

Paediatrics & Emergency Department research day – 18th August 2015

Febrile Neutropenia audit – Paul Stanley (Paed Nurse), Shabna Rajapaksa (Paediatrician) & Ferlene Ooi (Melbourne Uni student)

- Emphasised the importance of recognizing sepsis in this high risk group (warm and cold shock)
- Discussed new guidelines – Clinical network/ RCH
- Retrospective study of Febrile Neutropenia patients (<18 years) between 2012-2015 v current RCH guideline
- BHS compliance with guidelines currently superior to Monash and RCH – however, all groups are not meeting the recommendations to see and treat sepsis within recommended timeframe
- *Recommendations:*
 - *Families empowered with card to present to triage to facilitate earlier review and treatment*
 - *Triage as category 2 or 3*
 - *From triage commence decision tree about iv/ port access – consider ED staff abilities – consider early consultation with paediatric nursing staff*
 - *Challenges of all ED nursing staff being competent in port access given small numbers of patients and large number of ED staff. Suggestion that senior staff/ those in resus are competent – to be taken further by ED*

Anaphylaxis Audit – Fiona Noble (Paediatrician) & Charlotte Frost (Melbourne Uni student)

- Retrospective study of patients presenting with anaphylaxis over 6 months – using coding to identify allergy patients and then ascertain if diagnosis met ASCIA criteria and if appropriate discharge planning/ follow up was made
- Limitation – relying on documentation
- Demonstrated limited documentation in relation to: provision of auto-adrenaline injectors; provision of Anaphylaxis action plans and follow up
- *Recommendation:*
 - *Use of ASCIA Anaphylaxis Action Plans : http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_Action_Plan_Anaphylaxis_EpiPen_Personal_2015.pdf*
 - *Adding action plans to records with Bossnet – suggestion that this could be created as an e-record*
 - *Discharge and document provision of plan; autoinjector; how to use the autoinjector (can be provided by ED/ Paediatrician) and follow up*
 - *Suggestion to re-audit/ prospectively study this in a year*

Asthma Audit – Paediatric Clinical Network Project – Kathryn Pegg (Paediatric ANUM)

- Topic chosen by Clinical Network as part of ongoing collaboration
- Retrospective study of compliance with guidelines over 2 times periods for children admitted to hospital with asthma/ wheeze
- Limitation - relying on documentation
- Overall improvement in documentation between study periods (2014 v 2015)
- *Recommendations:*
 - *Documenting severity of asthma and if this alters during clinical course*
 - *Ensure treatment matches severity of asthma*
 - *Review utilization of ipratropium bromide in mild/ moderate asthma – mixed opinion here with several ED physicians stating that their practice remains its use in moderate asthma*
 - *Document giving information on inhaler use; provision of asthma plan; follow up*
 - *Suggestion: Creation of “asthma discharge document” - ? BHS/ Clinical Network*

- *Suggestion: Change current “sticker” to indicate mil v moderate v severe asthma – ED suggestion that audit only identified admitted patients and therefore omitted several mild cases that were discharge from ED as per RCH guidelines*
- *Suggestion: Combined Paed/ ED audit of asthma guidelines in 2015/2016*

Victorian Health Experience Survey – BHS Paed ED – Clinton Griffiths (Paed NUM)

- <https://results.vhes.com.au>
- Families invited by Dept Health to complete the survey
- Demonstrated the above results for BHS in comparison to other similar hospital as per carer perceptions of the delivery of care
- Generally performing well in all areas
- Information can guide delivery of services/ teaching and training
- Future surveys will involve feedback from children in addition to their carers

Neonatal Hypoglycaemia – before and during the trial – Katie van Schilfgaarde

- Discussed current BHS guidelines in line with varying practice in different hospitals and new studies that demonstrate the benefits (reduced need for nursery admission/ less iv procedures/ reduced need for artificial feed) of glucose gel
- “Sweeter for Everyone” study is prospectively studying use of glucose gel to treat hypoglycaemia in newborns on postnatal ward and in Special Care Nursery
- Study to report back when completed

Kawasaki Disease – Andrew Crellin – Emergency Physician

- Rare but important disease given complications of coronary aneurysms due to late/ failed diagnosis at presentation
- The clinical diagnosis can be aided by use of online scoring systems
- Younger children are more likely to have an atypical presentation
- Fever and lymphadenopathy are relatively consistent features in all ages groups
- Consider the differentials and provide regular and close review

Analgesia via sedation – Janie Worth – Paediatric ED Physician

- Discussed the importance of procedural sedation and how to select the appropriate method for different procedures
 - Intranasal fentanyl
 - Nitrous oxide
 - Midazolam
 - Ketamine
- Emphasised the importance of adequate staffing and monitoring
- Ensure adequate support/ distraction/ information for families
- Recommendation:
 - Audit/ review success of iv fentanyl in children who have suffered burns/ scalds (similar to audit completed in fractures)
 - Audit/ review use of above sedations in Paediatric ward/ ED for different procedures