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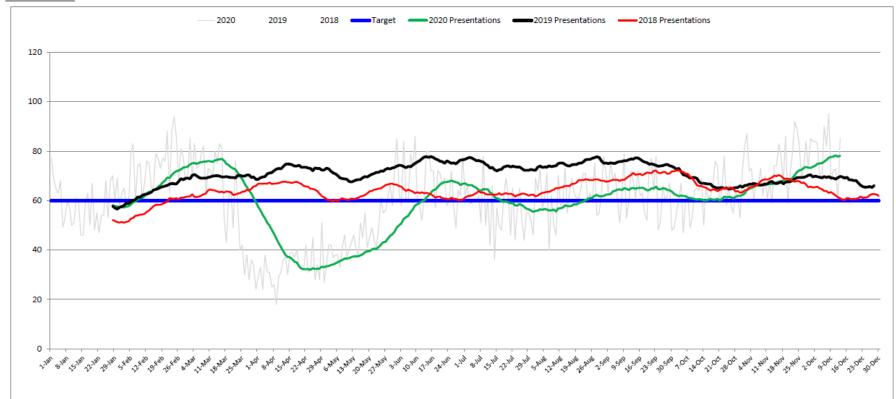
December so far.....

- ▶ 1176 Paediatric Presentations (13/12/20)
- ► Averaging **90.5** per day
- ▶ December 2019 **73** per day
- ➤ Top triage category = Resp/cough (URTI, bronch, croup, asthma, pneumonitis) Reflected in SCHN, West..
- We are not cleverer than Mother Nature!



Paediatric Presentations

PRESENTATIONS







RSV (and other viruses) on the rise

Hunter Area Health Service

December so far:

756 Respiratory viral screens 138 RSV +ve (>18%)

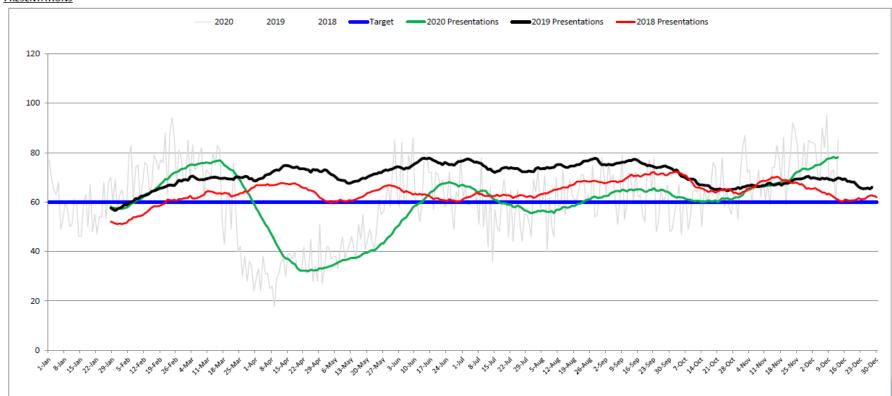




Paediatric Presentations

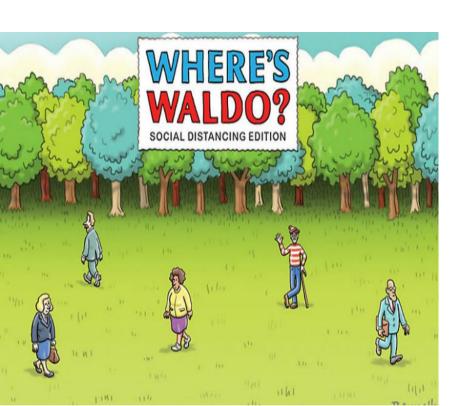
Flow on effect ...?

