

KIDS' DOC

A PUBLICATION CONCERNING CHILDREN'S HEALTH • WINTER 2007

What to expect in the Emergency Department

Triage, Vitals & Residents, oh my!

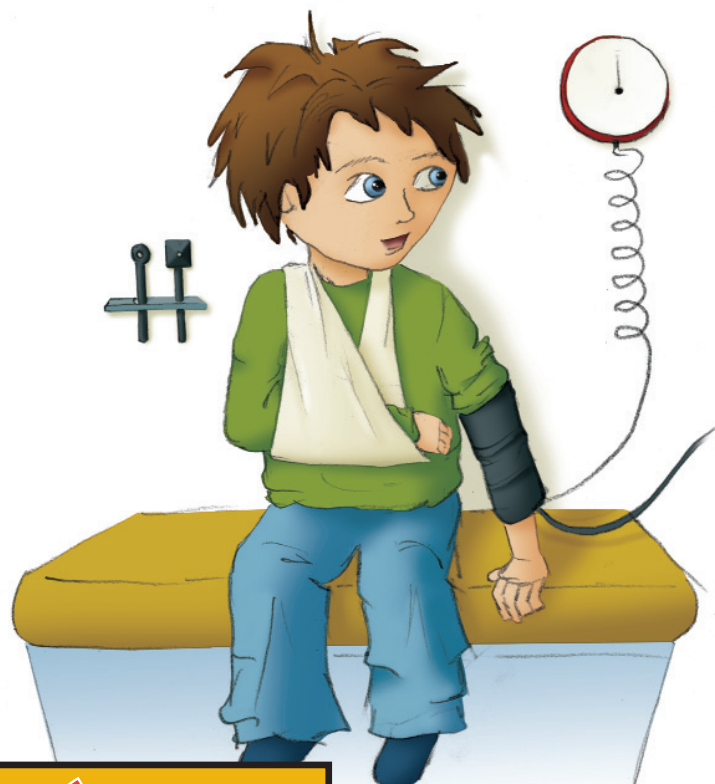
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A visit to the Emergency Department with your child can be quite distressing. This is often stressful for the child and the parents; the system can seem hard to understand. This article has been written to explain what happens.

Understandably, every parent who brings their child through an Emergency Department feels their child is quite unwell. Unfortunately, some children are sicker than others, requiring more immediate help. In Canada, standard guidelines help the doctors and nurses identify and see the sickest children first, while still seeing all the children who need help in a timely manner.

A national committee of both nurses and doctors regularly meet to review the guidelines on how to best treat sick children. How do doctors and nurses decide who to treat and in what order to treat them? They do this by:

- 1) getting their first impression of how serious the illness or condition is
- 2) talking to the child and parents about why they came to the hospital
- 3) checking "vital signs" (for example, blood pressure, pulse rate) and a physical exam



