

STANDARD OPERATING PROCEDURE (SOP) W & C Division

Directorate	Paediatric Directorate
Ward/Service	Cystic Fibrosis Service
Title of SOP	Routine clinic appointment for Teesside Cystic Fibrosis service
SOP Number	3
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OBJECTIVES	To promote high quality of care and ensure patient information is consistent with CF Trust guidelines	
SCOPE	This SOP will describe the process for patients and families attending the Paediatric Cystic Fibrosis clinic.	
TARGET GROUP	This SOP applies to patients with a diagnosis with Cystic Fibrosis attending the Teesside Cystic Fibrosis Service	
EVIDENCE TO SUPPORT PROCEDURE	Standards for the Clinical care of Children and Adults with Cystic Fibrosis in the UK CF Trust , December 2011	
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Responsibilities

The following persons have responsibilities within the SOP

- Paediatric Consultant with responsibility for Children with CF
- Specialist Nurse for Cystic Fibrosis
- Clinical Specialist Physiotherapist
- Senior Clinical Specialist Dietician
- Outpatient nursing Staff
- Clerical staff

Definitions and Abbreviations

Abbreviation	Definition
SOP	Standard operating procedure
CF	Cystic Fibrosis
HV	Health Visitor
SpN	Specialist Nurse
POPD	Children's Out Patient Department
LFT	Lung Function Test

	Sequence of Clinical Procedure	Rationale/Additional Information	Lead
1	Clinic Preparation:		
1.1	Patients are seen every 8 weeks or more frequently if clinically indicated	To monitor clinical condition and allow early intervention	SpN
1.2	Clinics are organised into 2 sessions according to microbiological status:- Non Pseudomonas patients in 1 st session Pseudomonas patients in 2 nd session	To minimise the risk of cross infection from other patient	SpN
1.3	Clinic appointment letters are sent out by post at least 1 month before hand		Clerical staff
1.4	Clinic rooms are booked through out-patient's manager.		SpN
2.0	Clinic Process		
2.1	Patient and family arrive at POPD at designated time	To minimise the risk of cross infection from other patient	
2.2	Patient has height and weight recorded on CF Clinic Sheet and is then taken straight into a consultation room. The patient and family stay in the room for the whole clinic visit. The CF team members rotate around them	To minimise the risk of cross infection from other patients.	Nursing staff
2.3	Consultant Paediatrician reviews medical history and undertakes physical examination		Consultant

2.4	Specialist Nurse reviews patient Review of Medication Review of social / educational needs Clinical procedures as required: Portacath Flush Venepuncture Change of Gastrostomy		SpN
2.5	Dietetic Review of nutritional status and pancreatic enzyme replacement therapy		Dietitian
2.6	Physiotherapy review including: Lung Function Test (age appropriate) Collection of Sputum / Cough swab for Culture and sensitivity Review of Physiotherapy techniques and equipment		Physiotherapist
2.7	On leaving the clinic the CF team will ensure that patients leave one at a time	To reduce the risk of cross infection	Team
2.8	Each consultation room and equipment is surface cleaned after each patient.	To reduce the risk of cross infection	Team
3.0	After Clinic		
3.1	Multi-disciplinary team meeting to discuss all patients and discuss care plans.	To ensure continuity of care on an individual basis	Team
3.2	Clinic encounter is recorded on PORT CF database	To maintain accurate data collection	SpN / Clerical staff

Developed By:	AUTHOR TITLE (NAME)	JOB TITLE
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Approved By:	Teesside Cystic Fibrosis Team	July 2014