

## Emergency Medicine Standard Operating Procedures

### Paediatric area

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<b>Date of next review</b> This is the most current document and is to be used until a revised version is available	

### Aim and scope of Standard Operating Procedure

### Target Staff Categories

## INTRODUCTION

Infants, Children and young people (ICYP) are frequent users of the emergency department (ED). It is recognised that ICYP have specific needs and should be care for in an appropriate ICYP environment separate from adults. Equally important is that care and treatment is provided from staff who have the specific paediatric, trauma and emergency competencies to ensure escalation of the critically unwell ICYP takes place in this separate care environment.

The emergency department on the Worcester Royal Hospital (WRH) site has a specific ICYP patient pathway from the front door, through triage and into the designated ICYP area / Paediatric Area. The WRH ED is not a Paediatric Emergency Department; it is an Emergency Department which has a Paediatric Area within it. For the calendar year 2018 there were 15674 paediatric attendances, 22% of total WRH ED attendances.

There is a specified space in the resuscitation area of the ED that is set up to meet the specific needs of ICYP. It should be noted that this resus space is not for the exclusive use of ICYP and maybe used for adult patients at times of pressure on the resus room.

Care provision is provided in line with environment and workforce standards for children in emergency department RCPCH (2017).

The ICYP environment in the ED aims to accommodate the needs of infants through to adolescents aged 18 years. It has breast feeding arrangements, a play facility for young children and quieter areas for adolescents. There are three designated ICYP cubicles where these patients can receive their care and treatment.

ICYP and their parents are invited to provide feedback on their experience of the care environment to ensure that we are meeting their needs. It should be acknowledged that in a non-paediatric emergency department it is very difficult to cater for the needs of child and adolescent in the same relatively small clinical area.

## SCOPE

The scope of this SOP covers, triage, minors and the paediatric area.

## DEFINITIONS

ICYP/PAEDIATRICALS: in keeping with WAHNT definition; Infants, children and young people are deemed to be those under the age of 18

PARENTS AND CARERS: Those who hold parental responsibility but who may not be the biological parent.

RN CHILD: nurses who hold a specific Paediatric registration on NMC register following undergraduate training.

RN ADULT: with post registration enhanced paediatric assessment skills (health assessment of the child and young person 5 day course).

BLS - basic life support.

PILS - paediatric intermediate life support.

APLS/EPLS/PALS - advanced/european paediatric life support/ paediatric advanced life support

RESUSCITATION AREA ( RESUS) - a 4 bedded area (1 designated ICYP area) within the ED used for resuscitation.

SAFEGUARDING - the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

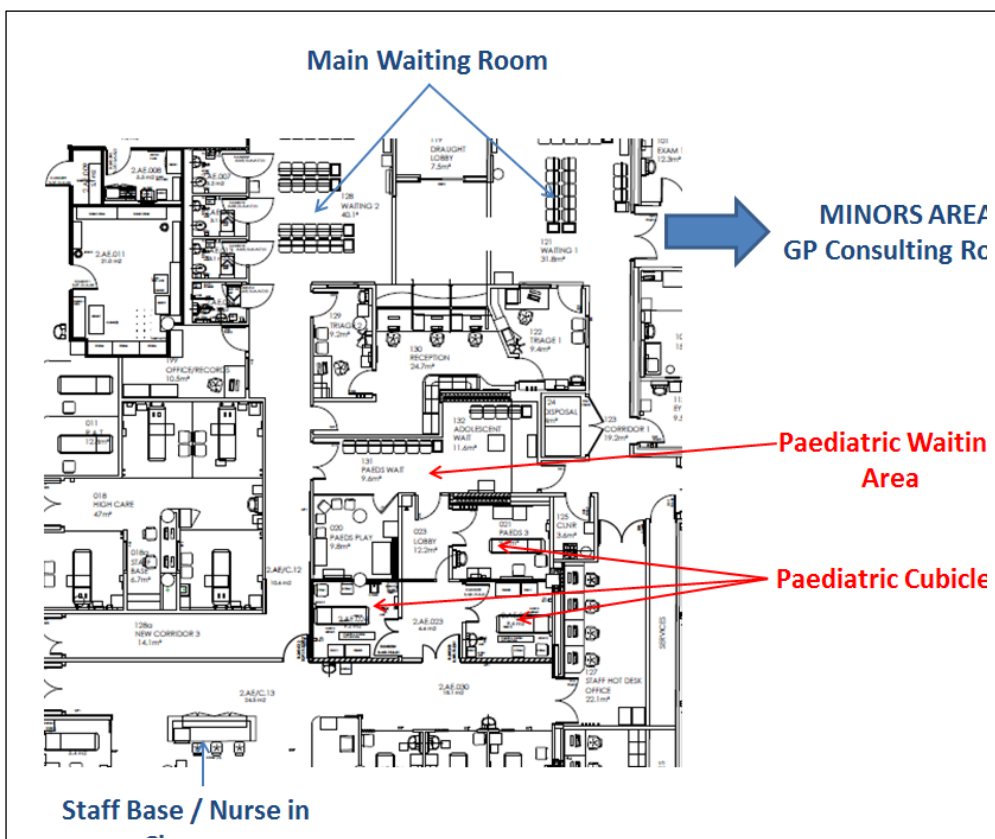
PHYSICAL LAYOUT – ‘Paediatric Area’

●The Paediatric Area consists of a waiting area with separate play facilities for very young children and a quieter area for adolescents, and three Paediatric cubicles, as shown.

●The security doors for entry to and exit from the Paediatric area should be kept closed at all times and access only via swipe security card.

●The Paediatric waiting area is cover by CCTV camera, monitored at the ED co-ordinators desk and remotely by security staff.

●The Paediatric Area is for the use of children and young people up and including the age of 17 years. This area should not be used for children and young people who are unwell enough to require resuscitation facilities.



## Staffing

- The ICYP area will be staffed by 1 RN Child or RN with additional training in the assessment of unwell child.
- Patients may be seen by the ED doctors, ENPs or a GP working within the ED depending on the patient's presenting complaint.

### Nursing Role Within the ICYP Area – 'the designated Paediatric Nurse'

Core competencies: Paediatric Basic Life Support  
Paediatric Triage  
Use of Paediatric Early Warning Score  
Paediatric Safeguarding Level III

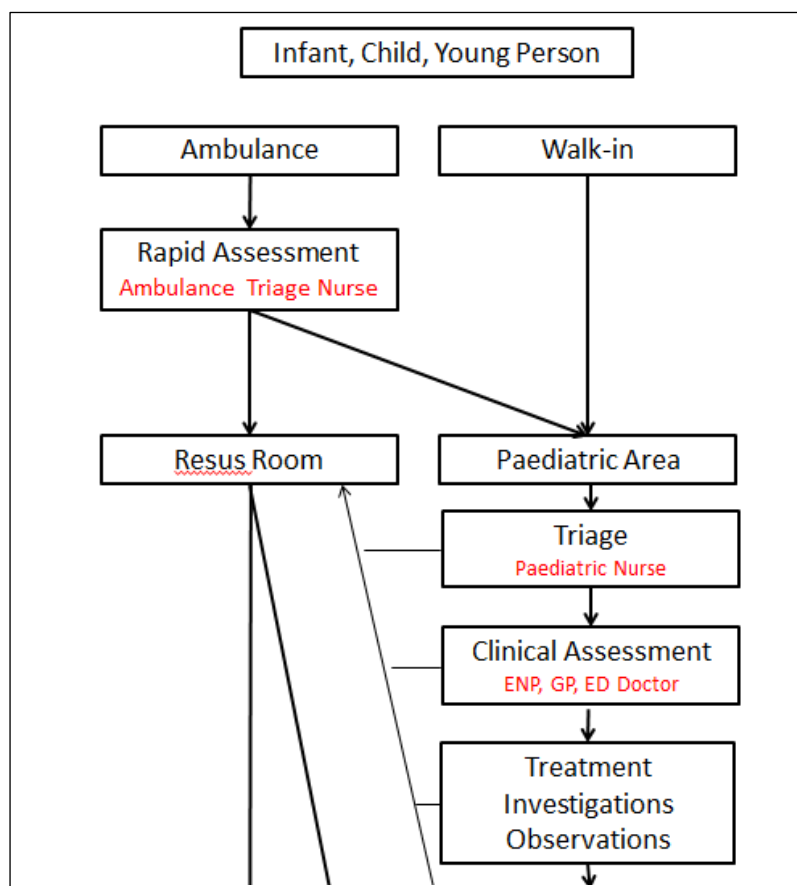
Reporting to: Nurse in charge

Responsibility for: paediatric assigned HCA when there is one

- The Nurse will triage the ICYP (including mental health). They will monitor the triage whiteboard and pull ICYP where appropriate to triage.
- The assessment, recognition, prioritisation and evaluation of children with serious illness/injury and the accurate recording and documentation of clinical observations. **A safeguarding check against an electronic safeguarding alert will be recorded at this time.**
- Weighing patients where appropriate to facilitate safe treatment (drug doses in particular).
- Escalation to Nurse in Charge or Senior doctor regarding any child of concern eg. PEWS score  $\geq 3$ .
- Use of the Sepsis Screening Tool in appropriate cases.
- Commencement of any treatments eg. Analgesia, IV fluids, Plaster of Paris, anti-pyretics, oral fluid challenges, closure of simple wounds where appropriate etc.
- Repeated vital sign monitoring.
- Ensuring appropriate investigations are instituted in a timely fashion.
- Actively monitoring performance standards eg. time to triage, waiting time.
- Liaising with paediatric ward or other admitting teams as necessary (eg.GP expected, admission)

- Apply effective communication and listening skills which are age appropriate for children and young people requiring treatment are provided.
- Recognition of child abuse/maltreatment and identification of vulnerable children and young people by completing level III training as defined by the intercollegiate document Safeguarding children and young people: roles and competencies for health care staff. Staff working in ICYP area will be trained to level 3 safeguarding children; Care environment standards in emergency care settings RCPCH 2017.
- Children and their parents/ carers will be provided, at the time of their discharge, with both verbal and written (where available) safety netting information, in a form that is accessible and that they understand. Written patient and carer information can be found on the drop down documents on the patient first system.
- Actively seek out patient (and if too young, carer) feedback (Friends and Family) on those patients being discharged from the ED.
- If a child deteriorates whilst in the Paediatric Area the RN will be responsible for escalating care and providing a handover to the Resuscitation room nurse who will be caring for the patient.
- Ensure Paediatric Area is adequately stocked with equipment and clean; liaising with Emergency Department Assistants (EDAs) and ISS (cleaning staff).

PATIENT PATHWAYS



- ICYP who arrive by ambulance and who need resuscitation will be taken straight to Resus room for immediate assessment and treatment by the Resus Room nurse. ICYP who do not need to be assessed in the resuscitation area will be taken straight into the Paediatric Area within the main ED for assessment and treatment by the designated Paediatric Nurse.
- ICYP who are unwell or at risk of deterioration must be nursed in the resuscitation room. The Senior ED doctor and Nurse in charge should be involved in any discussion about transfer of a patient from the Paediatric Area to the Resus Room or any patient deemed to have 'deteriorated' unexpectedly.
- Self-presenting paediatric patients, once triaged, will be directed to the paediatric waiting area or taken into a paediatric cubicle if it is not appropriate for them to remain in the waiting area. Patients and their parents will be advised to let the nurse know if their condition changes while they are waiting to be seen.
- Paediatric patients presenting with minor illnesses or injuries may be called through from the paediatric waiting area and seen in one of the minor's area consulting rooms by an ENP or GP or ED doctor. Patients who are likely to require admission or a short period of observation to allow safe discharge should be seen in one of the Paediatric cubicles to preserve the flow of the minors area.
- Patients requiring admission or assessment on the Paediatric ward ('Riverbank') do not need to be assessed by the paediatric / specialty team in the ED prior to their department to the ward, so long as the patient has been discussed by the specialty and 'accepted', that there are no concerns regarding clinical stability and that deterioration en-route or on arrival are minimal.

## OPERATIONAL ISSUES

- Procedural sedation will not take place in the Paediatric Area unless there are exceptional circumstances and the ED Consultant has authorised this; excluding oral sedation for the purposes of CT scanning. Paediatric procedural sedation for children should be undertaken in the resus room.
- The suitability of the Paediatric Area for patients who have scored as 'high risk' on the mental health matrix should be assessed on an individual case by case basis and advice sought from Mental Health Liaison team, Nurse in Charge and Senior Doctor when appropriate. The risk of 'absconding' may need to be considered and formally documented and the appropriate documentation and management steps taken.
- Beds should not be placed in the Paediatric Area.
- The Paediatric Area must not be used for adult patients.
- The designated Paediatric Nurse will inform the Nurse in Charge every time she/he leaves the area for any significant period eg. on ward transfers or if there is concern about leaving the area for shorter periods of time (eg. to get drugs or fluid) if the clinical acuity of the cases in the Paediatric Area are such that there is the possibility of patient deterioration going unnoticed. **In these cases the nurse in charge will ensure that the area is not unattended.**

It is accepted that there will be occasions when the Paediatric Nurse will not physically be in the Paediatric Area but these will be kept to a minimum and dependent on the level of acuity and carer concern within the area. **If they need to leave the area they must ensure that all children are supervised by their parent/carer and that the parent/carer understands how to call for assistance if required.**

- In the case of a child, a chaperone should be a parent or carer or alternatively someone already known and trusted by the child. For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.
- Doctors and nurses should be mindful of the need to ask carers to 'step out of the room' when broaching delicate issues around drugs, alcohol, sexuality and other personal issues.
- Trust PEWS Chart and Patient First documents (eg. sepsis screening tool) should be used wherever possible.
- Staff will be mindful, particularly when caring for adolescents, about the patient's wishes with regards to who is aware of their attendance in the ED and any other personal information shared with a carer / parent. Staff should apply the 'Gillick Test' (to determine capacity to consent to treatment for those under 16yrs) and the Fraser Guideline (<16yr and issue related to contraception and sexual health) when appropriate.

### WORKFORCE AND TRAINING

- The ED will have a nominated Clinical Lead (Consultant) for Paediatrics who will be responsible to the ED Clinical Lead. This consultant will ideally have dual accreditation in paediatrics and emergency medicine training or significant paediatric experience.
- The ED will have a minimum of one registered children's nurse with trauma experience and valid EPLS/APLS/PILS training available at all times. All other registered nurses caring for children must attain and maintain the minimum knowledge, skills and competence as described above. This skill mix will be highlighted on the off duty allocation each day.

### CARE OF ICYP IN THE RESUSCITATION ROOM

Care of ICYP in the resus room is beyond the scope of this document. In general ICYP will be cared for by the Resus Room nurses with or without any additional nursing resource from the paediatric ward that is deemed necessary at the time.

The responsibility to triage, perform initial assessment and ensure prompt arrival of senior medical support rests with the resus room nurse.

For any patient that deteriorates whilst in the Paediatric Area and requires the facilities of the resus room the designated Paediatric Nurse will provide a handover to the resus room nurse, after informing the Nurse in charge and senior doctor.

Criteria for eligibility for the resus room will be based upon some or all of the following:

- Physiology – PEWS
- Deterioration whilst in the department
- Clinical condition
- Predicted clinical course
- Potential for rapid deterioration
- Requirement for specific therapy or intensive monitoring.
- Pre-hospital alert or concern or failure to respond to therapy

### OTHER RELEVANT DOCUMENTS

#### Internal References

- Policies for deteriorating ICYP
- Guidelines for management of acutely unwell child

- Protocol of how to alert paediatric resuscitation team
- Care of parents during a resuscitation
- ICYP area environmental risk assessment

#### External References

- Maximising nursing skills in caring for children in emergency departments. RCN 2017
- Facing the future: standards for children in emergency departments RCPCH 2017.
- Defining staffing levels for children and young people's services: RCN; 2013.