

## Whiston PED

### Acute Surgical conditions in children and young people less than 16 years: speciality referral and admission guidance

Speciality	Conditions managed at Whiston	Emergency Procedures that may be undertaken at Whiston	Conditions transferred to Alder Hey	Further information about specific conditions or relevant outpatient clinics
<b>Burns</b>	<p>Child 12 years or older with a burn less than 10% TBSA can be managed at Whiston and referred to the Burns and Plastics Team</p> <p>Child of any age with a non complex burn &lt;2% would normally be managed by the PED team</p>	Debridement Escharotomy	<p><b>All burns &gt; 10% TBSA should be discussed with the Trauma Team Leader at AHCH</b></p> <p>Child less than 12 years with any burn &gt;2% TBSA should be referred to the Alder Hey Burns Team via the online portal</p> <p>Child less than 12 years with a complex burn should be referred to the Alder Hey Burns Team via the online portal</p>	<p><b>Complex burn:</b> All electrical and chemical burns Any thermal burn to a critical area (face, hands, feet, perineum, across joints or circumferential &gt;10% or &gt;5% in a child &lt;1 year Deep dermal burn &gt;1% TBSA Full thickness burn of any size</p> <p><b>Non complex burn:</b> Epidermal or superficial dermal burn that does not affect a special area and is less than 10% TBSA or less than 5% TBSA in child less than 1 year of age Deep dermal burn &lt;1% TBSA</p>
<b>ENT</b>	<p>Foreign body in nose/ear/upper airway</p> <p>Epistaxis</p> <p>Nasal fracture; child 5 years old or older</p>	<p>Nasal cauterisation child of any age</p> <p>Nasal fracture manipulation; child 5 years or older</p>	Foreign bodies with the potential to cause airway obstruction should be managed at Whiston regardless of the child's age.	<p><b>ENT Rapid Access Clinic</b></p> <p>Non urgent follow up for example:</p> <ul style="list-style-type: none"> <li>recurrent epistaxis in a child of any age</li> </ul>

	Tonsillitis, acute mastoiditis, periorbital cellulitis would normally be admitted under the care of <b>paediatrics</b> with ENT review within 24 hours	<p>Drainage of septal haematoma; child 5 years or older</p> <p>Drainage of Quinzy; child 5 years or older</p> <p>Management of post tonsillectomy bleed; any age but if urgent surgery is required the ENT team may need to refer to AHCH if child is &lt;5 years</p> <p>Removal of foreign body from nose or ear (follow the separate guidelines for button battery or magnet)</p> <p><b>Emergency laryngoscopy and tracheostomy in a life threatening airway obstruction in a child of any age</b></p>	<p>All other children less than 5 years old who require an emergency ENT procedure should be referred to AHCH</p> <p>All children 5 years and older requiring an <b>emergency ENT procedure</b> should be reviewed by the oncall ENT team to determine if transfer is necessary and discussion had speciality to speciality.</p>	<ul style="list-style-type: none"> <li>recurrent otitis media in a child of any age</li> <li>foreign body removal from ear in child any age when attempt in the PED has been unsuccessful (excluding button batteries)</li> <li>nasal foreign body should be discussed with ENT oncall if attempt to remove in the PED has been unsuccessful and referral to opd at their discretion (excluding button battery or bilateral strong magnets)</li> <li>nasal fracture in a child 5 years or older</li> </ul>
<b>General Surgery</b>	<p>Acute abdominal pain with concerns regarding a surgical abdomen in children 5 years or older should be reviewed by the surgical team at Whiston</p> <p>Crohns/Ulcerative colitis – to determine if surgical component, otherwise under paediatrics who would liaise with parent team at AHCH</p>	<p>Appendicectomy</p> <p>Incision and drainage of abscess (excluding upper/lower limb abscess)</p> <p>Strangulated/obstructed hernia repair e.g inguinal at the discretion of the surgical consultant on call</p>	<p>Children less than 5 years who require emergency surgical procedures should be transferred to AHCH</p> <p>eg Intussusception, Malrotation, GI bleed</p> <p>Button battery/magnet ingestion as per pathways</p> <p>Children 5 years or older with an acute surgical abdomen should be reviewed by the surgical team</p>	

	<p>GI bleeding in a stable patient requiring further assessment ?cause would normally be admitted under paediatrics who may liaise with speciality teams at AHCH</p> <p>Acute GI bleeding would be referred to AHCH</p>	Emergency laparotomy for damage control surgery	at Whiston to determine whether transfer to AHCH is required	
<b>Gynaecology</b>	<p>Pregnancy related conditions</p> <p>Any pregnancy related issue should be admitted under obstetrics and gynaecology (complete CE screening tool) and referred to the safeguarding and paediatric teams if appropriate</p> <p>Non pregnancy PV bleed requiring admission (admitted under the care of gynaecology)</p> <p>Pelvic Inflammatory Disease (admitted under the care of gynaecology, complete CE screening tool and consider safeguarding; refer to paediatrics and safeguarding team if appropriate)</p>	<p>Removal of vaginal foreign body (not CSA these should be referred to the Rainbow Team at AHCH)</p> <p>Repair of vulvovaginal laceration due to trauma (not CSA these should be referred to the Rainbow Team at AHCH) 5 years and older</p> <p>Laparoscopy/Laparotomy for ovarian related conditions (torsion/ rupture) or ectopic 5 years and older</p> <p>Incision and drainage of Bartholin abscess 5 years and older</p>	<p>Any CSA should be referred to the Rainbow Team at AHCH and all appropriate safeguarding referrals made at Whiston</p> <p>Child &lt; 5years with a vulvovaginal laceration due to trauma (not CSA) should be referred to the general surgical team at AHCH</p>	<p>There is NO acute gynaecological service at AHCH</p> <p>Vaginal examinations/swabs should not be performed on young people less than 16 years of age in the Paediatric Emergency Department except in exceptional circumstances and only if they are known to be sexually active, deemed to be Gillick competent and able to consent</p> <p>Vulvar trauma can cause significant bleeding because the area is highly vascular and children do not have mature labia with fat pads, which protect the vulvar area of adults. Females who sustain straddle or inline</p>

