Improving practice of paediatric admission

For the six warfarinised patients, median percentage days within target therapeutic range (TTR) was 40.2% and percentage of tests within TTR was 34.1%.

Conclusion In this small cohort of Gambian children and adolescents, cardiac surgery had a positive impact with significant effects on exercise tolerance and pill burden. Normal exercise tolerance following fifteen (78.9%) operations had positive social, economic and medical implications. However, there is a long-term risk of haemorrhage and thromboembolism in warfarinised patients given the low proportion of time in therapeutic range. Our evaluation highlights the challenges of working with adolescents around medication adherence, lack of alternatives to warfarin for young women of child bearing age and the need for high quality pre- and post-operative assessment and follow-up in low resource environments.

Aims This audit aimed to quantify the impact that delivering a Paediatric Assessment Skills and Leadership (PAS) course would have on the measurement and documentation of patients’ vital signs on admission to an inpatient department.

Methods Data was collected from the paediatric medical ward over seven days. Notes for each admission in the past 24 hours were examined for the recording of vital sign parameters. The standard for data inclusion was from the local Critical Care Pathway which defines eight base line observations to be recorded on each admission to the department. Over the following two weeks a PAS course was delivered to 34 nurses. The course taught clinical examination skills and a Train the Trainer programme to empower the local team to deliver the course in the future. One month after the course a re-audit was taken on the same ward. To avoid bias neither audit timings were disclosed to the ward staff.

Results In the initial audit, notes for 97% of the 234 admissions (n=227) were examined. Of these only 1.76% (n=4) had a full set of documented vital signs. Blood pressure was the least recorded (2.4%), respiratory rate was recorded in less than half of all admissions (45.3%) and temperature was the highest documented vital sign (96.5%). After delivery of the PAS course the re-audit captured 100% (n=28) of admissions in a 24 hours period and found that a full set of vital signs were documented in 32% of all admissions (an increase of 30.24%), blood pressure measurement increased by 34% and respiratory rate was documented in 75% of all admissions.

Conclusion The PAS course had a positive impact on the frequency of documentation of admission vital signs. Further improvement is required to ensure all children receive a comprehensive documentation of vital signs. This may be achieved through on-going education. Future audits should be carried out to assess the development of the service and act as an incentive to maintain high standards. For sustainability the responsibility of the audit, feedback and education process should be given to the leaders within the local team.

SUCCESSES AND CHALLENGES OF INTRODUCING CLINICAL JOB AIDES IN DISTRICT HOSPITALS IN MYANMAR

Aims Clinical job aides directly benefit clinical care and assist project evaluation. We describe early experience of their introduction as part of an Emergency Paediatric Care Programme (EPCP).

Methods An EPCP working group developed pilot job aides. These included admission, observation and drug charts that were piloted in 11 hospitals. Between May and October 2016 the job aides were reviewed and a survey of local healthcare workers undertaken.

Results In the majority of hospitals job aides were limited or inadequately completed. Vital sign charts typically only