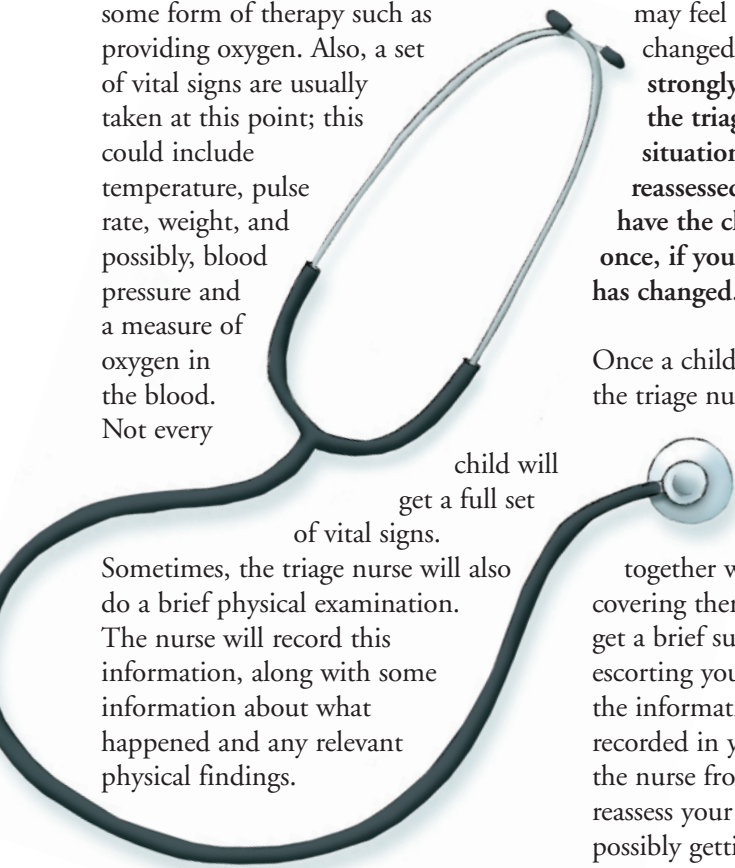
INSIDE

**Reducing
the Risk
of Injury**



The initial assessment of a patient by any staff member in the Emergency Department is called "triage". Triage in its simplest terms means "to sort"; in a hospital this refers to sorting which child is the sickest, so a doctor can see him or her more quickly. In the Alberta Children's Hospital, this job is done by a senior nurse. Triage nurses identify what problem the child is having and decide how serious the problem is. They are not expected to provide a diagnosis, but with

very sick children, they will usually start some form of therapy such as providing oxygen. Also, a set of vital signs are usually taken at this point; this could include temperature, pulse rate, weight, and possibly, blood pressure and a measure of oxygen in the blood. Not every



Sometimes, the triage nurse will also do a brief physical examination. The nurse will record this information, along with some information about what happened and any relevant physical findings.

Depending on that assessment, after triage the child and family may be taken straight to a room to be seen, or they may be asked to sit in the waiting area until they are called. **It is important to realize that people are not seen in the order in which they were seen by the triage nurse.** Patients asked to wait have not been forgotten and they will be seen in due course.

It is also important to know that your child's condition may change while in the waiting area and s/he may, in fact,



be sicker than initially thought or, you may feel that the condition has changed while waiting. **Parents are strongly encouraged to approach the triage nurse again in these situations and your child will be reassessed. You are also welcome to have the child reassessed more than once, if you feel that the condition has changed.**

Once a child has been assigned a room, the triage nurse or a colleague will escort you, and any family members you have with you, to the room. Rooms are grouped together with one or two nurses covering them. These nurses will likely get a brief summary from the person escorting you; s/he will also have all the information that has been recorded in your chart. Typically, the nurse from the area will reassess your child, including possibly getting more information from you, repeating vitals and/or a physical exam. On occasion, a nurse will start some form of therapy, usually in discussion with one of the doctors who will be looking after your child. In some instances - for example if your child has a suspected broken bone - you may be sent for an X-ray before being seen by a doctor. In addition, the nurses are there to answer questions and provide information. Nursing staff may have specific instructions for you in certain situations; for example, you may be asked not to give your child anything to eat or drink if s/he will need to be put to sleep with an anesthetic.

An Emergency doctor will then see you. Your child may be seen first by a resident and/or a medical student who will then consult with the attending Emergency physician. More information is usually gathered and a more thorough physical examination performed. Tests may also be ordered, if necessary. Each test is explained to parents as well as

why the test is needed. In most instances, children are sent home with or without a prescription and some advice for the parents. Sometimes they will be asked to return later for a



follow-up review or to attend another clinic in the hospital. In other instances, a consultant will be contacted by telephone; s/he may give advice or want to see you and your child. Occasionally, a child will need to be admitted to the hospital for further tests, therapies or another specialist's opinion.

Most children seen at the Alberta Children's Hospital do not get admitted. If the Emergency physician

feels that your child needs admission, s/he will contact the specific physicians who would take care of your child while in the hospital. This process involves meeting a senior resident, an attending and often, a medical student. At this point, there are often more questions asked and the physical exam is repeated. Your child will be assigned a bed on one of

the inpatient units which can take some time to be prepared, especially if the hospital is full and a room needs to be cleaned. Occasionally, the new

physicians taking over your care will ask for additional tests which may be done in the Emergency Department, or later on the inpatient unit. When the bed is ready, you will be escorted by a porter to your room.

