

# Maximising Nursing Skills in Caring for Children in Emergency Departments

**March 2010**



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of Nursing

Royal College of Paediatrics  
and Child Health

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## **Introduction**

Around 3.5 million children per year attend Emergency Departments (ED) in the United Kingdom. This equates to around 28% of the child population each year. Children constitute 25-30% of all ED attendances, but are currently mainly cared for by registered adult nurses (RN Adult) (RCPCH2007). The Platt report (1959) stipulated that children in hospital must be cared for by staff trained in caring for children. The Royal College of Nursing supports this recommendation, advocating for registered children's nurses (RN Children) in all facilities that provide emergency care for children and young people. At the current time the number of Registered children's nurses are insufficient in many areas to staff Emergency Departments to the minimum level of one nurse per shift. Equally it is recognised that emergency care skills are paramount, and conventional training in children's nursing does not always currently include these skills. Whilst acknowledging the need to continue to recruit registered children's nurses within emergency departments and ensuring advice/support is accessible from senior registered children's nurses; a pragmatic balance has to be struck, and the purpose of this document is to provide advice to help ED's achieve this balance.

The primary audience for this document are ED managers, lead consultants and lead nurses. There is also much relevance to Urgent Care Centres, Walk-in Centres, Minor Injury and Illness Units. The public expects nurses working in emergency and urgent care in the NHS to understand how to communicate with children, protect children, and be able to identify and treat serious injury and illness. Reports from the Confidential Enquiry into Maternal and Child Health and the National Patient Safety Agency state that skills need to improve in recognising a seriously ill child. With operational targets and limited resources for training, EDs need to maximise any existing children's nursing resource and at the same time invest carefully into the existing nursing workforce to enhance their paediatric skills.

## **Competences Needed**

Registered adult nurses usually require additional education and experience to be competent in; safeguarding (including child protection) issues, communicating effectively with children of all ages and their parents / carers, understanding the child's welfare as part of a family unit, pain management and recognition of the sick child.

Registered children's nurses usually require additional education and experience to be competent in the recognition and management of minor and major injuries, adolescent issues (particularly drugs, alcohol, sexual and mental health), and ED skills, i.e. triage, prioritisation of tasks, multitasking, and working flexibly in a multidisciplinary team within an environment which can change rapidly.

## Practical Solutions

Competence development is supported through the following resources and opportunities which includes (i) developing knowledge and skills and (ii) having opportunities to learn in and from practice in a supported way:

### Developing knowledge and skills

**“Classroom” Education:** Multi-disciplinary training between Emergency care and Paediatrics by inviting clinical experts to share knowledge with staff by protected training sessions within the emergency/unscheduled care facility.

**Emergency Care Modules:** Currently there are a number of emergency care education programmes provided by different organisations such as Universities. These provide education in managing children and young people attending emergency care facilities and incorporate training in basic and advanced life support. Organisations should work closely with their local SHA and HEI for the commissioning of suitable courses to meet local demand.

**Flexible Interactive Learning Packages:** Computer based education packages and programmes. Utilising learning websites such as Spotting the Sick Child .  
([www.spottingthesickchild.com](http://www.spottingthesickchild.com))

### Learning in and from practice

**Practical Experience:** Rotational opportunities for nurses to children’s admissions wards and paediatric intensive care units. In reality this is often best accomplished by an exchange-type arrangement. Whilst it is recognised that skills are reciprocal, both sides will gain from this, and often only a few shifts maybe needed for ED nurses to achieve the competencies they need – but essentially the length of time will be determined on an individual basis

**Work Shadowing:** The appointment of a mentor with children’s emergency care skills for junior staff with responsibility for supporting, guiding and encouraging staff to achieve the necessary competences. This is best achieved by placing registered children’s ED nurses in a role where they have protected time for shoulder-to-shoulder learning. If this is backed by formal mechanisms for signing off competences (e.g. doing a set of observations (vital signs), administering medication, phlebotomy, ordering X-Rays) then the ED grows its own skilled workforce. Consideration also needs to be given to ensuring the maintenance of competence linked to initial registration.

