Critically ill Patient in Pediatric Emergency Department

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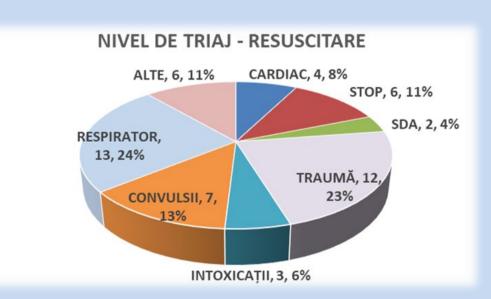
Background:

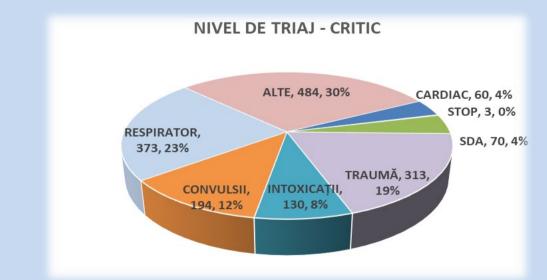
The critically ill patient is the patient who presents unstable vital functions and which, in the absence of a fast medical intervention, may develop severe complications. In this regard, the attitude of the nurse is important; any tardiness in recognising and therapeutically intervening may lead to the damage of the patient's condition.

The Romanian National Triage Protocol uses Emergency Severity Index (ESI), 5 levels of triage, depending on how severe the patient's state is at attendance. Critical patients are considered to be those patients which fit in the levels of triage 1 and 2.

Patients & Methods:

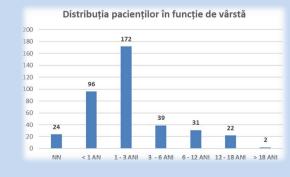
The effected study is an observational one, retrospective, made on patients who fit in levels of triage 1 and 2, present in Paediatric Emergency Department of Cluj-Napoca (UPU) in the year 2017. A total number of 28222 patients were enrolled in the study, out of which 1680 fit in the level of triage 1 and 2, representing 6% of the total sample.

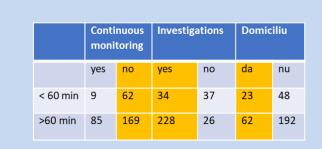




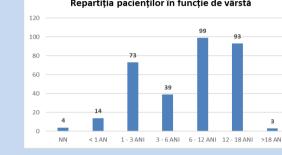
Results & discussion:

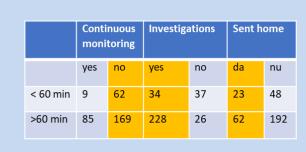
Respiratory: 386 patients, average time in ED 158,73 min; most of the children were under 3 y/o. Interventions: O₂ therapy 29,79%,drugs 83,5%, blood samples76,42%, medical imaging 33,41%, continuous monitoring 52%; 290 (75,12%) children were hospitalized.





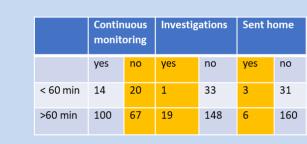
Trauma: 325 patients, average time in ED 136,21 min; most of the children were over 6 y/o. Interventions: O₂ therapy 4,9%,drugs 62,15%, blood samples 56,61%, medical imaging 80,61%, continuous monitoring 94 patients (28,9%); 240 (73,84%) patients were hospitalized.



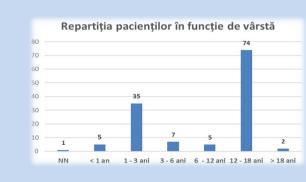


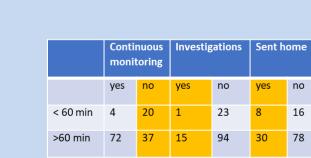
Seizures: 201 patients, average time in ED 152 min; most of the children were under 3 y/o. Interventions: O₂ therapy 10%, drugs 94,52%, blood samples 97%, medical imaging 10%, continuous monitoring 56,71%; 192 (95,52%) patients were hospitalized.



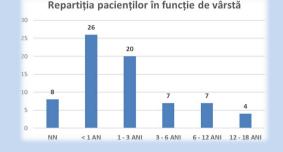


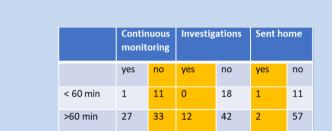
Intoxications: 133 patients ,average time in ED 204,82 min; most of the patients were teenagers. Interventions:O₂ therapy 10,52%, iv lines 89,47%, ECG 23,3%, gastric lavage 13,53%, bladder catheterization 6%, continuous monitoring 57,14%; 95 (71,42%) patients were hospitalized.



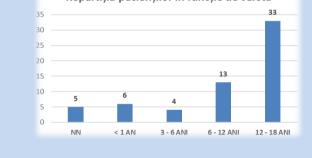


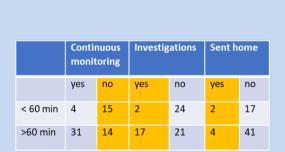
Hypovolemic shock: 72 patients, average time in ED 204 min; most of the children were under 3 y/o. Interventions: Iv lines+blood samples+drugs/fluids 97,2%, medical imaging 25%, continuous monitoring 56,71%; 69 (95,83%) patients were hospitalized



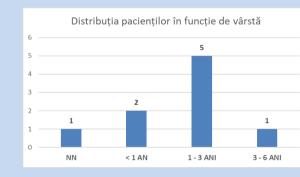


Cardiac: 64 patients, average time in ED 174,78 min; most of the patients were teenagers. Interventions: O₂ therapy 10,93%, ECG 78,12%, iv lines 93,75%, blood samples90,62%, medical imaging 40,62%, continuous monitoring 54,68%; 60 (93,75%) patients were hospitalized.





CPR: 9 patients, average time in ED 111,55 min; most of the children were under 3 y/o. Interventons: O₂ therapy+ET tube 88,88%, iv lines 88,88%, ECG 22,22%, bladder catheterization 33,33%, nasogastric tube 22,22%, medical imaging 66,66%, continuous monitoring 66,66%;



Conclusion:

The nurse must recognise the critically ill patient, must intervene by applying the immediate measures for ameliorating the patient's state, must observe the evolution of the patient and, in need, ask for the doctor's assistance. It was highlighted a deficiency in monitoring the patients initially considered critically ill. Potential causes discussed are: the short stationary period in UPU (< 60 minutes in the case of 27,83% of the patients initially considered critically ill), the temporary absence of the patient form UPU while imagistic investigations or speciality consulting were being made (40,95%), or errors in patient management (31%).