Nursing Intervention Basics

With every patient:

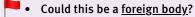
- Ensure bedside safety checks complete. Ensure the <u>bedside is a safe space</u>.
- Patient and caregiver/s oriented to space (eg. call bell within reach)
- · Patient ID and allergies, ID band on patient.
- · Patient weight recorded for this ED visit
- · Primary and secondary surveys completed and documented
- . Hourly vital signs, increased as indicated by CEWT
- Baseline vital signs (including blood pressure), pain assessment and neurological observations (Glasgow Coma Scale (GCS), pupil assessment and limb strengths)

ALERT

The nursing scope of practice will vary between settings. Always ensure you are working within the scope of the workplace that you are in. Standing orders, work instructions, procedures or similar will dictate your scope. Please confirm with your nurse managers and educators what applies in your workplace.

STRIDOR

- · Keep patient calm
- · Cluster cares to minimise distress
- Hourly <u>respiratory assessment</u> (minimum frequency)
- When prescribed <u>nebulised</u>
 <u>adrenaline</u>: 1:1 nursing care with continuous oxygen saturation and cardiac monitoring



INCREASED WORK OF BREATHING / WHEEZE

- Hourly <u>respiratory assessment</u> (minimum frequency)
- · Look / Listen / Feel
- · Continuous SpO2 monitoring
- Refer to <u>Pre-School Wheeze</u> / <u>Asthma</u> Flowchart as appropriate
- · Give prescribed inhalers on time
- Could this be a foreign body?

ABDOMINAL PAIN / VOMITING / DIARRHOEA / ♣ INPUT & OUTPUT

- Point of Care (POC) <u>Blood Glucose</u> <u>Level</u> (BGL) +/- Ketones
- Consider clean catch urine
- Consider topical anaesthetic if bloods or peripheral cannula placement is anticipated
- Strict fluid balance
- Consider Oral Trial of Fluids

CHEST PAIN

- 12-lead ECG
- Continuous cardiac monitoring
- Consider topical anaesthetic if bloods or peripheral cannula placement is anticipated
- Baseline respiratory assessment (continue minimum hourly if abnormal)
- Ensure access to <u>Paediatric ECG</u>
 <u>Checklist</u> (QH only)

FEVER

- Could it be SEPSIS?
 Commence <u>Sepsis Pathway</u>
- · Conduct skin check (eg. rashes)
- Consider topical anaesthetic if bloods or peripheral cannula placement is anticipated
- Strict Fluid Balance
- Consider likely other diagnostics required - eg. <u>clean catch urine</u>
- Consider antipyretics/analgesics where there is pain/distress

NEONATES

- · Bare weight
- · Strict fluid balance
- Record time breastfeeding in minutes
- Where available, conduct transcutaneous bilirubin test where neonate meets testing criteria
- Where indicated: <u>capillary blood gas</u> for bilirubin levels
- BGL & ketones if concerns of feeding
- Consider pre and post ductal SpO2
- Consider 4 limb blood pressures
- Consider ECG

TOXIC EXPOSURE / OVERDOSE

- 12-lead ECG
- Continuous cardiac monitoring
- <u>Neurological observations</u> (GCS, pupils & limb strengths)
- Consider applying topical anaesthetic if bloods non-immediate
- POC BGL

MENTAL HEALTH

- Complete mental health screening
- Complete SAT score
- Conduct regular visual observations as per local policy
- · Check for patient management plan
- Address medical aspects of presentation concurrently

ACUTE LOSS OF CONCIOUSNESS

- 12-lead ECG
- · Continuous cardiac monitoring
- · Postural blood pressure & pulse
- <u>Neurological observations</u> (GCS, pupils & limb strengths)
- POC BGL

SEIZURE

- 12-lead ECG
- <u>Neurological observations</u> (GCS, pupils & limb strengths)
- POC BGL
- Consider topical anaesthetic if bloods or peripheral cannula placement is anticipated

HEAD INJURY

- Consider C-Spine precautions
- Minimum hourly <u>neurological</u> <u>observations</u> (GCS, pupils & limb strengths)

UNEXPLAINED HYPOGYLCEMIA

- POC BGL & ketones
- If BGL <3.ommol immediately alert
- SMO follow <u>Unexplained</u> <u>Hypoglycemia Guideline</u>
- If BGL <2.6mmol confirmed on VBG, prepare 2mL/kg dose of Glucose 10%, followed by maintenence fluids of 10% Glucose in 0.9% Sodium Chloride (follow <u>CREDD</u> recipe to prepare)

MUSCULOSKELETAL INJURY

- Consider C-Spine precautions
- Conduct pain <u>assessment</u> and offer timely analgesia
- Hourly neurovascular observations
- Apply RICE principles
- Consider NBM if sedation or operating theatre likely





Other skill sheets for further information:

- Nursing Orientation to Paediatric Emergency
- Rapid Assessment
- Primary Survey
- Obtaining Vital Signs in Infants and Children
- Acute Pain Assessment
- Physiological and Anatomical Differences in Children
- Respiratory Assessment
- <u>Cardiovascular Assessment</u>
- ECG in children
- ECG in neonates
- Neurological Assessment
- Clean Catch Urine
- Hydration Assessment
- Oral Trial of Fluids

This list is not exhaustive. Please refer to the **QPEC Skill Sheets** and **Videos** page for more skill sheets.

Clinicial guidelines for further information:

- Asthma
- Bronchiolitis
- Cervical Spine Injury
- Croup
- Gastroenteritis
- Neonatal Guidelines (Queensland Clinical Guidelines)
- Pre-School Wheeze
- Sepsis
- Status Epilepticus
- Unexplained hypoglycaemia
- <u>Urinary Tract Infection</u>

This list is not exhaustive. Please visit the **QPEC Clinical Guidelines** page for more guidelines.

This Queensland Paediatric Emergency Skill Sheet was developed and revised by the Emergency Care of Children working group.

Initial work was funded by the Queensland Emergency Department Strategic Advisory Panel.

A special thanks and acknowledgement to the Logan Hospital Emergency Department team for their work collating the original content for this skill sheet.

Skill Sheet Legal Disclaimer

The information contained in these Queensland Paediatric Emergency Care skill sheets is for information purposes only. It was developed to inform emergency nursing care, but can also be applied by other clinicians acting within their scope of practice. The information has been prepared using a multidisciplinary approach with reference to the best information and evidence available at the time of preparation. No representation, warranty or assurance is given that the information is entirely complete, current, or accurate in every respect. The skill sheets are not a substitute for clinical judgement, knowledge and expertise, or medical advice. Variation from the skill sheets, taking into account individual circumstances may be appropriate. This does not address all elements of standard practice and accepts that individual clinicians are responsible for the following:

- Providing care within the context of locally available resources, expertise, and scope of practice.
- Supporting consumer rights and informed decision making in partnership with healthcare practitioners including the right to decline intervention or ongoing management.

- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion.
 This includes the use of interpreter services where necessary.
- Ensuring informed consent is obtained prior to delivering care.
- Meeting all legislative requirements and professional standards.
- Applying standard precautions, and additional precautions as necessary, when delivering care.
- Documenting all care in accordance with mandatory and local requirements.

Children's Health Queensland disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this skill sheet, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.



