	2 – 4 hourly Invasive support
Intensive care	3 – 4 times daily	Additional observations 1 – 2 hourly	1 – 2 hourly Invasive support





DUTY ALLOCATION								
Unit:		Date:						
Delegated by:		Sign:		Designation:				
Good team work is essential in order accomplish all required activities in the unit. Individuals need to be stimulated, leadership skills developed and confidence increased through exposure to/responsibility for the varied activities in the unit. <b>Ensure each individual has at least one allocated task.</b>								
TASK	DAY				AFTERNOON/NIGHT			
	Allocated	Accepted	Completed	SANC No.	Allocated	Accepted	Completed	SANC No.
1. Resuscitation trolley								
2. Neonatal ADD and stats registers (Verification)								
3. Restocking (all cupboards/draws from stock room)								
4. Medication area (Prepare medication preparatory area & be available to double check all IV meds.) <b>NB</b> -Each RN/EN should prepare medications for their allocated babies -not one medication round.								
5. Cleaning supervision (Cleaning and ablution checklists)								
6. Ambient temperature monitoring								
7. General Equipment daily maintenance check								
8. Pharmacy ordering								
9. CSSD (Supervise ordering and packing away)								
10. Discharge folders ( Check all notes are correctly filed before sending to records)								
11. Tidy Round (Once per shift)								
12. Supervise equip cleaning and resetting. (All unoccupied beds should be clean and set ready for admission.)								
13. Matrons report								
14. Duty Allocation book								
15.								
16.								
17.								
18.								
Meetings Today:	Allocated		Accepted		Completed		SANC No	
1.								
2.								
3.								
4.								

NB. See next page for weekly or monthly tasks.

<b>Weekly</b>		
1. Schedule drug check		
2. Schedule meds. ordering		
3. Haberdashery ordering		
4. Soap and Cleaning Ordering		
5. Laboratory stocks ordering		
6. Matrons off duties		
7. Saturday off duties		
8. Transfer register follow up (2 <sup>nd</sup> and 4 <sup>th</sup> Weeks)		
9. Blood gas machine maintenance (Reg/Tert)		
10.		
11.		
12.		
13.		
14.		
<b>Monthly</b>		
1. Equipment stock count (4 <sup>th</sup> Wed)		
2. Consumables checklist (1 <sup>st</sup> Tuesday)		
3. Pharmaceuticals checklist (1 <sup>st</sup> Wednesday)		
4. Maintenance register(3 <sup>rd</sup> Monday)		
5.		
6.		
7.		
8.		