

APEM Elizabeth Molyneux Prize

001 CAN WE MAKE THE EMERGENCY DEPARTMENT HANDOVER SAFER?

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Background Handover of care is one of the most perilous procedures in medicine.¹ The unique shift-based work in the ED, where there is a high degree of patient turnover, unpredictability and patient volume can create challenges to good quality clinician and nursing handover.

The above highlights a need for an improved and standardised patient bedside handover tool for both clinicians and nurses involving and empowering patients and families. Both handover tools will cement safe continuity of information between shift changes and improved communication with patients and families.

Method and results A standard operating procedure, flowchart and clinician's handover tool was designed to

maximise safe handover as illustrated in figure 1. The tool has been introduced into the department since June 2017. After the introduction of the tool, an evaluation survey of 30 participants across various grades of clinicians was performed.

Building on the success of the clinician's handover tool; a standard operating procedure, flowchart and the first standardised nurse's handover tool was designed as illustrated in figure 2.

Conclusions For the month of September 2017, 30 completed surveys evaluating the clinician's handover tool was collected. 100% positive responses were received stating they found it useful. The handing over clinicians commented feeling more satisfied that 'their patient was appropriately and safely handed over at the bed side in front of the family'.

The nurse's handover over tool was praised as nurses felt 'happier' with handover and more satisfied to leave shift 'without forgetting significant patient information'.

Both tools have become routine practice within the ED and are very useful adjuncts to improve patient safety within the department.

Birmingham Children's Hospital		Emergency Department			Handover Tool		
Location	Date	Time					
S	Working diagnosis						
	Clinical / nursing concerns?	Y	N	Details			
B	Important background						
	Safeguarding concerns	Y	N	Details			
A	Bedside clinical review	✓	Details				
	Investigations reviewed	✓		✓	PEWS reviewed	✓	
R	Outstanding tasks or investigations?	Y	N	Details			
	Nurse-led-discharge criteria?	Y	N	Details			
	Time of next review			Nurses updated	✓	Family updated	✓
	Name	Signature	Designation	PatientFirst updated			
Handing over				✓ (Coding)			
Receiving				✓ (Handover)			

Abstract 001 Figure 1 Clinicians handover tool

Birmingham Children's Hospital		Emergency Department		Handover Tool			
NURSING		Date :		Time :			
S	Presenting Complaint:						
	Infectious Status:						
B	PMH/Background:						
	Learning Disability /CAMHS		Measures in place				
	Previous / Current Safeguarding Concerns		Social Worker				
	Treatment so far:						
A	PEWS Chart	Y	N	Score	Obs Frequency	Drug Chart <input type="checkbox"/>	Fluid Balance <input type="checkbox"/>
	Nursing Concerns		Pain Score	Pain R/V time	Height <input type="checkbox"/>	Transfer Risk Assessment <input type="checkbox"/>	Other
R	Outstanding Tasks						
	Plan of Care/next r/v						
	Name		Designation		Signature		
Handing over							
Receiving							

Abstract 001 Figure 2 Nurses handover tool

Multidisciplinary handover post-shift work at the bedside has become standardised practice and improved patient safety with continuity of care with these tools. Regular ongoing audit have demonstrated that the tools are routinely used by both clinicians and nurses.

REFERENCE

1. British Medical Association. Safe handover: safe patients. Guidance on clinical handover for clinicians and managers. London: BMA, 2004.

002

CURRENT FLUID RESUSCITATION PRACTICE IN A TERTIARY PAEDIATRIC EMERGENCY DEPARTMENT IN INFANTS WITH A WORKING DIAGNOSIS OF SEPSIS: A RETROSPECTIVE STUDY

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Sepsis is a leading cause of mortality among children worldwide (Kawasaki, 2017). Variability in treatment strategies is one of many factors complicating practice. Current UK guidelines recommend bolus fluid resuscitation with 20 ml/kg within ten minutes. However, the seminal study of the Fluid Expansion as Supportive Therapy trial (Maitland *et al.*, 2011) may have influenced current practice, and

potentially a more restrictive approach is now being taken. This study was performed in a low-income setting, raising questions as to its applicability in a high-income setting. The FiSh study (Inwald *et al.*, 2019) highlights the challenges of conducting a similar study in high-income settings. The complexity of the altering physiology at different ages complicates this further, and therefore a review of current local practice was indicated.

This is a retrospective study involving 50 infants, with a working diagnosis of sepsis, treated in a tertiary paediatric emergency department resuscitation room, from November 2015 – March 2018. Data was collected regarding the volume, type, aliquots and timing of fluid, together with lactate levels. The acuity and length of admission were the measurable outcomes.

50% of infants were under fluid resuscitated against the currently recommended guidelines (figure 1). Of the infants that were under fluid resuscitated, 60% required no further fluid resuscitation (figure 2). There was no correlation between fluid resuscitation practice and admission length, although the majority of patients (84%) had admissions of less than one week. 2% of infants had positive blood cultures.

This study adds value to clinicians working in paediatrics by demonstrating that fluid resuscitation of infants specifically needs careful consideration and further investigation. Discussion surrounding the aetiology and prevalence of sepsis in