

clinical assessment and follow up with a head injury advice booklet

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THE EPIDEMIOLOGY OF ACUTE CHILD POISONINGS IN KALAMATA, GREECE: A 3 YEAR STUDY

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Background and aims: Our objective was to examine the epidemiology of poisonings among children hospitalized in a public Greek hospital in Kalamata.

Methods: All children up to 14 years of age, hospitalized with a main diagnosis of acute poisoning at the General Hospital in Kalamata, Greece between 2007 and 2010 were included in our study.

Results: A total of 214 children were admitted for poisoning. 73,8% were Greek, 16,8% were Roma and 9,4% of other ethnicity. The majority of patients were children under 3 years of age (79,9 %), while 58,9% were boys. The most common toxic agents were medications (48,1 %). Household products accounted for 30,4 %, such as household cleaning products (43,1%), petroleum products (9,2%) and rodenticides (7,7%). Another 21,5 % of hospitalizations involved tobacco. The majority of cases were accidental (97,2%). Only one suicidal case was recorded. The median length of stay was 1 day and all children survived without sequelae. The most commonly used treatments were gastric lavage and activated charcoal.

Conclusions: Despite the fact that the majority of the poisonings were mild and with a good clinical outcome however, acute paediatric poisonings represent a relatively frequent, life-threatening problem. The high proportion of tobacco poisonings highlights the necessity to develop more effective primary prevention programs as well as a better caregivers education.

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THE PAEDIATRIC EARLY WARNING TOOL IN COMBINATION WITH A NURSE-LED OUTREACH TEAM: IMPACT ON OUTCOMES FOR CRITICALLY ILL CHILDREN

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Introduction: Paediatric early warning tools (PEWT) were developed to identify clinical deterioration in acutely ill patients. Deviations from defined physiological parameters are used to initiate medical review and intervention. PEWT was incorporated into observation charts at a UK tertiary referral hospital and an outreach response team was trialled providing immediate high dependency care.

Aims: An audit was undertaken to determine the effectiveness of the outreach team combined with PEWT and assess the impact on patient outcome.

Method: A nurse-led outreach team was trialled for 3 months during 2009. Patient observation charts were reviewed for all inpatients over one week. Data was collected to determine: number of patient triggers, actions taken and patient outcome (133 patient observation charts reviewed). Data collection was repeated once the trial had finished (n=167).

Results: 28% (n=37) of patients triggered when team available ((133 charts); mean age 6.3 years (SD=5.5)) which was comparable to the period without the team 28% (47/167, p=0.1); 5.8 years (SD=5.6)) when triggered. Help was requested on 12 (32%) occasions compared with 8 (17%, p< 0.05) with and without teams respectively. No arrest calls occurred during the period with the team; 2 occurred during the period without. A reduction in critical incident reporting was observed during team availability.

Conclusions: Decreased emergency team calls and critical incidents were observed by introduction of an outreach team and PEWT. The outreach team received a positive response from all staff, providing immediate high dependency care. Use of the PEWT allowed earlier review and prompt medical intervention.