PRESENTATIONS





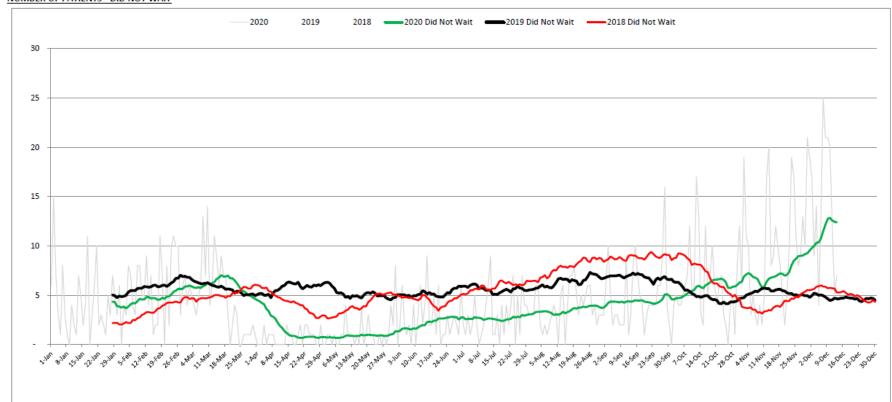






Did Not Wait

NUMBER OF PATIENTS - DID NOT WAIT



01/11/2019 to 7/12/2019

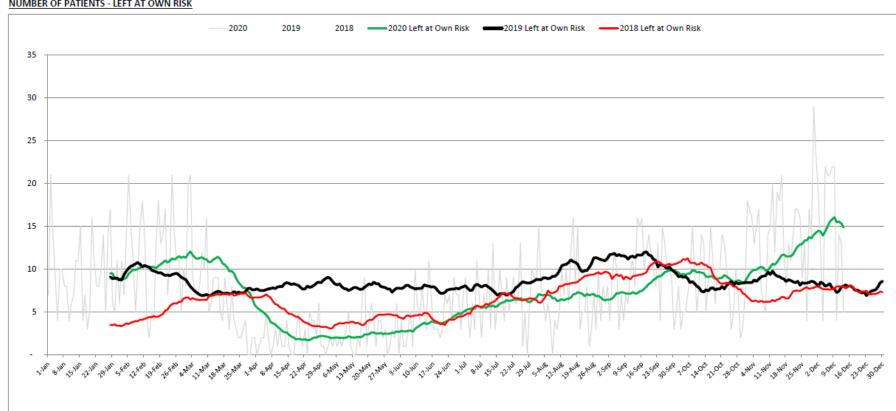
▶ Did not wait – 94

01/11/2020 – 07/12/2020Did not wait – 175



Left At Own Risk

NUMBER OF PATIENTS - LEFT AT OWN RISK





01/11/2019 to 7/12/2019

Left at own risk - 168

01/11/2020 - 07/12/2020 Left at own risk - 367

Part of the issue Factors likely multiple Parent/Consumer Feedback

"GP won't see her until she has a -ve COVID swab "

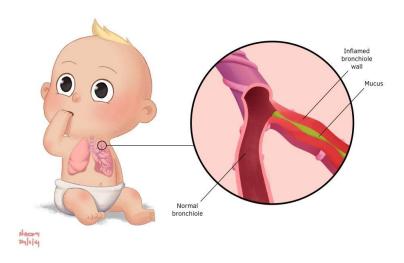


"GP surgery won't see any pts with cough, fever, cold symptoms"
GP phone consult – then referred to ED for ...CXR, physical
examination, further tests, swab, review/opinion
"Tried multiple GP surgeries"
Offered telehealth or phone consult – "I want my child seen and
examined by a Dr"
"No spots until next week"
GPAH – ""won't see any patient with respiratory symptoms, fever ..."

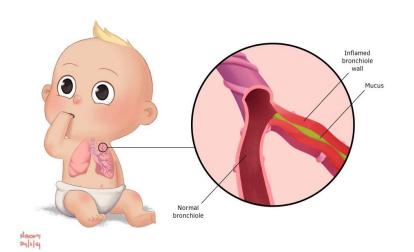


Is it safe to see children with URTI, Bronchiolitis and other viral Respiratory Illness in the Community?

Business as usual?
COVID risk?
PPE and other resources?



Bronchiolitis (RSV) and other Respiratory Viral Infections on the rise ..



But:

COVID Green

Last Community Acquired COVID in Hunter ???

Paediatric COVID ?

What we are doing at JHH ED:

New Paediatric ED – still only 8 beds

All comers in same area – previously Amber + Green Areas/Beds

Droplet Precautions – in ED surgical masks

No Respiratory-Infectious Area

Terminal Clean only if patient in bed > 4hours

Resuscitation – all critically unwell kids in resus – previously COVID intubation trolley/protocol with consideration of –ve pressure room

AGP ??

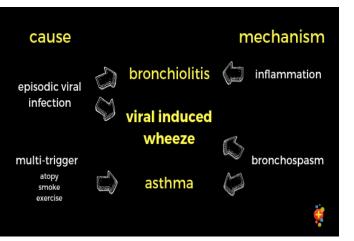
Swab ALL children with Resp/Fever no focus/gastro

(COVID + R14 for admitted)

??Cohorting Bronchiolitis Patients on ward



- < 1 year = bronchiolitis</p>
- ▶ > 1year something else





Bronchiolitis



Supportive care

- Respiratory
- ► Hydration metabolic

ED assessment:

A B C DEFglucose

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Latest news

CPG Update November 2020

Information regarding CPGs published in November 2020 and details of topics discussed by the CPG Committee

CPGs endorsed by the Paediatric Improvement Collaborative

November 2020 - The Following CPGs have been endorsed by the Paediatric Improvement Collaborative

General information

 CPGs endorsed by the Paediatric Improvement Collaborative

October 2020 - The Following CPGs have been endorsed by the Paediatric Improvement Collaborative

CPGs endorsed by the Paediatric Improvement Collaborative

August 2020 - The Following CPGs have been endorsed by the Paediatric Improvement Collaborative





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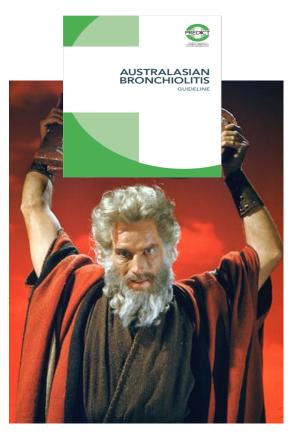
Bronchiolitis

This fact sheet is available in the following languages: <u>Arabic, Assyrian, Burmese, Chinese (simplified), Chinese (traditional), English, Karen, Persian, Somali, Turkish and Vietnamese.</u>





Bronchiolitis Commandments



Treatment is supportive

Thou shalt not:

- ► Chest xray
- ▶ Do bloods
- ▶ Give bronchodilator or steroids
- ▶ Give nebulised adrenaline
- ▶ Give nebulised hypertonic saline
- ▶ Routinely NPA
- ► Treat with antibiotics

COVID additions — Thou shall:

- ▶ Adopt droplet precautions
- ► Swab every patient with fever and/or respiratory symptoms
- ▶ Give Isolation advice