

PROCEDURE FOR PAEDIATRIC EMERGENCY AND RESULTS OF A SURVEY ON USE.



I.Barbato (1), B. Esposito (1), V. Cristiano (2)
 (1) Dirigente Farmacia Ospedaliera (2) Responsabile Farmacia Ospedaliera - PO CTO -AOS dei Colli- Napoli
ilaria.barbato@ospedaidelcolli.it



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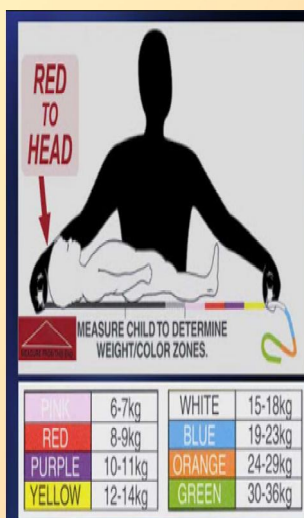
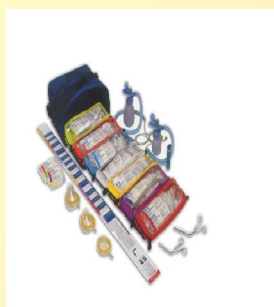
Background

In 2018 Campania reorganised the regional hospital network, therefore our hospital was identified as the Zone Trauma-Centre and the Emergency Medicine Unit has been established with general first aid. The pharmacy has developed diagnostic therapeutic routes including that for paediatric emergency, with the aim of optimising assistance, especially for those cases with infrequent access.



Objectives

To describe the process developed and the improvements made in clinical practice verified through a survey.



Method

The Broselow method was used for a rapid selection of devices and drug dosages. It uses a colorimetric visualisation tape based on weight and height, and provides indications for shock, cardio-respiratory arrest and respiratory failure. The weight and height identified on the tape provide, translated into colour code, measures of endotracheal tubes, catheters, drainage, needles, tubes, dosage of drugs, indications for ventilation, and tables with vital signs divided by age and severity scores. We organised a first aid area by dividing the devices into boxes whose colour matched the one identified by the tape, with the aim of quickly identifying what was required to help the children during the emergency. We have instructed the doctors and nurses on how to use the tape. Six months after the start of use, we gave a questionnaire to 11 doctors and 42 nurses to see if they found the system easy to manage and safe.



Results

Of 53 participants interviewed, 38 (72%) found the Broselow easy or very easy, 43 (82%) reported that the material for intubation and insertion of the nasogastric tube was quickly found. 47 (89%) stated that the detection of dosages was very easy and 52 (99%) reported that the method involved greater safety.



Discussion and Conclusions

The results indicate that despite progressive aging, focusing on the paediatric population is a deeply felt need. It is essential to be sensitive to the recording of near misses and errors through incident reporting and implement procedures that make it possible to standardise behaviours and the use of appropriate resources. The clinical pharmacist is an integral part of this path as it helps to make the patient's hospitalisation safer and directs the staff towards more effective and appropriate choices.

1. Broselow-Luten. Rainbow care: the Broselow-Luten system - implications for paediatric patient safety. Amb Out 1999;

