

Managing acutely unwell children during the Covid-19 outbreak

Although the vast majority of children that develop Covid-19 are unlikely to be significantly unwell we still need to consider the medical needs of all children who will continue to develop the usual medical problems which will require assessment, treatment and management and when necessary hospital admission – we must ensure that during these unusual circumstances we do not miss a diagnosis of sepsis, diabetes etc which might threaten the life of a child.

Telephone triage – it is entirely appropriate for the vast majority of children’s health concerns to be managed via telephone or video consultations but it is important to remember that it is the clinicians responsibility to ensure that they are confident with their decision making, risk management and safety netting – if there is any doubt there needs to be a facility to allow children to be seen in primary care but being mindful that at this point we must assume all children are potentially infectious so we must protect front line staff. Perhaps this is an opportunity for practices to group together to provide an assessment process for children remembering that clinical instinct is a valuable tool and probably more specific than templates and toolkits at this time – an experienced clinician who is confident in risk management and safety netting would be your most valuable resource here.

How to use telephone triage effectively with children

1. Clearly introduce who you are
2. Identify who you are speaking to, what is their relationship to the child
3. Ask what their concerns are and listen
4. Clarify those areas where you want more information- get more details of specific symptoms and how they are affecting the child – are they playing, eating, talking, drinking, watching TV, interested in what is going on, distressed etc. Diarrhoea or vomiting– how often, when was the last episode?
5. Examination is more difficult and requires some lateral thinking – temperature is ok if they have a thermometer but otherwise ask if they feel hot to the touch on the chest and then on the hands.- more worrying if they feel hot but hands are cold
6. Abdo pain – ask the parent to press gently on the abdo and feel if any specific area is tender
7. Breathlessness – are they happy and wheezy or unhappy and panting. Can they speak a full sentence – in younger babies can they drink without becoming breathless? Are their lips blue? (ask about general colour flushed, pale etc). Ask the carer to put the phone near the child – you should be able to hear abnormal breathing and record their respiratory rate.
8. Pulse – ask the parent to put their hand on the child’s chest to feel their heart rate – either ask them to count the number of beats in 15 seconds or ask the parent to say “dub” every time they feel the pulse beat and you can count the rate
9. Children over the age of 5 (and possibly younger) ask to speak to the child as you can get a better idea of how they are- it doesn’t have to be for long but a chirpy conversation with a 4 year old about what they are watching on TV goes a long way to allaying your anxiety.
10. If you are confident that you can manage the child without being seen discuss your plan with the carer including safety netting – this might be asking them to call back under certain circumstances or it may involve more active review by a clinician phoning back after a period of time – this will depend on a variety of circumstances including (but not limited to) your own confidence using telephone triage, the ability of the carer to understand your instructions (we recognise that many families at this time will have lost their wider support network), your concerns regarding a potentially evolving condition.
11. If you do not feel you are in a position to make a clear clinical decision arrange for the child to be seen in primary care.

12. If you are concerned that this is an acute medical problem that needs urgent hospital assessment speak to the paediatrician at your local hospital (local details below)
13. Above all remember that this is YOUR clinical decision- instinct is a very overlooked tool use it.

Referral pathways from Primary care to Paediatric team Musgrove Park Hospital

Patients you think need acute paediatric assessment: call switchboard: referral bleep 2439. This bleep is held by a senior paediatric clinician – paediatric consultant or senior registrar, **seven days a week, 24 hours a day**

The Clinician will **discuss** the referral over the phone **with you** to

1. **Provide Advice and guidance** to Primary care teams for children we do not feel **require a paediatric assessment acutely**
2. **Offer assessment** For those **children with possible or suspected COVID 19 symptoms** (respiratory illness, fever, diarrhoea) **and advise you where to send these children – Paediatric Assessment Unit (PAU) or Acorn ward**
3. Offer Paediatric assessment unit (PAU) assessment for patients without COVID 19 related symptoms. If they require admission they will be moved to Oak ward (non COVID 19 patients)

Our paediatric team are requesting that children are accompanied by one adult only and no siblings and that families wear masks wherever possible.

Please do not direct patients to self-present to the emergency department – we are really keen to protect our emergency team so they can focus their attention on unwell adult patients where possible.

If you need clinical advice but do not think the child needs acute paediatric assessment: Please call consultant connect. This phone is carried between 10am to 4.30 **pm** by a paediatric **consultant**. If you do not get answer first time please call back later. We may well be doing other clinical duties which means we can not answer the phone immediately.

