

## GUIDELINE FOR CRITICALLY ILL CHILDREN PRESENTING TO THE MINOR INJURY UNIT

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

The aim of this guideline is to aid the Nurse Practitioners within Kidderminster Minor Injury Unit (MIU) in providing a safe, accessible service for paediatric patients who present to the MIU, whether they attend with minor or major illness / injury. This guideline is based on a five-tier system produced by the Manchester Triage Group (2021), the guidance from the national Advanced Life Support Group 'APLS' manual (2020), and the Resuscitation Council UK's Guidelines for Resuscitation (2020).

The patients covered by this guideline are seriously ill / injured children presenting to MIU.

### This guideline is for use by the following staff groups:

The guidelines are to be used by Emergency Nurse Practitioners (ENP) working within the MIU, all practitioners should be aware of their Code of Professional Conduct (NMC 2002), which clearly requires nurses to act in a manner which safeguards the interests and well being of patients, ensuring no act or omission is detrimental to their safety.

### Lead Clinician(s)

Mr Jalil	Clinical lead
Sally Bloomer	MIU Ward Manager

Guideline reviewed and approved by Accountable Directorate:	31 <sup>st</sup> January 2024
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Review date:	31 <sup>st</sup> January 2027
This is the most current document and is to be used until a revised document is available	

### Key amendments to this Document:

Date	Amendment	By:
11 <sup>th</sup> May 2006	Guideline approved by Clinical Effectiveness Committee	
May 2008	Reviewed by Lead Clinician and agreed to continue for a further two year period with no amendments	G O'Byrne
January 2012	Reviewed by Lead Clinician and agreed to continue for a further two year period with no amendments	G O'Byrne
January 2014	Guideline reviewed - minor amendments made to appendix 1 and 2. References and contribution list updated	G O'Byrne
March 2016	Document extended for 12 months as per TMC	TMC

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	paper approved on 22nd July 2015	
August 2017	Document extended for 6 months as per TMC paper approved on 22 <sup>nd</sup> July 2015`	TMC
December 2017	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
January 2018	Document extended for 2 years following divisional review	
May 2019	Document reviewed and changed.	Sally Bloomer
May 2020	Document reviewed and Amended <ul style="list-style-type: none"> <li>• Simple changes to page 1</li> </ul>	Sally Bloomer
November 2023	Document reviewed and Amended. <ul style="list-style-type: none"> <li>• Reference update to Introduction page 1 &amp; 3</li> <li>• Simple change to page 6; clinical leads and updated guidelines</li> </ul>	Sally Bloomer
31 <sup>st</sup> January 2024	Document reviewed and Nov 23 amendments approved for publishing	Divisional Governance Meeting

## Guideline for critically ill children presenting to the Minor injury unit

### Introduction

The aim of this guideline is to aid the Nurse Practitioners within Kidderminster Minor Injury Unit (MIU) in providing a safe, accessible service for paediatric patients who present to the MIU, whether they attend with minor or major illness / injury. This guideline is based on a five-tier system produced by the Manchester Triage Group (2021), the guidance from the national Advanced Life Support Group 'APLS' manual (2020), and the Resuscitation Council UK's Guidelines for Resuscitation (2020).

A small percentage of patients attending MIU are outside the scope of the unit. Contact the RMO as appropriate, but these patients must be seen, assessed, and re-directed / transferred appropriately.

The following guideline provides a framework for managing seriously ill / injured children who present to the MIU whether they are presenting with injuries / illnesses that are inappropriate for treatment in the Minor Injury Unit.

The main aim of the Emergency Nurse Practitioner is to maintain ABCDE until safe transfer to appropriate Emergency Department can be arranged. Interventions / advanced treatments should **not** delay transfer.

