



STATEMENT ON HOSPITAL EMERGENCY DEPARTMENT SERVICES FOR CHILDREN

1. INTRODUCTION

This document aims to establish minimum standards in the provision of services to children and young persons who attend emergency departments within Australia.

These standards relate primarily to the structure, function and services provided by emergency departments situated within hospitals which have a separate paediatric ward with dedicated paediatric resident staff and paediatricians on staff.

Clearly, in large paediatric tertiary hospitals these standards should be exceeded, whilst in smaller hospitals without any paediatric facilities they may only be partially met.

These guidelines do not imply the necessity for separate free standing and administratively distinct paediatric emergency departments, but stress the need for distinct areas which are appropriately designed, staffed and equipped for the treatment of children and young persons.

(Note: the legal definition of each varies between jurisdictions across Australia and New Zealand but 'child' is considered under the age of 14-16, and 'young person' is considered under the ages of 17-18).

2. DESIGN AND ENVIRONMENT

The design of the department should pay particular attention to the specific physical emotional and social needs of children and young persons.

- (b) Children and young persons should be kept separate from the other patients in the department: ideally by the creation of paediatric areas. Where this is not possible the use of various visual and auditory screening devices should be employed to provide separation.
- (c) The areas designated for use by children and young persons should be clearly designated and furnished and decorated in a manner that is comfortable and reassuring for both patients and their parents.
- (d) The design of consulting and treatment areas should permit and encourage parents to remain with their child.
- (e) The paediatric area must be easily observed at all times by registered nursing staff ⁽²⁾.
- (f) Suitable play areas and play facilities should be provided in the waiting area.
- (g) The resuscitation area must be fully equipped to manage all types of paediatric emergencies.

3. STAFFING

3.1 Staffing

A registered nurse with appropriate training and experience (minimum of 12 months) in the emergency management of children and young persons must be rostered on duty at all times. This person should be deemed responsible, either directly or in a supervisory role, for the nursing care of all children and young persons presenting to the emergency department.

3.2 Triage

All triage nurses must be trained and competent in triaging children and young persons.

3.3 Medical staff

- (a) The Director of Emergency medicine is ultimately responsible for the provision of services to children and young persons. All emergency physicians should maintain adequate CPD in paediatric emergency medicine.
- (b) A paediatric registrar or paediatrician should be available (not necessarily on-site) for immediate consultation regarding acutely ill children
- (c) The following consultant staff should be available to give advice for department patients on a 24 hourly basis:
 - paediatrician
 - paediatric surgeon
 - anaesthetist with paediatric skills

Other specialists may be involved in consulting roles, depending on the level of service provided by the hospital. Junior medical staff must be involved in an ongoing teaching program in paediatric emergency medicine.

4. EQUIPMENT

Emergency departments must be suitably equipped for the investigation and treatment of children and young persons².

4.1 Essential equipment

In addition to the standard equipment of the emergency department, essential equipment for the treatment of children and young persons includes the following:

- Paediatric airway and ventilation equipment including:
 - Appropriate oxygen delivery devices
 - Paediatric masks and oropharyngeal airways
 - Endotracheal tubes of appropriate sizes
 - Paediatric laryngoscopes with straight and curved blades
 - Ventilation equipment suitable for use in children
- Oximeter with paediatric probes
- Paediatric intercostal catheters
- Paediatric infusion sets and catheters
- Infusion pumps capable of delivering low volumes
- Cardiac monitor/defibrillator with paediatric pads
- Blood pressure cuffs of appropriate sizes for children

- Paediatric stethoscopes
- Intraosseus access devices
- Lumbar puncture needles of sizes suitable for children
- Scales suitable for children of all ages
- Appropriate vascular access devices

4.2 Desirable additional equipment

Desirable additional equipment would include:

- Overhead heater for neonates
- Paediatric urinary catheters

5. PAEDIATRIC GUIDELINES

Paediatric guidelines regarding the assessment and treatment of specific paediatric conditions must be available in the emergency department at all times. These guidelines should have the agreement of both the emergency department and the Paediatric Department and ideally be continuous from the emergency department to the wards.

A minimum set of guidelines must include:

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| • abdominal pain | • acutely raised intracranial pressure |
| • acute upper airways obstruction | • adrenal crises |
| • anaphylaxis | • apparent life threatening event (ALTE) |
| • asthma | • bronchiolitis |
| • burns | • cardio-respiratory arrest |
| • croup | • diabetic ketoacidosis |
| • envenomation | • febrile convulsions |
| • gastroenteritis | • haemorrhagic and other hypovolaemic shock |
| • head injury | • immersion |
| • intussusception | • major trauma |
| • meningitis | • poisonings |
| • pyloric stenosis | • recognition of a sick child |
| • septic shock | • status epilepticus |
| • sudden unexpected death in infant (SUDI) | • suspected child abuse and neglect |
| • urinary tract infections | |

Whilst paediatric drug doses should be included in the guidelines access to a paediatric pharmacopeia must also be provided

Should in-house guidelines not be available, then guidelines from major paediatric teaching centres or authoritative recent texts must be available.

A set of patient handouts on major paediatric conditions should be available.

6. ANCILLARY SERVICES

In addition to the usual services available to the emergency department, the following should be available:

- Pharmacy - stocks of drugs likely to be needed by acutely ill children to be available for after-hours dispensing.

7. OTHER EMERGENCY SERVICES

All emergency departments which treat children but do not have in house paediatric and neonatal intensive care facilities must have the ability to consult with and utilise appropriate retrieval services.

8. SUMMARY

Children and young people attending emergency departments have special requirements and it is the responsibility of hospitals to provide suitable facilities so that these patients receive a high standard of care in an appropriate setting.

9. REFERENCES

1. Delineation of Hospital Roles in Providing Paediatric Care. Australian College of Paediatrics Policy Statement. Aust. Paediatr. J 1985;21:151-154.
2. Australian Council on Healthcare Standards 9th Edition. Governing Body and Management: Children, Clauses 3.3 to 3.14, 54-55.
3. Position Statement: Consensus standards for the care of children and adolescents in Australian health services. Melissa K Hill, Marjorie Pawsey, Anne Cutler, Joanna L Holt and Sharon R Goldfield. MJA 2011; 194 (2): 78-82
4. Royal Australian College of Physicians. Paediatric and Child Health Division 2008, Standards for the care of children and adolescents in health services, Paediatric & Child Health Divisions, RACP, Sydney

10. DATES AND NOTES

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