

POAC Newsletter

February 2013



Welcome to the Primary Options for Acute Care newsletter....

NEW POAC PAEDIATRIC GUIDELINES

We are very excited to have two new POAC paediatric guidelines which have been developed by a regional paediatric working group.

- **Management of the Febrile Child**
- **Management of Gastroenteritis**

These have been developed with a team of primary and secondary care clinicians, including the Clinical Directors from the three District Health Boards and will be on the POAC website for you to view at www.poac.co.nz. We would like to take this opportunity to thank all involved for their input and hope that you take the time to have a look at these online. If you have any clinical concern regarding the management of a patient, we would encourage a discussion with the on-call paediatrician.

PAEDIATRIC RADIOLOGY INVESTIGATIONS

All Ultrasound and X-Ray investigations for children 15 years and under should be discussed with the on call paediatrician.

POAC will fund these investigations only where recommended by the paediatrician with the name of the specialist documented.

ON CALL PAEDIATRICIAN CONTACT NUMBERS:

Starship 021 740 271

Kidz First ... 021 516 908

North Shore or Waitakere ... 0800 244 533

Community Acquired Pneumonia (CAP) Regional Clinical Pathway

POAC have aligned funding with the Auckland Regional Clinical Pathways CAP Pathway which has been endorsed by the POAC regional clinical governance group as best practice.

POAC will not accept claims where IV therapy has been used for the treatment of community acquired Pneumonia. The whole claim will be declined and payment withheld. This has previously been communicated with GP letters sent to many practices regarding this.

Please familiarise yourself and the practice team with this pathway on the Healthpoint Pathways website www.healthpointpathways.co.nz or click [here](#)

Please note that it is important the respiratory rate be included in assessment notes.

NOTE: POAC will fund an urgent Chest X-Ray to investigate Pneumonia and the GP review of this result. The routine follow up X-Ray is not funded and should be referred to outpatient or community radiology for non-acute investigation.

MANAGEMENT OF CELLULITIS

Cellulitis 4th day of IV antibiotics will only be accepted where the clinical documentation supports continued use i.e ongoing systemic symptoms or Cellulitis outside marked area. Otherwise continue oral antibiotics once the 3rd IV dose has been given - orals should be started after the 2nd IV dose as per the protocol. POAC pre-approval is required for 5th dose and ID discussion for any additional IV treatment.



A Cellulitis expert working group has been developed and the group have been revising the Cellulitis Guideline which is currently in use. We hope this should be available to be released soon and the revised pathway will be implemented for use in both primary and secondary care settings.

In the interim if you have any questions please contact the on-call consultant for advice.

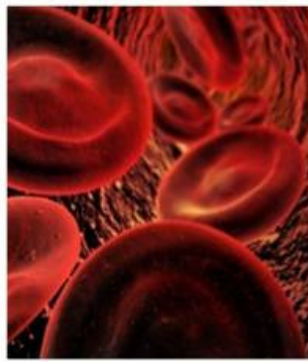
Funding and use of IV Cephazolin

IV Cephazolin is only funded and approved under POAC for Cellulitis management. Other conditions requiring IV antibiotics may require a different antibiotic and POAC will fund alternatives.

If more than a daily dose of IV antibiotics is recommended, A&M clinics can administer any after hour doses when your practice is closed to ensure the patient gets the full and appropriate doses at the right time. Please discuss with on call consultant if unsure of which IV antibiotic to use.

DVT Clinical Pathway

The updated DVT clinical pathway is live on the POAC website and the Healthpoint Pathways website. The Wells Criteria is being used for risk assessment (view this [here](#)).



Please ensure that you have calculated the Wells score prior to contacting POAC to request an ultrasound and where required organise a laboratory D-dimer blood test.

Contact us:

POAC

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www.poac.co.nz