Identifying the Unwell Child in Community Settings

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Who are we?

- Central Cheshire Integrated Care Partnership (CCICP) brings together three organisations that aim to transform, develop and deliver community health care services that are focussed on delivering high quality, safe care in the right place at the right time.

- CCICP is a unique collaboration between Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), and the South Cheshire and Vale Royal GP Alliance, which covers 29 local GP practices.

- Recently developed into 5 care communities and Paediatrics Specialist services.
Who are we?
Why was this a target area?

- Increasing prevalence of Sepsis within paediatric patients – aim to increase staff awareness
- The patient safety alert (NHS/PSA/R/2014/015) identifies the need for a paediatric screening and action tool to ensure possible sepsis is identified early. Following the NICE Guidance NG51 ‘Sepsis: recognition, diagnosis and early management’, the sepsis trust developed tool kits for identifying and treating sepsis in children and adults.
- Not previously in place for CCICP staff
The importance of staff awareness

• Sepsis is a time-critical medical emergency, which can occur as part of the body’s response to infection. The resulting inflammatory response adversely affects tissues and organs. Unless treated quickly, sepsis can progress to severe sepsis, multi-organ failure, septic shock and ultimately death. However sepsis can be easily treated through timely intervention and basic, cost-effective therapies.

• Mortality rate for sepsis in children is estimated to be 10 – 15%.
Development of Standard Operating Procedure (SOP)

• Developed jointly by Sepsis lead within CCICP, our APNP and Paeds Service Manager
• UK Sepsis Trust guidance – 3 pathways
• CCICP invested > £10,000 in purchasing thermometers for all community based paediatric staff to enable screening process
• Training rolled out to all paediatric staff within community settings in regards to the following the pathways, and operating thermometers
Development of our SOP

• ‘Identifying the unwell child clinic boxes’ produced and stationed in clinics across CCICP footprint
• Patient information cards to hand out as required
What are we expecting of staff?

- Increasing awareness of potential symptoms and urgency
- How to deal with the symptoms (i.e. forward referral on – 999 if needed)
- Checking temperatures
- Providing standardised advice for those with no ‘red flags’ (Cards will be distributed)
- Not a specialist!
Recognising the Unwell Child: Pathway

Young People 12-18 years of age

1. Are there clues that the patient might be seriously ill?
   - Complete using the pathway for those patients who:
     - are toxic
     - are displaying symptoms of disease
     - have "flu-like" symptoms
     - is pregnant
     - is known to have a serious infection
   - If not, assessment continues.
   - If yes, continue with "are there signs of infection?"

2. Is the History Suggestive of infection?
   - Flush face
   - Gastrointestinal upset
   - Confused / drowsy / irritability
   - Reduced intake of food and drink
   - NO
   - YES

3. Is one Red Flag present?
   - Amber:rule out very early, modifier
   - Blue: considered as fever or related symptoms
   - Red: unable to stand/collapsed
     - Unable to maintain breath, inability to swallow
     - Unconscious
     - Rashes that doesn’t fade when pressed
     - Not cleared urine in last 24 h
     - Recent chemotherapy
   - NO
   - YES

Low risk of sepsis:
- If isolated, schedule a review with a GP
- Use clinical judgement to determine urgency

High risk of sepsis:
- Call direct 999
- Do not delay any of these following
  - Severe headache or confusion
  - Abdominal pain or muscle pain
  - Difficulty breathing
  - Pain or vomiting
  - Fever (cold and flu)
  - Chills or shudders

Red Flag Sepsis!

If in doubt, immediate action (reassess - dial 999, arrange blue light transfer)

Refer with patient to a health professional through completion of the Simulation, Assessment, Recommendation (SAR) Tool

Be aware that these guidelines are designed for use in a hospital setting. Please consult local protocols and guidelines for more information.
Next steps

• Refresh of annual training with all staff – now have potential to do this virtually!
• Potentially looking at developing e-learning package for staff to complete annual training
• APNP helping to lead on sepsis for CCICP – linking in with Acute Trust
Thank you for your attention

Any questions?