

Recognising the deteriorating child: The key to improving survival











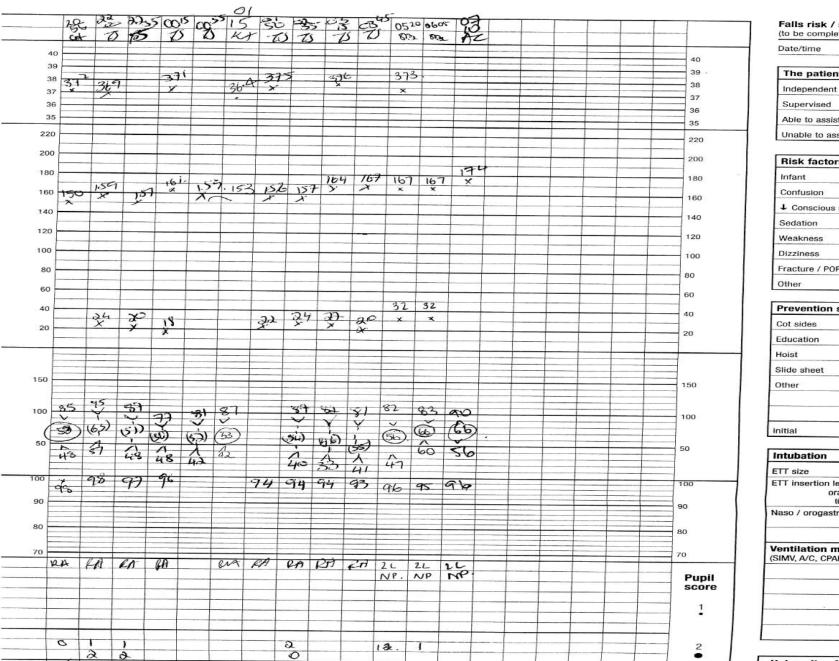
- •7 year old girl with right hip / leg pain, fever, lethargy, vomiting
- •2 day history, gradually worsening
- Diagnosis of osteomyelitis, ? septic arthritis
- Admitted, bed blocked in ED
- Narcotic pain relief, 2 fluid boluses for tachycardia and hypotension
- •Reviewed multiple times overnight and repeated documentation of "looks well"











Falls risk / sm: (to be completed

Date/time

The patient is

Supervised

Able to assist Unable to assist

Risk factors

Confusion

Weakness

Fracture / POP

Prevention stra

Intubation

ETT insertion lengtl oral / i

lip / ' Naso / orogastric to

Ventilation mode (SIMV, A/C, CPAP)

University of Mi



- Escalation of care at AM ward round
- Decompensated septic shock
- Arrested on induction of anaesthesia
- Onto ECMO
- Survival
- Bilateral BKA for GAS necrotising fasciitis









Objectives

The Royal Children's Hospital Melbourne

- Need to intervene early
- Recognition of deterioration as the central link in the "Chain of Prevention"
- Prevention of death AND morbidity
- Challenges specific to children
- Translation into practice