### Guideline

Clinical presentation	Action
<p><b>In all presentations</b></p>	<ul style="list-style-type: none"> <li>• 2222 call – stating paediatric emergency / cardiac arrest (RMO to attend and the on-call hospital team)</li> <li>• Request 999 ambulance with paramedic crew as a cat 1 response</li> <li>• Record &amp; document:</li> <li>• Respirations</li> <li>• Oxygen saturation</li> <li>• Heart rate</li> <li>• Blood pressure</li> <li>• Capillary refill time</li> <li>• BM</li> <li>• Temperature</li> <li>• PEWS Score</li> <li>• Sepsis screen tool</li> <li>• Ensure accurate history is taken from parents / carers / legal guardian with accurate documentation.</li> <li>• Safeguarding and social history</li> <li>• Use SBAR tool if needed.</li> <li>• As soon as possible, a nominated person will liaise with WRH Emergency department.</li> </ul>

<p><b>Airway</b></p> <ul style="list-style-type: none"> <li>• Compromised</li> <li>• Signs of obstruction</li> <li>• Any stridor</li> </ul>	<ul style="list-style-type: none"> <li>• Protect cervical spine if injury suspected.</li> <li>• Head position – as per chart 1</li> <li>• Follow B.L.S – see chart 1</li> <li>• Maintain patient airway.</li> <li>• Administer 100% oxygen.</li> <li>• Suction as necessary</li> <li>• Assist breathing if indicated.</li> <li>• Consider use of:     Oropharyngeal airway     L.M.A.</li> <li>• If a choking child, see chart 4 (attached)</li> <li>• <b>DO NOT</b> inspect the throat.</li> <li>• Encourage oxygen but do not force mask.</li> </ul>
<p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>• Inadequate or absent</li> <li>• Any indication of poisoning</li> <li>• Anaphylaxis</li> <li>• Any history of injury</li> <li>• Any history of foreign body</li> <li>• Any wheeze and / or crackles</li> <li>• Underlying health conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of breathing <i>Effort, Efficiency &amp; Effect</i></li> <li>• Oxygen via rebreathe mask or bag and mask.</li> <li>• Consider airway management.</li> <li>• Give reversal agent if possible, according to Patient Group Direction (P.G.D.)</li> <li>• Consider Tension Pneumothorax</li> <li>• If RMO present, consider needle decompression.</li> <li>• See chart 4 (attached)</li> <li>• Consider:     Asthma     Bronchiolitis     Pneumonia     Heart failure</li> <li>• May require nebulised medication. (as per P.G.D.)</li> </ul>

<p><b>Circulation</b></p> <p>Abnormal:</p> <ul style="list-style-type: none"> <li>• Heart rate</li> <li>• Rhythm</li> <li>• Capillary return</li> </ul>	<ul style="list-style-type: none"> <li>• See chart 1, 2, and 3 (attached)</li> <li>• C.P.R. If indicated.</li> <li>• E.C.G. If appropriate</li> <li>• Consider fluid administration – via I.V or intraosseous route – see chart 2 (attached)</li> </ul> <p><b>Lowered blood pressure is a late sign of circulatory failure</b></p>
<p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Altered level of consciousness</li> <li>• Abnormal posture</li> <li>• Abnormal pupils (size / reaction)</li> </ul>	<ul style="list-style-type: none"> <li>• Record A.V.P.U. and blood sugar</li> <li>• Describe posture – see chart 1 (attached)</li> <li>• Are pupils equal and reacting to light</li> <li>• If any signs of fitting, consider administration of rectal diazepam via P.G.D</li> </ul>
<p><b>Exposure</b></p> <ul style="list-style-type: none"> <li>• Abnormal temperature</li> <li>• Any evidence of a rash</li> </ul>	<ul style="list-style-type: none"> <li>• Record temperature</li> <li>• Administer rectal paracetamol if indicated according to P.G.D</li> <li>• Consider Sepsis screen</li> <li>• Accurate description of any rash present</li> <li>• If suspected meningitis – give benzlepenicillin or cefortaxime as per P.G.D</li> </ul>
<p><b>Transfer Arrangements</b></p>	<ul style="list-style-type: none"> <li>• Via ambulance with a paramedic crew to WRH A&amp;E</li> <li>• Accurate verbal and written handover, (SBAR) will be given to ambulance crew.</li> <li>• As soon as child has left the Unit, a verbal update will be given via telephone to WRH Emergency Department.</li> </ul>

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It is the responsibility of every individual to check that this is the latest version/copy of this document.

**References**

- Advanced Paediatric Life Support, Published May 2021.
- Resuscitation Council UK, Resuscitation Guidelines; Published May 2021
- Manchester Triage Guidelines 3rd– Manchester Triage Group 2021

**Monitoring Tool**

STANDARDS	%	CLINICAL EXCEPTIONS
Seriously ill children will be assessed and transferred as per this guideline	100%	NONE

This guideline will be audited every 12 months by clinical lead.

Compliance of guideline will be monitored by the clinical lead.

