



WELCOME to this edition of the DeCon Multi-site Audit Newsletter.

In this edition, we will update you about the following:

1. Participating hospitals
2. Audit Tools & Data Collection
3. Final Audit Inclusion/Exclusion Criteria
4. Final Audit Standards
5. Data Analysis Plan

Participating Hospitals

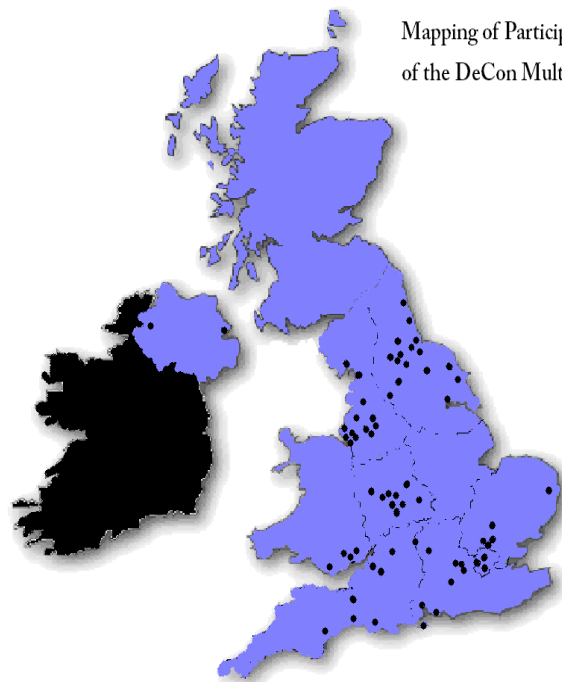
56 NHS trusts (comprising 67 hospitals) from across the UK have agreed to participate in the audit.

- England = 51 trusts
- Wales = 3 trusts
- Northern Ireland = 2 trusts

These hospitals range from large children hospitals to small district hospitals.

Data is being collected in the emergency departments of the majority of participating hospitals, approximately 57 hospitals. This represents just under 25% of all UK Emergency Departments.

Mapping of Participating Units
of the DeCon Multi-site Audit



Audit Tools & Data Collection

There are three audit tools used for data collection during the course of this audit.

1. Service Description questionnaire - hospitals' features and services
2. Clinical Audit questionnaire - patient data on the audit's standards
3. Survey of Clinicians' Perceptions and Use of the Management of a Child with a Decreased Conscious Level guideline- facilitators/barriers for the guideline's use

Copies of the Service Description and Clinical Audit questionnaires are available on the DeCon website: www.rcpch.ac.uk/decon.

The clinicians' survey will be administered via Survey Monkey towards the beginning of January 2011. **Piloting of the questionnaire will commence in December, if you would like to be involved in this, contact the DeCon Project Manager at decon@rcpch.ac.uk.**

Final Audit Inclusion/Exclusion Criteria

The audit's inclusion/exclusion criteria have been finalised, for details check out the information on www.rcpch.ac.uk/decon.

Inclusion criteria

- Age: 0 to less than 18 years
- Presentation to hospital with a Glasgow Coma Score (GCS) of 14 or less or being responsive only to voice, pain, or being unresponsive on the AVPU scale.
- Repeated presentations to hospital (providing there is no established diagnosis).

Also includes eligible patients with the following: alcohol intoxication, head injury or trauma and febrile seizure, as well as those with repeated presentations to hospital (providing there is no established diagnosis).

Exclusion criteria

- Previous known diagnosis accounting for a decreased conscious level such as epilepsy, diabetes, other metabolic condition or possession of a ventriculo-peritoneal shunt
- GCS < 15 on a day to day basis
- Preterm or term infants with a decreased conscious level from the moment of birth (except if these children re-present to hospital after discharge home)

Final Audit Standards

The final list of audit standards are as below, for further information check out the DeCon website:

The percentage of children with a decreased conscious level with:

- Presence or absence of the recommended features of the clinical history documented (vomiting, headache, fever, convulsions, alternating periods of consciousness, trauma, ingestion of medication or recreational drugs, presence of any medication in the child's home, any previous infant deaths in the family and length of symptoms).
- Heart rate, respiratory rate, oxygen saturation, temperature, blood pressure recorded at presentation to hospital
- AVPU assessment or Glasgow coma score at presentation documented in the notes
- GCS documented every 15 minutes if ≤ 12 or every hour if > 12 at presentation to hospital
- Core investigations conducted within at least 1 hour of presentation to hospital (capillary glucose tested within 15 minutes of presentation, Blood gases, Dipstick urinalysis, Laboratory blood glucose, U & E, LFTs, Plasma ammonia, FBC & film, Blood culture, plasma, plain serum & urine saved for later analysis). *Some categories of children do not require all of the core investigations, but as a minimum all children and young people should have their capillary glucose tested.*
- A working diagnosis and a management plan within four hours of presentation to hospital
- Parents and guardians allowed to stay with their child if they wished and kept informed regarding the diagnosis/treatment and the possible prognosis if known.

NEWS!

Data collection began in most participating hospitals from 1 November 2010.

All hospitals will have started to gather data by 1 December 2010.

Data Analysis Plan

- Data from the Service Description questionnaire will be analysed in December and a report sent out before Christmas or at the beginning of January 2011.
- Data from the Clinical Audit questionnaire will be subdivided into three diagnostic categories: traumatic causes, metabolic causes and other.
- Audit standards will be analysed monthly (depending on the numbers of cases) according to the above sub-groups for each hospital and in the comparisons among participating NHS trusts.
- Data analysis will be undertaken using the statistical software package STATA 11.0.