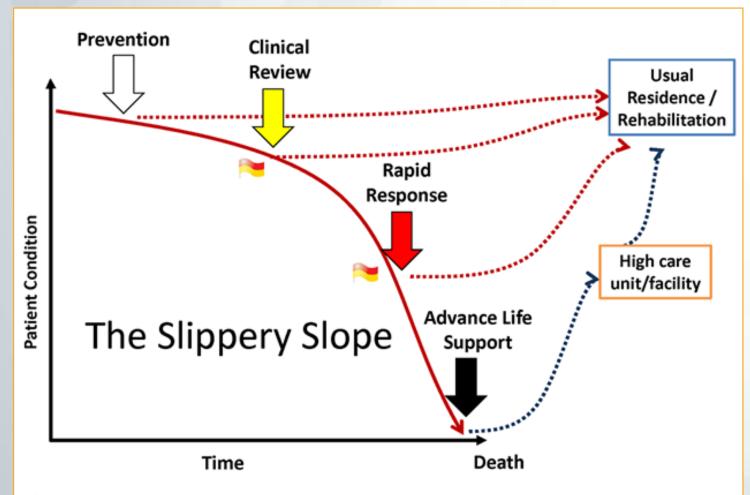


























Recognition of Deterioration

- National Standard 9 ACSQHC 2012
- The Evidence
 - Adult and paediatric
 - EWS, MET
 - Prevention cardiac arrest rather than manage it
 - Improved outcomes in arrests
 - Identification in peri arrest period
 - Preparation of team and resources
 - Commencement during hypotensive bradycardia vs asystole



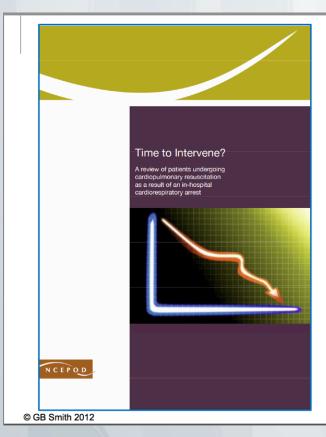












Recognising & responding to deterioration

Simple, yet surprisingly complex

Professor Gary B Smith, FRCA, FRCP

Centre of Postgraduate Medical Research & Education
School of Health and Social Care, Bournemouth University

















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- Recognition of an acutely unwell / deteriorating child:
 - Standard healthcare professional education fails to adequately address this competency
