

SIMEU TORINO NOVEMBER, 9-10-11 2006



EMERGENCY INFORMATION FORM FOR CHILDREN WITH SPECIAL CARE NEEDS

F Pederzini(1) , R Malossi(1), A Graziani(2), G Folgheraiter(3), A Antolini(4), C Fanelli(4),
C Marchesoni(5), A DiPalma(5), A Zini(2), G De Nisi(1) and P Iseppi(6)

(1) Newborn Intensive Care Unit, (2) 118 Trentino Emergency
Call Center, (3) Emergency Unit, (4) Family Pediatrician, (5)
Pediatric Unit, (6) Emergency Department, APSS Trento

**BAMBINI CON BISOGNI SPECIALI
CONTINUITA' DI CURA IN EMERGENZA**

INTRODUCTION

Emergency physicians and paediatricians provide medical care to many children with special healthcare needs (SHN) because of complications of chronic conditions, failure of support technology, or progression of underlying disease.

In Trentino-Suedtirolo, a recent survey counted a prevalence of children aged <14yrs affected by serious life-threatening medical conditions.

PREVALENCE 6/1000 OF CHILDREN 0-14YRS

(Antolini A et al *Pediatrics d'Urgenza* 2003;1:12).

For a child with SHN, an admission to the emergency room can be risky because of the lack of medical information, list of current medications and management requirements, and the unusual progression of underlying disease. This lack of information can waste precious minutes which could be

BAMBINI CON BISOGNI SPECIALI

bambini (0-14 anni) che, per le loro patologie di base e/o per precedenti anamnestici, spesso molto particolari e specifiche, possano incorrere in situazioni di emergenza.

Spesso seguiti da Centri specialistici o da singoli professionisti

- Bambini che necessitano spesso di valutazione e trattamento in emergenza
- Bambini con problemi medici cronici
- Problemi al sistema nervoso
- Problemi polmonari
- Problemi renali
- Problemi cerebrali
- Bambini con problemi fisici, di sviluppo o di apprendimento
- Technology Assisted Children

Bambini “tecnologicamente assistiti a domicilio” (1991-2006) da Neonatologia di Trento

displasia broncopolmonare	18	O2 DIPENDENZA
atresia esofagea	2	GASTROSTOMIA
cerebropatia	4	GASTROSTOMIA
s. QT lungo	2	DEFIBRILLATORE
idrocefalo post emorragico	1	O2 + GASTROS.
Tachicardia sopraventricolare	5	monitor
s. di Moebious	1	TRACHEO+GASTROS.
ALTE	1	monitor
stenosi laringea	1	TRACHEO+GASTRO.
s. di Ondine	1	TRACHEO+VENT. INV.
proteinosi alveolare	1	TRACHEO+VENT. INV.
malattia met. (FFisom)	1	TRACHEO+VENT. INV.
TOTALE	38	oltre 20.000 gg

METHOD

To optimize emergency care of children with SHN, a committee composed of family paediatricians, intensivists and emergency physicians developed an Emergency information Form (EIF). An automated procedure which recognizes the telephone number of the child with SHN gives to the 118 Trentino EMS Call Center the access to the data set of address and medical information; the informations are promptly transfered to the pre-hospital and in-hospital care teams for the continuity of care.

**EMIMA BETA80
SOFTWARE**

EMERGENCY INFORMATION FORM



Name

birth date

Revised

Address

Emergency contacts – name/relationship/phone

Physician

Primary care physician

Diagnosis

- 1.
- 2.
- 3.

Synopsis (AB&C common presenting problems/findings with suggested managements)

- ➔ **A**irway:.....
- ➔ **B**reathing:.....
- ➔ **C**irculation:.....
- ➔ **D**isability:.....
- ➔ **E**xposure:.....

Medications

- 1.
- 2.

Significant baseline physical findings:..

Management data

Medication to be avoid

- 1.
- 2.

Procedure to be avoid

- 2.
- 2.

Antibiotics prophylaxis

Comment on family and care givers

PBLS training

Home-Technology and facilities briefly description

FIRST RESULTS

Since april 2006 an individualized EIF with the emergency plan has been stored in the EMS-call center suitable for dispatching the first basic and advanced care. Three emergency assistances were successfully coordinated by the 118 Trentino in this period.

la centrale operativa 1-1-8



CHILDRENS WITH SPECIALS NEEDS CONTINUITY OF CARE



U.O. NEONATOLOGIA E TERAPIA INTENSIVA NEONATALE

E U.O. PEDIATRIA

CONCLUSION

Identifying children with SHN with life-threatening conditions in emergency is still a major hurdle. The identification of children with SHN, the completion and regular updates of EIFs, the education of the family on the use of the emergency plan, and a 24-hour access to the archive of emergency medical records by authorized health care professionals should improve the continuity of care of these children.

