British Paediatric Association

Children in specialist hospital departments

The British Paediatric Association (BPA) has cooperated with several other professional associations in preparing joint statements concerning the care of children.

(1) Children's attendances at accident and emergency departments

This joint statement, issued in 1988 by the BPA, the British Association of Paediatric Surgeons, and the Casualty Surgeons Association, notes that over two million children are seen annually in accident and emergency departments, a larger number than is seen in paediatric outpatient clinics. At least 15% of these children have medical conditions and at the Children's Hospital, Sheffield, 40% of those attending the accident and emergency department under the age of 2 do so for medical conditions. In only 13 out of 189 hospitals supplying information for a survey in 1985, however, was there any regular sessional commitment to the accident and emergency department by a member of the medical paediatric staff. The joint statement goes on to make a number of important recommendations.

MEDICAL TRAINING

Paediatric accident and emergency medicine should develop as a specialty. Consultant posts in this specialty should be established in children's hospitals and possibly in large accident and emergency departments in general hospitals where many children are seen. The Joint Committee on Higher Medical Training should therefore consider drawing up an appropriate training programme to include a minimum of one year's experience at senior registrar level in paediatrics and/or paediatric surgery and a minimum of one year in an accident and emergency department where considerable numbers of children are seen. It is also recommended that a minimum of three months' experience in paediatrics should be obligatory for accreditation in accident and emergency medicine.

FACILITIES

Children's departments and accident and emergency departments should be on the same site and a consultant paediatrician should have responsibility

for liaison with the consultant in accident and emergency medicine concerning the care of children.

Special accommodation is needed in accident and emergency departments for interviewing children and their families, especially in relation to child abuse. Separate waiting areas and treatment rooms for children should be provided.

NURSING

A registered sick children's nurse with managerial responsibility for the children's department should liaise with the nursing officer in the accident and emergency department concerning the arrangements for children in that department. Accident and emergency departments should have at least one registered sick children's nurse on their staff.

(2) Hospital facilities for children undergoing ear, nose, and throat treatment

This is a 1988 version of a joint statement by the BPA and the British Association of Otolaryngologists that was first issued 10 years ago.

Children in hospital for ear, nose, and throat treatment should be under the care of the otolaryngologist and their nurses should have both paediatric and ear, nose, and throat training. Paediatricians should have a general oversight of all children in hospital.

Children admitted for ear, nose, and throat treatment are best nursed in a comprehensive children's department but where this is not possible the children should be nursed in accommodation designed and staffed for their special needs. This may be in an area for ear, nose, and throat treatment in the children's ward or in a children's area in the ear, nose, and throat ward. In either case the two wards should be close to each other and have easy access to the operating theatres.

Accommodation should be available for parents wishing to stay in hospital with their children and unrestricted visiting by parents should be encouraged.

(3) Ophthalmic services for children

A joint working party between the Faculty of

Ophthalmologists and the BPA published a report in 1984. Children under the care of ophthalmologists should ideally be admitted to a children's ward where optimal ophthalmic care can be achieved and children's trained nurses and general paediatric medical care are available. If this is not possible children should be nursed in a separate part of the ophthalmic unit that has open visiting for parents and siblings and where a play leader and teacher are available.

Good liaison between paediatricians and ophthalmologists is essential and there should be a regular paediatric commitment to ophthalmic units. In the

outpatient department there should be a play area and facilities for feeding babies. Separate clinics for children are desirable.

The report emphasises the importance of screening children for visual defects for which general practitioners, clinical medical officers, and health visitors should have appropriate training. Paediatricians should understand the development of normal vision and be competent to diagnose common eye disorders in children. Ophthalmologists should have some knowledge of child development and paediatric disorders.

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