 - Paediatric specific challenge
 - Difference in age translation of resuscitation skills vs recognition ability
 - Challenge of providing access to educational experience











Monitoring and Recognition



Recognition and Management of the Deteriorating Patient A case study from an overseas coroner's inquest

JD, a four-year-old boy with a past history of colostomy in the neonatal period for bowel perforation, attended a tertiary Children's Hospital for elective colostomy reversal. The surgery and subsequent recovery from an

were uneventful, and the child returned to his surgical ward for routine post-operative care. Significantly, staff illness had resulted in only two registered nurses available to care for 24 patients overnight.

Figure. 3: Observation chart

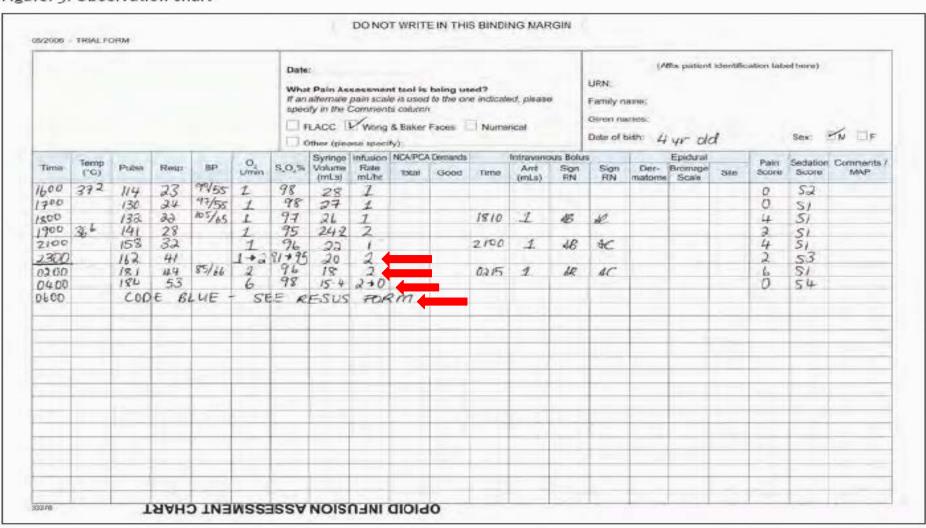
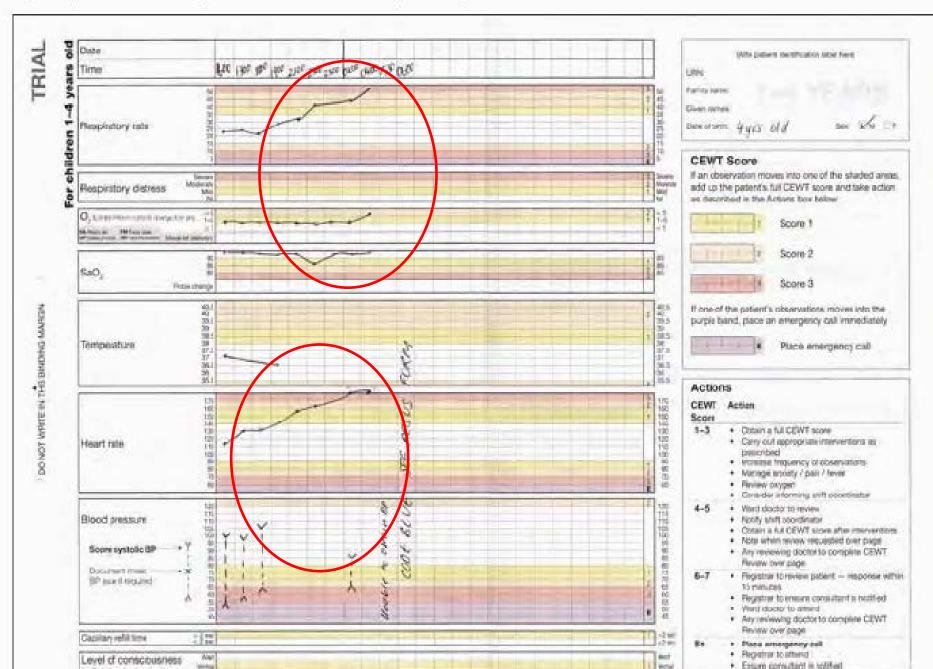


