



HEAD OF THE PEDIATRIC WARD AND PEDIATRIC A&E

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PEDIATRIC WARD AND PEDIATRIC A&E



The Pediatric Emergency Department is a specialist A&E unit dedicated to patients aged between 0 and 17 years. The department's primary role is to assist patients in emergency situations: those with compromised or impaired vital functions, with the aim of stabilizing them. Our service receives over 20,000 patients each year. Patients are attended to by appropriately trained nurses who are responsible for identifying those in immediate danger (red code) or at risk of rapid deterioration (orange code), and ensuring they receive prompt medical care. The medical team consists of pediatricians trained in pediatric emergency medicine. The Pediatric A&E is not a specialist 'clinic', so it is not suitable for addressing non-acute issues, which should be managed by the family pediatrician.

SERVICES OFFERED

The services provided are:

- Patient triage based on severity and priority.
- Resuscitation and stabilization of critically ill patients.
- Diagnostic assessment of patients arriving at the A&E department.
- Treatment through the formulation of a care plan in accordance with the facility's agreed guidelines.
- Nursing care.
- Clinical and diagnostic monitoring.
- Discharge or admission to the appropriate facility.

SERVICES AVAILABLE 24 HOURS A DAY

- Clinical laboratory.
- Blood transfusion centre.
- Resuscitation consultancy.

PEDIATRIC RADIOLOGY DEPARTMENT

- H12 is available on weekdays (from 08:00 to 20:00).
- And on call on days before public holidays (from 12:00 to 20:00).
- On public holidays (24 hours a day) and during night-time hours (from 20:00 to 08:00).

The pediatrician on duty in A&E may consult paediatric orthopaedic specialists, child neuropsychiatrists, pediatric surgeons and pediatric cardiologists when they are present in the hospital or on call (with the exception of pediatric cardiology - when the paediatric cardiologist is not present, the paediatric cardiologist at the Civil Hospital is consulted).

Other specialities: **ENT, Ophthalmology, ORL, Maxillofacial Surgery, Vascular Surgery, Thoracic Surgery, Infectious Diseases and Cardiology** are available at the Civil Hospital and can assess paediatric patients when necessary.

Since December 2018, the **Short-Stay Observation Unit** has been operational, with four beds available. The Short-Stay Observation Unit is used for patients with acute conditions requiring moderate care, for whom discharge home within 24–36 hours is desirable.

TRIAGE The triage systems implemented in Piedmont are based on the 'Global Triage' model, which takes a holistic approach to the individual and their family members. This model involves a nursing assessment based on the collection of subjective and objective data, consideration of relevant situational factors, and the actual availability of resources within the facility.

Methodologically, the triage process should be divided into four stages:

- assessment at the door: a quick assessment of the user's general condition with the aim of identifying those with care needs who require immediate assistance.
- Data collection: this comprises a subjective assessment, carried out primarily through interviews, and an objective assessment, which involves identifying signs and symptoms and analysing clinical records where available.
- Triage decision: this involves assigning a priority code.
- Reassessment: this is necessary in order to identify any changes in circumstances at a nearly stage.



CODING SYSTEM In accordance with national legislation, the triage priority code system must comprise five categories of code:

CODE		Name	Definition	Standard maximum waiting time for treatment
Number	Colore			
1	red	EMERGENCY	the cessation or severe impairment of one or more vital functions	immediate access
2	orange	URGENCY	risk of impairment of vital functions. A condition with a potential risk of progression or severe pain and factors	access within 15 minutes
3	blue	DEFERABLE URGENCY	a condition with a low likelihood of progression or factors contributing to distress and a negative impact on general health	access within 60 minutes
4	green	MINOR EMERGENCY	stable condition with no risk of progression, with minimal discomfort and no impact on general health	access within 120 minutes
5	white	NON-URGENT	a non-urgent condition of minimal clinical significance, excluding the conditions listed above	access within 240 minutes

In the event of a CODE RED, the entire medical and nursing team will attend to the patient, suspending all other activities; this situation is indicated by a flashing light at the entrance.

In accordance with national guidelines, the expected waiting times for access to treatment areas – that is, the start of the diagnostic, therapeutic and care pathway – are set out below. These figures apply under conditions of normal patient numbers and organizational arrangements, and are based on studies conducted by scientific societies and in line with international literature (maximum waiting time).

REASSESSMEN Reassessment is a fundamental process that must be guaranteed for all patients awaiting treatment. As an essential stage of the triage process, it is defined as a professional activity aimed at monitoring patients' condition whilst they wait, promptly identifying any changes in their state of health. It consists of subjective and/or objective assessments that must be recorded. Whilst waiting, measures may be taken to improve comfort, including with the support of citizens' associations.

The revaluation must be carried out:

- in the opinion of the triage nurse.
- At the request of the user or their cares.
- At the end of the revaluation period specified for each code..

Each organization must set maximum revaluation periods, broken down by code, which should be in line with those set out in the table below:

CODE		Name	Standard maximum waiting time for treatment	Revaluation method
Number	Colore			
1	red	EMERGENCY	immediate access= no revaluation	
2	orange	URGENCY	15 min	direct observation or video monitoring with constant monitoring of conditions
3	blue	DEFERABLE URGENCY	60 min	a repeat of some or all of the assessment stages
4	green	MINOR EMERGENCY	120 min	in the opinion of the triage nurse at the patient's request
5	white	NON-URGENT	240 min	once the recommended maximum time has elapsed