There are times in the day and days of the week that are busier than others; these will all affect how quickly children can be seen.



Kids' Doc is also available:

- in whole, or in part, in Calgary's Child Magazine
- at www.calgaryhealthregion.ca/clin/child/paed/parents/kidsdocs.html
- at www.childrenshospital.ab.ca/reading_kidsdoc.html

KIDS' DOC

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Keeping Babies and Toddlers Out of Emergency

Reducing the Risk of Childhood Injury - Part 1

By Carol Beringer, Injury Prevention & Control Services, Calgary Health Region

Childhood injuries account for about 25% of all visits to the Emergency Department at the Alberta Children's Hospital. These injuries vary in many ways, but there is a common element - so many of these injuries can be prevented. Injury prevention is something all parents believe in because no one wants their child to be seriously hurt. Parents play a key role in keeping their children safe and can take a number of steps to reduce the risk of injury.



The following information identifies the key injury risks for babies and toddlers and provides tips to keep your child safe. Watch the next issue of Kids Doc for Part 2 of this series, "Keeping Pre-Schoolers and School Aged Children Out of Emergency."

Age & Stage of Development

Key Injury Prevention Tips

Young Babies

- Babies, by kicking and wriggling, can fall off furniture and other surfaces.
- The ability to roll over increases risk of falling.
- Infants learn and explore by placing things in their mouths.

Preventing Falls

Falls are the most common cause of child injury and most falls occur at home.

- Always stay with your baby when he is laying on a high surface such as a change table, bed, sofa or counter. Place car seats, baby chairs and bassinets on the floor instead of on a counter, bed or other furniture.
- Use the safety straps in your stroller, swing and other baby equipment.
- Install sturdy, wall-mounted gates at the top of all stairs before your baby starts to crawl. Gates at the bottom of stairs are also recommended.

Motor Vehicle Safety

- Infants should be in a rear-facing safety seat appropriate for their weight and height as long as possible or until they are at least one year of age AND 20 lb (9 kg).

Older Babies

- Learning to crawl and walk.
- Curiosity and mobility increase.
- Older babies can put dangerous things into their mouths as they develop fine motor coordination.

Preventing Falls

- Secure heavy furniture like bookcases and dressers to the wall to prevent toppling when your child climbs.
- Once your child can pull up to a standing position the crib mattress should be moved to its lowest position.
- Move furniture away from windows to prevent falls if your child climbs. Install window guards on windows above the first floor.

Preventing Poisoning

- Store all hazardous substances in locked cabinets.
- Call the Poison Control Centre in the case of a suspected poisoning (944-1414 in Calgary, or toll-free 1-800-332-1414 in Alberta).

Toddlers

- Able to climb on to higher surfaces and climb out of high chair, crib, stroller, shopping cart.
- Children are not ready to ride in a forward-facing car seat until at least one year of age AND 20 lb (9 kg).
- Children need to remain in a forward-facing car seat until they weigh at least 40 lb (18 kg).
- A child's skin is thinner than adult's and burns more quickly.
- Food is the most common cause of choking for children.

Preventing Falls

- Before your child is tall enough and able to climb over the crib rails, move him to a toddler bed and keep the bed away from any windows.
- Always use the safety straps in a stroller, high chair, swing, or shopping cart.

Motor Vehicle Safety

In addition to the seat belt or Universal Anchorage System (UAS), a forward-facing seat must be secured with a tether strap. Make sure to follow these steps with your child's safety seat:

1. Read and follow the child safety seat instructions & vehicle owner's manual.
2. Take the Child Safety Seat YES Test (forward-facing) found at www.calgaryhealthregion.ca/carseats.
3. Attend the Car Seats, Booster Seats, and Seat Belts for Kids class. Phone 943-LINK (5465) to register.

Preventing Scalds

- Adjust the temperature on your hot water heater. If the dial has numbers on it, set it at 49°C (120°F); if not, turn it to the "warm" setting.
- Keep hot liquids away from children. Use lids on hot drinks like coffee and tea, even at home.

Preventing Choking

- Avoid nuts, whole grapes and hot dogs, popcorn, gum, and hard candy until at least 4 years of age. 