**CONTRIBUTION LIST**

**Key individuals involved in developing the document**

Name	Designation
Sally Bloomer	MIU Ward Manager
Mr Jalil	Consultant A&E AH

**Circulated to the following individuals for comments**

Name	Designation
Mr A. Jalil	A&E Consultant AH
Dave Raven	Divisional Medical Director
Marc Tarrant	Matron AH A&E / MIU
Clare Bush	DDN

**Circulated to the following CD's/Heads of dept for comments from their directorates / departments.**

Name	Directorate / Department
Dr.W. Shinwari	Paediatric Consultant

**APPENDIX 1**

**CHART 1 – ASSESSMENT GUIDANCE**

	<b>INFANT &lt;1 YR</b>	<b>SMALL CHILD 1- PUBERTY</b>	<b>LARGER CHILD PUBERTY TO ADULT</b>
<b>AIRWAY HEAD POSITION</b>	Neutral	Sniffing	Head Tilt / Chin Lift
<b>BREATHING INITIAL SLOW BREATHS</b>	5 Effective	5 Effective	None
<b>CIRCULATION PULSE CHECK LANDMARK TECHNIQUE</b>	Brachial or femoral  Lower half of sternum Two fingers or two thumbs	Carotid  Lower half of sternum One hand	Carotid  Lower half of sternum Two hands
<b>C.P.R RATIO</b>	15:2	15:2	30:2
<b>DISABILITY</b>	A Alert V Responds to only to voice P Responds only to pain U Unresponsive to all stimuli  Posture: Decorticate- flexed arms & extended legs Decerebrate – extended arms & legs  Pupils: Are they equal & Reacting  Glucose – check BM	A Alert V Responds to only to voice P Responds only to pain U Unresponsive to all stimuli  Posture: Decorticate- flexed arms & extended legs Decerebrate – extended arms & legs  Pupils: Are they equal & Reacting  Glucose – check BM	A Alert V Responds to only to voice P Responds only to pain U Unresponsive to all stimuli  Posture: Decorticate- flexed arms & extended legs Decerebrate – extended arms & legs  Pupils: Are they equal & Reacting  Glucose – check BM
<b>EXPOSURE</b>	Temperature  Rash	Temperature  Rash	Temperature  Rash

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**APPENDIX 2**

**CHART 2 – PAEDIATRIC RESUSCITATION**

**W**

WEIGHT (Kg)

0 – 12 months old =  $[0.5 \times \text{age in months}] + 4$   
(average birth weight 3.5 kgs)  
1 – 5 years old =  $[2 \times \text{age in years}] + 8$   
6 – 12 years old =  $[3 \times \text{age in years}] + 7$

**E**

ENERGY –

4 Joules per kilogram

**T**

TUBE – size / diameter

age/4+4 and either side

**F**

FLUIDS – (IV)

