

## CLINICAL PROCEDURE

### PAEDIATRIC ESCALATION OF CARE

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**Purpose:**

To facilitate timely recognition of paediatric patients when their conditions is progressively or suddenly deteriorating. To provide early intervention in clinical treatment. To ensure staff are supported in managing clinical deterioration.

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**Target audience:**

All staff

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**Definitions:**

Trigger – Abnormal physiological observation, patient symptom or clinical assessment that alerts the bedside clinician that the patient may be deteriorating.

VICTOR – Victorian Children's Tool for Observation and Response

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**Procedure:**

This guideline applies to paediatric patients only

#### Observation charts

Refer to Paediatric Observations Procedure for information regarding paediatric observation charts (VICTOR)

Refer to Paediatric observations procedure

#### Escalation of care for a paediatric patient is different from an adult patient

There are three types of patient review:

1. Senior Nurse Review – senior nurse review +/- medical officer review
  - Two or more consecutive observations in white zone indicating a trend towards patient deterioration
  - Staff member is worried about the child's clinical state
  - A family member is worried about the child's clinical state

#### Actions required

1. Initiate appropriate clinical care (refer to appropriate procedure, RCH guideline or the PCCM)
2. Consider what is usual for the child and if the trend in observation suggests deterioration
3. Consult with nurse in charge, decide if a medical review is required

#### 4. Medical review

- a. Increase frequency of observations as indicated by the child's condition
- b. On call medical officer / GP to attend within 15 minutes
- c. GP to document management plan

#### 2. Medical review – medical review within 15 minutes.

- Triggered by any observations in the orange zone
- Staff member is worried about the child's clinical state
- A family member is worried about the child's clinical state

#### 3. Paediatric Emergency –immediate medical review / life support required / ALS staff required

- Any observation in the purple zone
- Three (3) or more simultaneous orange zone criteria
- Staff member is very worried about the child's clinical state
- A family member is very worried about the child's clinical state
- Apnoea or cyanosis
- Cardiac or respiratory arrest
- Airway threat
- Prolonged convulsions
- Sudden decrease in conscious state

#### Actions Required:

1. Place an emergency call (press emergency button in urgent care)
2. Call the GP immediately and request immediate assistance
3. Initiate appropriate clinical care as per Medical Emergency procedure. Commence Basic Life support measures if required
4. Implement Staff escalation procedure
5. Call 000 and / or seek assistance and advice from PIPER / PETS / GV Health as required

#### Modifications of EMR criteria

May only be changed by a Doctor

Modifications are only valid for 24 hours, and must be reviewed every 24 hours

A change of criterion must not exceed 10% of the parameter

Any modification must be clearly documented:

- On the chart
- In the medical notes
- Handed over each shift

#### Roles and responsibilities

- a. Nursing staff – Responsible for reporting any breach in the observation parameters to the nurse in charge, initiate appropriate care (oxygen, ECG, IV access), stay with the patient until reviewed by the GP, repeat and record observations every 15 minutes until patient situation improves
- b. After Hours Managers / ALS trained staff members (Senior Nurse) – consider if abnormal observations reflect deterioration in the patient, notify the GP immediately, consider what is usual for the patient, determine ongoing frequency of observations, collect relevant information regarding the patient and discuss findings with GP utilizing ISBAR format, support the primary nurse, patient and family

- c. On call medical officer – The GP will attend to the patient within 15 minutes. The GP will provide a management plan for the patient including frequency of observations in consultation with the Senior Nurse.

#### Management

- a. If there is no improvement in the patients condition or clinical parameters within 1 hour of treatment being initiated (or as stipulated by GP) the GP must be notified.
- b. If the GP's management of the patient is a concern the Senior Nurse may contact the Director of Clinical Services or the Director of Medical Services to provide support to the GP/ nursing staff
- c. The Senior Nurse should initiate the "Staff Escalation Procedure" as required
- d. In the event that the Senior Nurse is unable to contact the GP, DCS or DMS the nurse must contact GV Health Emergency Department Admitting Officer to ask for advice. The Senior Nurse may also contact 000 for urgent ambulance transfer, PETS or PIPER as appropriate
- e. If at any time the Senior Nurse is not satisfied with the response from medical staff (fails to attend, not responding to treatment) they may discuss patients care with GV Health Emergency Department Admitting Officer

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#### Author/ contributors:

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#### Endorsed by:

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Cobram District Health's Improving Performance Committee

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#### Key Legislation , Acts & Standards:

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NSQHS, Standard 9

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#### References / Supporting Documents:

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Royal Children's Hospital. Deteriorating Patient: escalation of care

Wimmera Health Care Group. 2014. Paediatric Escalation of Care

ViCTOR website [www.victor.org.au](http://www.victor.org.au)

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**Responsible for Review:**

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**Risk**

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RISK	REVIEW PERIOD
M	3 years

**Appendix 1. Clinical parameters for Clinical Review – Paediatric / Neonate**

<b>AGE</b>	<b>Approximate Weight Kg</b>	<b>Systolic Blood Pressure mmHg</b>	<b>Heart Rate Beats/minute</b>	<b>Respiratory Rate Breaths/minute</b>
<b>Term</b>	<b>3.5</b>	<b>60-105</b>	<b>110-170</b>	<b>25-60</b>
<b>3 months</b>	<b>6</b>	<b>65-115</b>	<b>105-165</b>	<b>25-55</b>
<b>6 months</b>	<b>8</b>	<b>65-115</b>	<b>105-165</b>	<b>25-55</b>
<b>1 year</b>	<b>10</b>	<b>70-120</b>	<b>85-150</b>	<b>20-40</b>
<b>2 years</b>	<b>13</b>	<b>70-120</b>	<b>85-150</b>	<b>20-40</b>
<b>4 years</b>	<b>15</b>	<b>70-120</b>	<b>85-150</b>	<b>20-40</b>
<b>6 years</b>	<b>20</b>	<b>80-130</b>	<b>70-135</b>	<b>16-34</b>
<b>8 years</b>	<b>25</b>	<b>80-130</b>	<b>70-135</b>	<b>16-34</b>
<b>10 years</b>	<b>30</b>	<b>80-130</b>	<b>70-135</b>	<b>16-34</b>
<b>12 years</b>	<b>40</b>	<b>95-140</b>	<b>60-120</b>	<b>14-26</b>
<b>14 years</b>	<b>50</b>	<b>95-140</b>	<b>60-120</b>	<b>14-26</b>
<b>17+ years</b>	<b>70</b>	<b>95-140</b>	<b>60-120</b>	<b>14-26</b>

**Notes**

- These are acceptable ranges for unwell children.
- They are not what would be expected normal ranges for healthy children.
- There are many publications giving normal or acceptable ranges for physiological variables in children. Published values are quite disparate and probably reflect differing populations and assessment methods.
- The values shown here match those currently being used on RCH observation charts as thresholds for patients needing review. These charts are being considered for use in all Victorian hospitals that care for children.
- The heart rate and respiratory rate values are drawn from the 5th & 95th centiles (bracketed for age and rounded to workable values)
- They have been chosen as they are more representative of unwell children.
- Patterns of change in these variables are as important as the thresholds shown here. For example a heart rate that is steadily rising through the acceptable range should trigger attention before it crosses the 95th centile

## ViCTOR ESCALATION FLOWCHEET – COBRAM DISTRICT HEALTH