Advice and guidance **is continuing as usual**

PLEASE NOTE: This plan is subject to change as the current healthcare situation evolves

Referral pathways for Yeovil District Hospital

Patients you think need acute paediatric assessment: call switchboard: referral bleep **6715**. This bleep is held by a senior paediatric clinician – paediatric consultant or senior registrar

The Clinician will discuss the referral over the phone to:

1. Provide advice and guidance to Primary care teams for children we do not feel require of paediatric assessment acutely
2. Patients with suspicion of COVID 19 symptoms: Offer assessment on our Paediatric acute assessment within A&E and final decision to admit or discharge.
3. Offer Paediatric assessment unit (PAU) assessment for patients without COVID 19 related symptoms.

Please do not direct patients to self-present to the emergency department – we are really keen to protect our emergency team so they can focus their attention on unwell adult patients where possible.

If you need clinical advice but do not think the child needs acute paediatric assessment:

Please call **Consultant Connect on 07772832851**. This phone is carried between **10am to 16:00** by a senior paediatric clinician.

If you do not get answer first time please call back later.

Advice and guidance will continue as usual

PLEASE NOTE: This plan is subject to change as the current healthcare situation evolves.

**Referral Pathways from Primary Care to Paediatric Team:
Royal United Hospital, Bath**

Patients you think need acute paediatric assessment:

Call 07970 723149. This mobile is held by a senior paediatric clinician – paediatric consultant or senior registrar. The Clinician will triage the referral over the phone to:

1. Advice and guidance to primary care teams on children we do not feel require paediatric assessment;
2. Review in rapid-access clinic – patient details and contacts will be taken and the family will be contacted with an appointment time;
3. Same day assessment for period of observation or likely admission:
 - a. Respiratory / suspected covid patients – assessment on B24 (previously PAU).

The following advice should be given to families:

- Only one parent can be accommodated on the ward with the child.
- If on medication, advise to bring prescription list but not to bring medications.
- Referrer to advise parents to follow signs to 'RAU' up to park car P3. Park in P3 "RPAU parking space" and phone 01225 824209 on arrival. Parent and child to be conveyed once a cubicle in B24 is available.
- Patient/carer to enter hospital zone B by side entrance and ring buzzer at B24 door (first on left).
- Patient and carer to wear surgical mask (if tolerated) on arrival.

- b. Non-respiratory patients – assessment on B15 (children’s ward).

Families to park in visitor parking and come to B15

SWAST have been informed to discuss all medical paediatric cases with the paediatric team. Only those requiring resuscitation, or those with injuries, will be conveyed to the Emergency Department.

Consultant advice and guidance by phone (consultant connect or 07876 852241) continues 9-5pm. Please call back if no response.

Consultant advice and guidance by email continues – ruh-tr.paediatricemergencyclinic@nhs.net

All referrals, including urgent, need to be made via e-referral, and will be triaged on a daily basis.

Referral pathways from Primary care to Paediatric team Weston General Hospital

Patients you think need acute paediatric assessment: call switchboard on 01934 636363, then bleep 174.

This bleep is held by a paediatric consultant between 9am and 8pm weekdays only. Outside these times, there is currently NO paediatric consultant staff in Weston. We are trying to expand our service, so do check for updates.

COVID-19 symptoms according to WHO: most commonly lower respiratory illness and fever; to a lesser extent aches and pains, sore throat; and rarely diarrhoea, nausea or coryza

The Consultant will triage the referral over the phone to:

1. Advice to Primary care teams on children we do not feel need acute paediatric assessment (COVID and non-COVID)
2. Attend Bristol Royal Hospital for Children’s Emergency Department for those with COVID-19 symptoms *and* assessed on the phone as likely needing admission.
3. Offer Seashore Centre (SSPAU) assessment for patients with COVID-19 related symptoms that do need acute assessment but don’t obviously need hospital admission. If they do require admission they will be transferred to BRHC, as per usual procedure.

Please do not direct patients to self-present to the emergency department in either Weston or UH Bristol.

If you need clinical advice but do not think the child needs acute paediatric assessment:

Please use Advice & Guidance, or ring 01934 881371 and ask to speak to the consultant on duty.

PLEASE NOTE: This plan is subject to change as the current healthcare situation evolves

Safeguarding children- Please have a heightened awareness of the potential for children to be at increased risk of harm now that vulnerable families are spending more time in isolation and schools are not able to provide the usual protective mechanisms. If you have any concerns please report them to social services

**Kate Staveley
23.3.20**