

## Paediatrics in the ED

Campbelltown has a busy Emergency Department. 30 – 40% of presentations are paediatric patients (approx 30 – 40 children per day). The new department (opened Dec 2002) has a separate paediatric observation area + a designated paediatric resuscitation bay.

The department is staffed by 2 Emergency Specialists (David Hugelmeyer [director] + Richard Cracknell) & 1 paediatrician (Susie Piper / Raymond Chin). 2 new part-time Emergency specialists will start in early 2003 (Katie Maclean and Peter Ngo). There is a large group of experienced CMOs. Interns and RMOs rotate from Bankstown. Locum medical officers fill gaps in the roster. The department has recently received accreditation for Emergency Training and will recruit ED registrars in the near future. This should reduce the reliance on locums.

The department of paediatrics has always provided a high level of support to the Emergency Department. The ED represents a very significant component of our workload. Paediatric medical staff are rostered to work in the Emergency Department in the evenings. They are **NOT** expected to see every child who presents during their shift, but they are expected to do all within their power to make the Emergency Department run efficiently and see as many children as possible. ED medical staff are also expected to see children in the evenings, especially those with surgical and orthopaedic problems.

Paediatric medical staff are expected to:

- Familiarise themselves with the layout of the department and the paediatric resuscitation area
- Attend the ED at 0800 daily for a handover of paediatric patients
- Attend the ED promptly when asked to assess a paediatric patient
- See paediatric patients from triage when they are based in the ED (Registrar 'E' and 'D12' shifts + RMO '14' shift)
- See paediatric patients from triage when the wait for children is greater than 2 hours (all paediatric medical officers + staff specialists)
- See paediatric patients from triage during the night when the wait is > 1hr (Registrar 'N' shift)

The paediatric observation area currently only has 3 beds 'open'. Paed. medical staff need to liaise with the nursing team leader if there are more than 3 paed. patients needing to be seen / treated. Options for managing patient flow are to transfer children to the paediatric ward for completion of their assessment / workup (if an inpatient admission is clearly required) and to utilise the short stay area in paediatric ambulatory care. (Both options require liaison with ward / PACS nursing staff). Do not take more than 3 paed. patients into the ED paed. observation area without discussion with the ED team leader. (Hopefully the remaining paed. obs beds will 'open' when enhancement funding becomes available in mid 2003).

Please discuss problems / ideas for improvement with Susie Piper