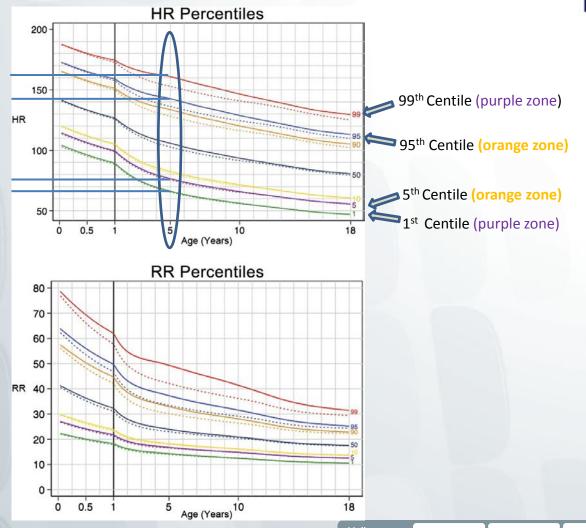
Figure. 4: Observations plotted on Children's Early Warning Tool



Percentile curves for HR and RR in hospitalized children.

Cohort of 14014 hospitalised children (non ICU).

Across 2 hospitals:
Cincinnati Children's & CHOP





Bonafide C P et al. Pediatrics 2013;131:e1150-e1157





Excellence in clinical care, research and education

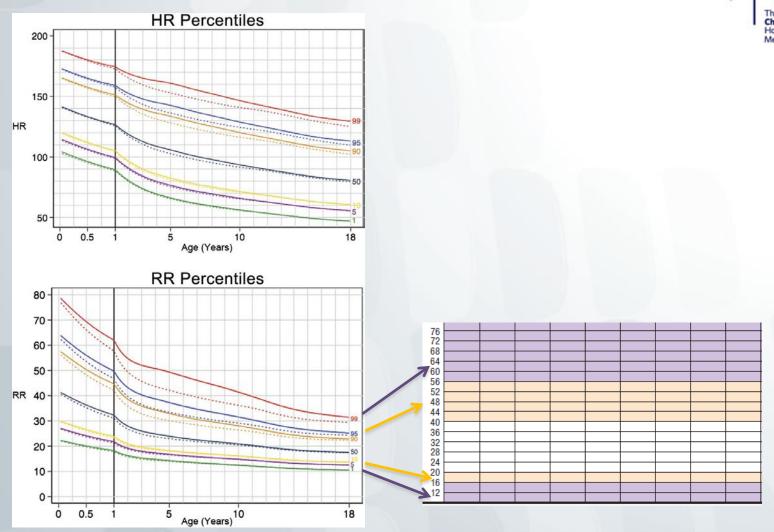






Hospital

Percentile curves for HR and RR in hospitalized children



Bonafide C P et al. Pediatrics 2013;131:e1150-e1157





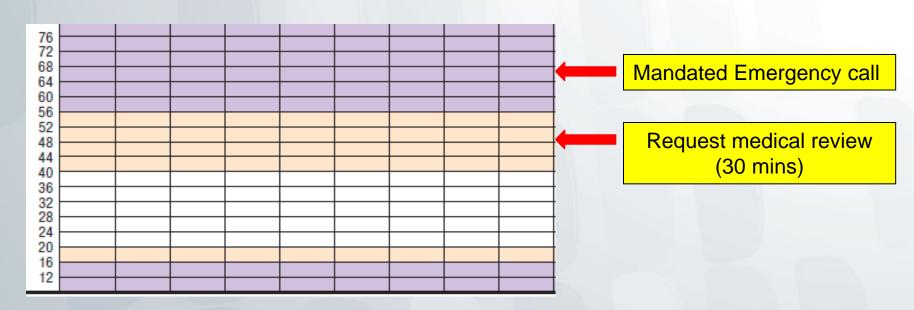




What is a Track and Trigger Chart?

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Mandates a response once the patients observations hit a designated zone.





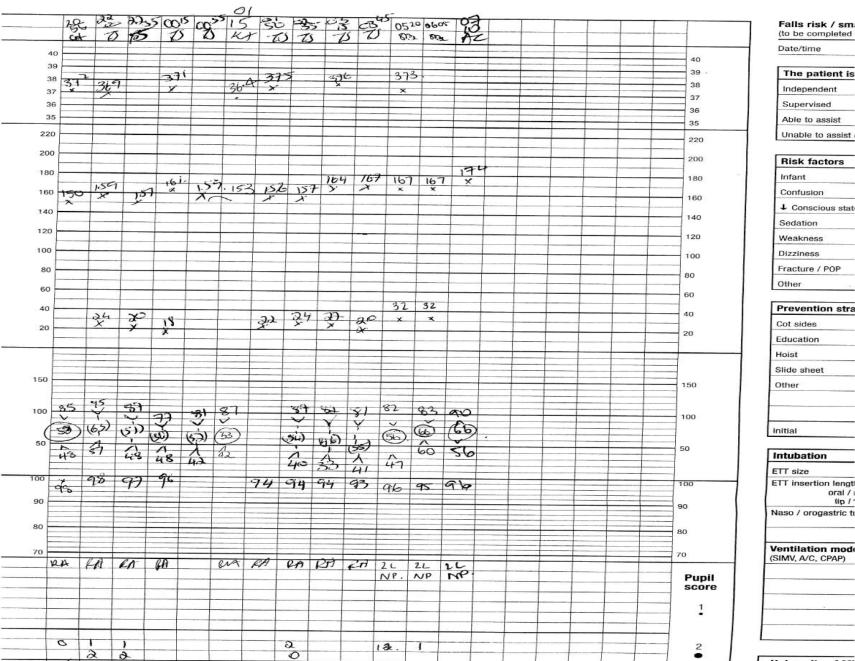












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Orange		43 40																		
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Advanced Paediatric Life Support











Call for Help and Response





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- Realising the benefits of early recognition of (paediatric) deterioration requires
 - Educated workforce
 - Supported by validated monitoring tools
 - Force function to trigger escalation of care
 - Systems in place to deliver escalated care



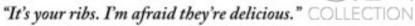














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