20 mls / Kg (bolus) for medical emergencies  
10 mls / Kg in Trauma

**L**

LORAZEPAM –

0.1 mg / Kg

**A**

DREANALINE –

0.1ml / kg 1:10,000

**G**

LUCOSE –

2mls / kg 10% dextrose

A.P.L.S. 6<sup>th</sup> edition December 2018



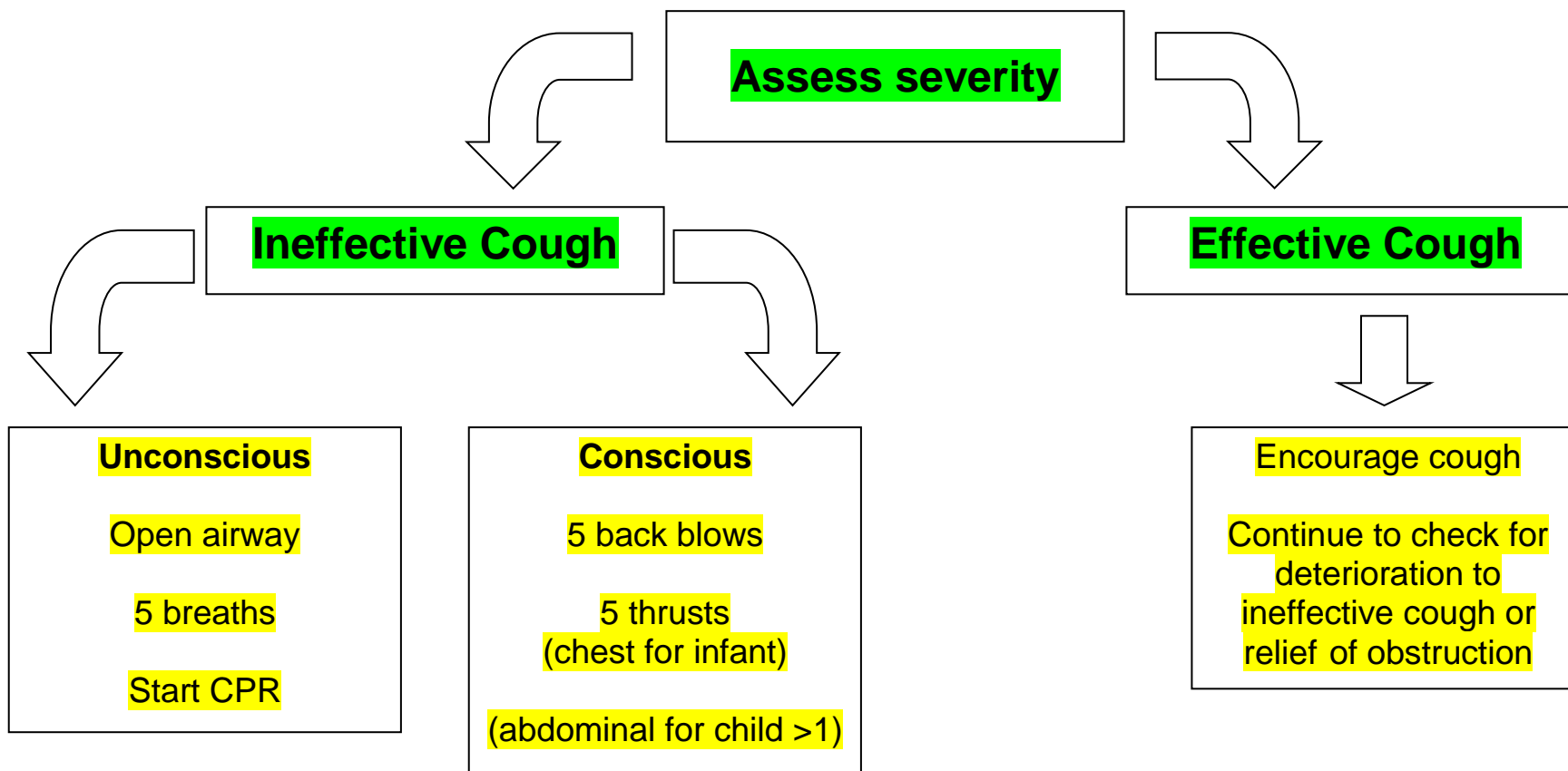
**APPENDIX 3****CHART 3 – GUIDANCE FOR CIRCULATION ‘NORMAL VALUES’**

<b>AGE</b>	<b>RESPIRATORY RATE</b>	<b>HEART RATE</b>	<b>SYSTOLIC BLOOD PRESSURE</b>
<b>&lt; 1 YR</b>	30 – 40	110 – 160	70 – 90
<b>1 – 2 YRS</b>	25 – 35	100 – 150	80 – 95
<b>2 – 5 YRS</b>	25 – 30	95 – 140	80 – 100
<b>5 – 12 YRS</b>	20 – 25	80 – 120	90 – 110
<b>&gt; 12 YRS</b>	15 – 20	60 – 100	100 – 120

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APPENDIX 4

CHART FOUR – PAEDIATRIC FOREIGN BODY AIRWAY OBSTRUCTION



A.P.L.S. 6<sup>th</sup> Edition 2018

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.



### Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

#### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Job title</th> <th style="width: 33%;">e-mail contact</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name	Job title	e-mail contact									
	Name	Job title	e-mail contact												
<b>Date assessment completed</b>															

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b>
What is the aim, purpose and/or intended outcomes of this Activity?	

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Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)		
Summary of relevant findings		

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				

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<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Sexual Orientation</b>				
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

**Section 4**

<b>What actions will you take to mitigate any potential negative impacts?</b>	<b>Risk identified</b>	<b>Actions required to reduce / eliminate negative impact</b>	<b>Who will lead on the action?</b>	<b>Timeframe</b>
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

**Section 5** - Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

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1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	no

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval