London Ambulance Service NHS Trust

Medical Directorate

18 August 2010

Paediatrics update

This bulletin sets out a number of key updates in the management of paediatric patients. Changes to practice have been highlighted in red.

Children under two years old

All children under the age of two years old should be conveyed to a hospital. This is to apply in all circumstances unless the parent(s)/legal guardian(s) decline hospital. In certain circumstances a child may have a patient-specific protocol (PSP) which should be followed, and where the child fulfils the criteria on PSP they need not be conveyed to hospital.

- If the parent(s)/legal guardian(s) decline hospital, efforts should be made to refer the patient to their GP. If the crew have concerns for the patient, consideration should be given to a safeguarding referral and if necessary further support can be sought through the clinical co-ordination desk (CCD). All these concerns should be documented in full on the patient report form (PRF).

- The parents/guardians are to be informed that if the patient deteriorates they can recall 999.

- A copy of the completed PRF should be left on scene.

- Special care should be taken with children who have an apparent life-threatening event (such as apnoea & goes floppy) but appear fully recovered on arrival of the crew. These apparent life-threatening events can be linked with serious underlying pathology and can be warning signs which need to be followed up.

Children aged two to five

In the unlikely event an assessment has been undertaken and the clinician on scene deems that a child (age two to five) does not need a further assessment or treatment at hospital the following should be undertaken:

- At least two full sets of observations taken 20 minutes apart including a:
    - Respiratory rate
    - Pulse rate
    - Capillary refill
    - Capillary blood glucose (BM) (where there has been any reduction in the level of consciousness)
    - Pulse oximetry - where equipment available (please see below)
    - Temperature

  These observations should be within the expected norms for a child of the appropriate age. The expected range of normal observations is recorded in the JRCALC National Clinical Guidelines & Pocket book. In addition to this, full details of the clinical assessment should be recorded on the PRF.
  When assessing children special consideration should be given to the potential of serious underlying illness and these should be considered along with the child's medical history including immunisations and birth history, and including any history of pre-maturity.

- Where a child aged between two and five years old is not conveyed to hospital the attending staff MUST refer the patient to their GP for follow up. This referral should be undertaken by the crew and wherever possible directly to a clinician to ensure the most robust handover of clinical information and not left for the family/guardian to do. This should be documented on the PRF with the name of the receiving clinician.

- If the parents or legal guardians decline hospital the same process should be followed as for children under two.

- The parents/guardians are to be informed that if the patient deteriorates they can recall 999.

- A copy of the completed PRF should be left on scene.

Children aged five to 12

Where an assessment has been undertaken and the clinician on scene deem that a child (age five to 12) does not need further assessment or treatment at hospital the following should be undertaken:

- At least two full sets of observations taken 20 minutes apart including a:
    - Respiratory rate
    - Pulse rate
    - Capillary refill
    - Capillary blood glucose (BM) (where there has been any reduced in the level of consciousness)
    - Pulse oximerty (where equipment available please see below)
    - Temperature

  These observations should be within the expected norms for a child of the appropriate age. The expected range of normal observations is recorded in the JRCALC National Clinical Guidelines & Pocket book. In addition to this full details of the clinical assessment should be recorded on the PRF.

- Where a child aged five to 12 is not conveyed to hospital strong consideration should be given to referring the patient to their GP for further assessment and treatment.
- The parents/guardians informed that if the patient deteriorates they can recall 999.
- A copy of the completed PRF should be left on scene.
- If the parents or legal guardians decline hospital the same process should be followed as for children under two.

Background

The Royal College of Paediatrics and Child Health wrote to all ambulance services expressing serious concern over the number of young children that ambulance services nationally were not conveying to hospital. As a result of this the Service undertook a piece of audit work looking at children who were not conveyed. This audit showed that 14 percent of children under the age of one were not conveyed to hospital.

In response to this audit an expert working group was set up to look at the Service assessment of paediatric patients and the subsequent triage decision. This group comprised of specialist paediatric emergency medicine consultants, consultant paediatricians, GPs as well paramedics and doctors from the medical directorate and clinical researchers.

This expert group has made the above number of recommendations which have been accepted by the medical directorate.

Children aged under two are notoriously difficult to assess and can present with a myriad of symptoms which can often appear benign. The early indicators of severe illness can be very difficult to detect. In a hospital environment these children are often assessed by specialist paediatricians.

Staff are reminded that children have good physiological compensatory mechanism and can appear well even when they have a significant illness.

Why refer to a GP?

By the crew referring to a GP this continues the assessment process and puts the patient and their carers directly in contact with further healthcare professionals. This also has the benefit of the GP being aware of the contact with the ambulance service, and the ability to view this in the context of the child's long term health. This is particularly important in the context of safeguarding where this allows the GP to hold a record of all heath contacts the patient has had.

It is important that the referral is undertaken by the crew staff or EOC and not left for the parents/guardians to do. This will ensure the referral occurs. The parents/guardians should always be informed that if the patient deteriorates they should recall 999. This again should be recorded on the PRF and provide an additional 'safety net' for the patient.

Safeguarding

It is vital that a safeguarding referral takes place if the crew have any concerns at all. All paediatric examination and history should include consideration of safeguarding concerns. When documenting a paediatric assessment this should include safeguarding and crews should be encouraged to include that there are no safeguarding concerns when completing the PRF. Where there is any concern the LA279 should be completed and immediately faxed to the Emergency Bed Service who will forward to the relevant authorities.

The following NICE guidelines of child protection provide a useful summary of red flags for child protection concerns:

http://www.nice.org.uk/nicemedia/live/12183/44954/44954.pdf
http://www.nice.org.uk/nicemedia/live/12183/44872/44872.pdf

Pulse Oximetry

Paediatric pulse oximetry probes are available for both the Lifepak 12 and 15 and can be ordered by stations in the normal way.

Note

Further information on paediatric assessment can be found in the JRCLAC National Clinical Guidelines and in the June 2010 Clinical Update which is available on the pulse (http://thepulse) or by clicking here

Staff will be expected to justify any deviation from this guideline within their clinical documentation in line with Operational Policy OP40 **(**Policy Advising Staff where Deviation from Guidelines is Considered). Further advice can be sought through the Clinical Coordination Desk in EOC

For the purpose of this bulletin the term 'conveyed to hospital' also includes conveyance to minor injuries unit, walk-in centre, polyclinic or GP surgeries.

These changes to practice will come into immediate effect. This guidance does not affect the procedures for A&E support staff in relation to non-conveyance.

Medical Director