	Acute abdominal pain due to ovarian pathology eg torsion/rupture would be admitted under gynaecology			<p>skating injuries may require surgical intervention</p> <p>A careful history should be obtained and physical examination performed. The history must correlate with the physical findings to confirm nonsexual trauma. If a child has a straddle injury, she will most likely have an injury to the anterior area of the vulva, including the mons, clitoral hood, and anterior aspect of the labia</p>
<b>Ophthalmology</b>	<p>All conditions requiring speciality advice should be referred to the Ophthalmology team covering Whiston</p> <ul style="list-style-type: none"> <li>In hours ask the triage nurse to discuss with the ophthalmologist in clinic</li> <li>out of hours discuss with the ophthalmologist on call available via switchboard</li> </ul> <p>Periorbital cellulitis, ophthalmic shingles for example would normally be admitted under the care of paediatrics with inpatient ophthalmology review within 24 hours</p>	Examination of eye under anaesthetic following trauma or chemical burns in a child 5 years or older	<p>All children &lt; 5 years requiring an emergency ophthalmological procedure should be referred to AHCH ophthalmology</p> <p>These should be discussed with the oncall ophthalmologist at Whiston initially to see if transfer is required</p>	<p><b>Ophthalmology outpatient clinic</b></p> <p>Child of any age with for example:</p> <p>Corneal abrasion</p> <p>Blocked nasolacrimal duct</p> <p>Squint</p>

<b>Orthopaedics</b>	Upper/lower limb trauma Septic arthritis; child 5 years or older  Complex regional pain syndrome Limb cellulitis  Lower limb abscess (not groin); child 5 years or older  Neuropraxia Perthes disease  SUFE	Lacerations to forearm/upper arm, legs, across a joint and feet (not hand) child 5 years or older  Fractures/dislocation requiring manipulation child 5 years or older  EUA and washout septic joint 5 years or older  Incision and Drainage of lower limb abscess (not groin) 5 years or older	All children <5 years of age requiring an orthopaedic procedure should be referred to the team at AHCH AHCH request this is done speciality to speciality	See limping child pathway for guidance regarding children who present with a non traumatic limp  <b>Paeds review clinic:</b> Children with suspected transient synovitis of the hip can be followed up within 48 hours Children <12 years with a joint injury with no fracture on xray where followup is deemed to be required can be reviewed within 10-14 days  <b>Physio review clinic</b> Children with a suspected scaphoid fracture or ligamentous injury to the knee can be followed up within 10-14 days in physio review clinic
	Femoral fracture children 6 years and older  A senior ED Doctor should manage all cases of suspected femoral fracture	Stabilisation of femoral fracture in children 6 years or older	Any child with multiple injuries including a femoral shaft fracture should be discussed with the Trauma Team Leader (TTL) at AHCH  All children < 6 years with a femoral shaft fracture should be referred to AHCH, this should be via the TTL  AHCH Orthopaedic team request all referrals should be made speciality to speciality	See femoral fracture pathway Consider Major Trauma and activating the paediatric trauma team  If in doubt discuss with the TTL at AHCH

<b>Plastics</b>	<p>Children 12 years and older:</p> <ul style="list-style-type: none"> <li>Animal bites</li> <li>Facial lacerations</li> <li>Complex wounds to face/hand including those involving nerves, tendons or vessels</li> <li>Tendon injury in hand</li> <li>Upper limb cellulitis</li> <li>Upper limb abscess</li> </ul>	<p>Children 12 years and older:</p> <ul style="list-style-type: none"> <li>Closure of facial wounds (including lip wounds)</li> <li>assessment under anaesthesia/closure of complex wounds to face/hands (including those with FB)</li> <li>Debridement of animal bites</li> <li>Tendon repair</li> <li>Incision and drainage of upper limb abscess</li> </ul>	<p>All children &lt;12 years with requiring emergency procedure should be referred to the plastic surgical team at AHCH</p> <p>All children &lt;12 years with a wound requiring closure in theatre, where sedation in the ED is deemed not to be appropriate and can be delayed should be referred to the Early Bird Clinic at AHCH</p>	<p>See Plastics Early Bird Clinic patient information leaflet you do not need to refer the child to the oncall team</p>
<b>Urology</b>	<p>Children 5 years and older Acute</p> <ul style="list-style-type: none"> <li>testicular pain</li> <li>Testicular lumps</li> <li>Kidney stones</li> <li>Foreskin conditions</li> <li>Frank haematuria</li> <li>Urethral, scrotal or renal trauma</li> </ul>	<p>Children 5 years and older</p> <ul style="list-style-type: none"> <li>Scrota exploration</li> <li>Orchidopexy</li> <li>Reduction of paraphimosis</li> </ul>	<p>Child &lt; 5 years an acute urological problem should be referred to the general surgical on call team at AHCH</p>	<p>Children with suspected testicular torsion should be referred to the urology team within an hour of arrival to the PED</p>