**Simulation Exercises:** Paediatric simulation exercises can help identify areas for improvement but also help educate staff on managing acutely unwell children and young people within a familiar environment. High fidelity mannekins are optimal, but not necessary. Simple 15-minute exercises around a doll or simple mannekin can be held during quiet periods, e.g. nights and early morning.

**Orientation Programmes:** A paediatric specific orientation programme for new staff entering the emergency department will assist staff in gaining the necessary competences in caring for children and young people. The standard (adult) orientation / induction programme should be scrutinised to ensure that paediatric issues are included.

**Ongoing Peer Review Opportunities** – peer review through clinical supervision, team review and team reflection

## **Recommendations For Setting Competency Levels**

### **Level One: Band 5**

This is entry level to emergency nursing. While gaining experience in emergency nursing, it would be expected that non registered children's nurses will utilise opportunities for continuing professional development which would support their practice. Registered adult nurses would be expected to plan and deliver and evaluate nursing care to children and young people in a supported and supervised environment.

#### **Nurses will be expected to achieve competences in:**

1. The assessment, recognition, prioritisation and evaluation of children with serious illness/injury and the accurate recording and documentation of clinical observations.
2. Apply effective communication and listening skills which are age appropriate for children and young people requiring treatment.
3. Understand the rights of children and young people to consent/refuse consent to treatment.
4. Paediatric Basic Life Support competence by completion of an approved course.
5. Administration of intravenous drugs and fluids.
6. Assessment of pain and administration of oral analgesia to children using Patient Group Directions.
7. Treatment of simple wounds, plaster application
8. Recognition of child abuse/maltreatment and identification of vulnerable children and young people by completing level III training as defined by the Intercollegiate document Safeguarding children and young people: roles and competencies for health care staff.

## **Level Two: Band 6**

### **Nurses will be expected to achieve competence in**

1. Level one competences.
2. Venepuncture and cannulation
3. European Paediatric Life Support Course or equivalent

## **Level Three: Band 7**

1. Level two competences.
2. Advanced Paediatric Life Support Course or equivalent.
3. For Autonomous Practice:
  - a. Independent assessment and instigation of immediate treatment for children and young people with minor injuries/illnesses (Level 3).
  - b. Competence in x-ray interpretation
  - c. Patient Group Directions to support practice.

It is also important that organisations recognise that competence retention in the above skills requires nurses to update their skills on a regular basis. This can be achieved through a number of different mechanisms including collaborative training, staff rotation; work shadowing and interactive skills based scenarios as detailed above.

## Useful Resources

**[www.spottingthesickchild.com](http://www.spottingthesickchild.com)**

Minor Injuries in Emergency Departments, DVD available from  
**[www.ocbmedia.com](http://www.ocbmedia.com)**

Royal College of Paediatrics and Child Health: Policy Documents  
**[www.rcpch.ac.uk/policy/Emergency-Care](http://www.rcpch.ac.uk/policy/Emergency-Care)**

College of Emergency Medicine: Courses of Interest  
**[www.collemergencymed.ac.uk](http://www.collemergencymed.ac.uk)**

Royal College of Nursing  
**[www.rcn.org.uk](http://www.rcn.org.uk)**

Children's and Young Peoples Emergency and Unscheduled Care Community Resuscitation Council (UK)  
**[www.resus.org.uk](http://www.resus.org.uk)**

Advanced Paediatric Life Support, Advanced Life Support Group  
**[www.alsg.org](http://www.alsg.org)**

Paediatric Immediate Life Support, European Paediatric Life Support,

Skills for Health  
**[www.skillsforhealth.org.uk/competences.aspx](http://www.skillsforhealth.org.uk/competences.aspx)**

Faculty of Emergency Nursing: Competency Framework  
**[www.fen.uk.com](http://www.fen.uk.com)**

National Patient Safety Agency  
**[www.npsa.nhs.uk](http://www.npsa.nhs.uk)**

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