

# CARE OF PAEDIATRIC PATIENTS POLICY AND PROCEDURE CGP 141

[LINK TO POLICY](#)

[LINK TO PROCEDURES  
& FORMS](#)



## TABLE OF CONTENTS

1. POLICY INTRODUCTION	3
2. SCOPE	3
3. ROLES AND RESPONSIBILITIES	3
4. POLICY	4
5. PROCEDURE	4
DOCUMENT CONFIGURATIONS CONTROL DATE	5

## 1. POLICY INTRODUCTION

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence based best practices, with the appropriate sections in Clinical Practice guidelines in use by National Ambulance, and other clinical policies, procedures and protocols approved and/or published by National Ambulance. The Care of Paediatric Patients Policy and Procedure has been developed to ensure (and maintain) safe, quality care and transportation for National Ambulance patients in accordance to these internationally recognized guidelines and procedures. This policy is applicable to all clinical staff involved in paediatric patient care.

National ambulance clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care. National Ambulance clinical staff must also be fully aware of the special consent considerations required for this patient group. The paediatric care group of patients receiving care through NA, will be monitored through routing clinical quality reviews as well as audit processes. This policy is related to the management components of Leadership and Commitment, and Continuous Improvement.

## 2. SCOPE

This policy and procedure includes all elements of patient assessment and management for a paediatric patient in the Emergency medical services environment to ensure best possible outcomes; it also includes requirements for documentation to ensure comprehensive and accurate recording of all patient related activity takes place.

A paediatric patient is aged between 0-18 years. For purposes of some specific interventions as defined by DOH (vaccinations, diabetes etc.), the following categories may exist:

- Neonate: 0 days to 28 days of life
- Child: 29 days to 12years +365days
- Young adult: 13years to 17years +365 days

## 3. ROLES AND RESPONSIBILITIES

**The Chief Operations Officer** is responsible for the implementation and monitoring of this Policy and Procedure

**Medical Director** is responsible for development of this Policy and Procedure, review and revision and any Performance Indicators and should be available for advice and support for a Duty Manager. The MD is also responsible for developing training to support this Policy and Procedure

**All Operation Managers** are responsible for ensuring that staff have induction in alignment with this Policy and Procedure, for monitoring the applicability and ongoing implementation as well as raising any issues with

the MD and reporting any incidents or near misses through the QHSE system. follow up of any issue of reporting of the suspected or confirmed communicable disease .

**All Clinical staff** are responsible for acting according to this policy and procedure in accordance with their scope of practice. They are also responsible for ensuring that they attend or pursue any relevant training recommended by their manager. (i.e. eLearning and face to face training). Reporting of the suspected or confirmed communicable disease must be completed in accordance with the DOH / MOH regulations and in accordance with the steps that are included in the policy and procedure.

## 4. POLICY

National Ambulance clinical staff must be fully aware of the special consent considerations required for this patient group and ensure they have knowledge and understanding of CGP 105 Patient Consent Policy and Procedure.

Where possible care and transportation must occur with the paediatric patient being accompanied by a parent, guardian or designated responsible adult in order to protect and safeguard the welfare of the vulnerable patient.

National Ambulance will ensure that:

- All clinical staff have adequate age and size appropriate resources to enable them to provide optimum care such as equipment and vehicles.
- Paediatric patients are correctly secured in transit
- All clinical staff have access to suitable ongoing training to ensure they have the most relevant and up to date information and that they have access to ongoing support in the workplace.

Other relevant policies and procedures are in place and available to support this policy and procedure including but not limited to:

- CGP 134 Patient Care Protocols
- CGP 103 Patients' Rights and Responsibilities Policy and Charter
- CGP 105 Patient Consent Policy and Procedure
- CGP 108 Clinical Policy (which lists all Clinical Services policies)
- CGP 113 Policy and Procedure for Pain Management
- CGP 116 The Policy and Procedure for the Transport of Special Patient Populations
- CGP 129 Infection Prevention and Control Policy

## 5. PROCEDURE

**For all paediatric care (including paediatric Emergencies)**

- Ensure scene and personal safety
- Ensure National Ambulance consent policy and procedure is sought or in place including any necessary consent is sought and documented immediately.
- Triage patient as per SMART triage.

- Manage patients as per standard Paediatric Advanced Life Support (PALS) or life support procedures that are contained within National Ambulance Approved Policies, Procedures, Guidelines and Protocols and are within scope of Practice.
- Complete patient observations as per NA clinical policies and CGP134 - patient care protocols including the following diagnosis / Complaint:
  - a. Minor illness
  - b. Febrile illness with fever  $\geq 38.0^{\circ}\text{C}$ .
  - c. Respiratory illness / Arrest / failure
  - d. Allergic reactions including Anaphylaxis
  - e. Pain Management including use of FLACC and Wong-Baker Rating scales
  - f. Asthma
  - g. Convulsions / Active seizures
  - h. Enteritis
  - i. Shock / Sepsis with sign of hypo-perfusion
  - j. Glycaemic Emergencies
  - k. Overdose/Poisoning
  - l. Trauma / Major Head trauma with hypoventilation.
  - m. Burns and scalds
  - n. Care of the newborn
  - o. Cardiopulmonary Arrest
  - p. Unresponsiveness
- If required, transport the paediatric patient in accordance with CGP 115 and ensuring that patient rights and responsibilities are protected at all times.
- Complete all Patient Documentation and reporting requirements at the earliest opportunity in accordance with CGP119.
- Document the paediatric patient Next of Kin (Name, relationship & contact number) in the PCR
- Document patient actual / estimated weight.
- Document the details who escort the paediatric patient during transport
- Ensure that the paediatric patient guardian sign the consent

## DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

**Medical Director**

## Change Brief

Version No.	Date	Changes
1	13 April 2014	New Policy
2	21 February 2016 (uploaded in the system May 2016)	NA approved guidelines/protocols Age bandings as per HAAD Accompanied statement for vulnerable patient Fit for purpose equipment Shock included in procedural category
3	20 August 2016	Risk Based Thinking amendment + CGP 134 Patient Care Protocol added as a reference.
4	2 October 2018	Update the diagnosis / Complaint under the "Procedure" section "Medical Director" title change
6	10 February 2021	<p><i>Due for Review</i>  <i>Update in the new format</i>  <i>Add word "Clinical" in the introduction</i>  <i>Delete Word Directors &amp; Supervisors from the roles and responsibilities</i>  <i>Add below to the procedures:</i></p> <ul style="list-style-type: none"> <li>• <i>Document the paediatric patient Next of Keen (Name, relationship &amp; contact number) in the PCR</i></li> <li>• <i>Document patient actual / estimated weight.</i></li> <li>• <i>Document the details who escort the paediatric patient during transport</i></li> <li>• <i>Ensure that the paediatric patient guardian sign the consent</i></li> <li>• <i>Changes the Role and responsibility of the Operation:</i></li> <li>• <i>Added to Operation Manager Roles and Responsibilities:</i></li> <li>• <i>follow up of any issue of reporting of the suspected or confirmed communicable disease</i></li> <li>• <i>Added to All Clinical Staff Roles and Responsibility:</i></li> <li>• <i>Reporting of the suspected or confirmed communicable disease must be completed in accordance with the DOH / MOH regulations and in accordance with the steps that are included in the policy and procedure.</i></li> <li>• <i>Change HAAD to DOH</i></li> </ul>

Review & Approval:

Dr. Ayman Ahmad – Medical Director

Date

