



Royal College
of Nursing

Caring for Children and Young People

Guidance for nurses working in the independent sector

CLINICAL PROFESSIONAL RESOURCE

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Introduction

This Royal College of Nursing (RCN) publication is an update of previous guidance (RCN, 2013a) and reflects current guidance relating to the care of children in hospital settings. The guidance identifies key points for organising children and young people's health care

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Many factors need to be addressed when delivering services to children and young people. With safety being paramount, organising services should consider the following key areas: the volume of admissions; specialist provision; the age of patients; good communication (with both the patient and their family); assessment of the environment, facilities and equipment; operation procedures; outpatient care, and pain management. A philosophy of care must also always be followed when caring for children, young people and their families. This must include age-appropriate care and the physical and emotional wellbeing needs of children and young people (RCN, 2021 (being published early 2021)).

Safety of care

Hospitals and independent health care providers should:

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Age of patients

It is generally accepted that children under the age of three should only be admitted to specialist paediatric units due to the increased risk of anaesthetic problems that occur in

- accommodation close to the child's bed or room so that a parent/carer can remain with their child in hospital (DH, 2004)
- designated areas for treatment of children and young people, with readily available child-sized equipment, including emergency drugs and resuscitation equipment (NHS England, 2014).

Operations

Children and young people should be scheduled on a dedicated children's list for surgery. Where this is not possible, children and young people should be scheduled at the beginning or end of mixed children and adult lists and to meet the needs of the child and family (RCS England, 2013). In addition, the following protocols should be adhered to:

- children and young people should fast for as short a time as possible before surgery, with fasting times decided in consultation with the anaesthetist (RCS England, 2013)
- children and young people should not be cared for alongside adults in recovery areas, and parents/carers should be allowed to visit their child in the recovery area (RCOA, 2020)
- a paediatric early warning tool should be used post-operatively to monitor the child's condition and detect early signs of deterioration (Healthcare Improvement Scotland, 2014)
- facilities should provide short-term high dependency care in the event of a child becoming critically unwell. A policy should be in place to ensure that the child is transferred to a high dependency unit as soon as possible.

Pain management

All staff caring for children and young people must understand the importance of adequate pain control in children and should receive training in the assessment and management of pain in children (RCN, 2009). In addition, organisations caring for children and young people should have a pain management protocol to ensure that children receive adequate and appropriate analgesia (RCN, 2009).

Pain management procedures

- A local anaesthetic cream should be applied prior to intravenous cannulation or the taking of blood.
- Analgesia should be administered orally, intravenously or rectally once consent is agreed (NHS Scotland, 2006) and intramuscular (IM) injections should be avoided where possible.
- A pain assessment tool should be used to suit the age and cognitive ability of the individual child or young person. Where a child is unable to communicate pain, a tool incorporating physiological and behavioural indicators should be used (RCN, 2009; RCN, 2017).
- Pain assessment should be regular and include the child's response to pain relief (RCN, 2009). Age-appropriate verbal and written advice, and instructions on the management of pain post discharge, should be given to the child or young person and their family. Take-home medication and/or a prescription for analgesia should be given on discharge home (mychildsinpain, 2017).

Consent

It is very important that staff looking after children and young people understand the issues of consent. Prior to any treatment or procedure, the consent of the child or young person (where possible) and the child's parents or carers must be obtained (NHS Scotland, 2006). Consent for the treatment is usually obtained from the person who holds parental responsibility for the child/young person (RCPCH, 2017). Ensure all discussions with the child/young person and their family regarding consent is documented in the child's health record (NCEPOD, 2011).

Anyone over the age of 16 can consent to treatment or care (Family Law Reform Act, 1987). Anyone under the age of 16 in England and Wales may be able to consent to treatment provided they understand the nature and consequences of the treatment (Gillick v Norwich and Wisbech Health Authority, 1985). Anyone under the age of 16 in Scotland may be able to consent to the treatment provided they understand the nature and consequences of the treatment (Age of Legal Capacity (Scotland) Act, 1991; Children and Young People Act (Scotland) 2014).

When a child or young person under the age of 16 does not understand the nature of the treatment, consent can be provided by another person with parental responsibility (see: Who has parental responsibility?). When a person under the age of 16 refuses treatment, there are complex legal rules that may allow another person to provide consent if this is in the child's best interests. This area is problematic, and each case needs individual assessment and can be referred to the Court of Protection (DH, 2001).

Who has parental responsibility?

Mothers automatically have parental responsibility for their children. Fathers also have parental responsibility if they wroeen

Nursing, medical and allied health professional staffing

- Employers should refer to a copy of the local area safeguarding procedures and local safeguarding children board (LSCB) or equivalent for additional information and guidance.
- The organisation should have a named professional responsible for overseeing local practice and training (HM Government, 2013).

Staff training and education

If staff training and education cannot be provided in-house it should be arranged with an independent children's nurse consultant or local NHS hospital. Training should be given to all staff providing care to children and young people on appointment and annually for skills updating (NMC, 2016). Self-directed learning is also recommended.

On appointment

Staff providing care to children and young people should have a good understanding of the following areas:

- communicating with children, young people and families
- consent issues in children and young people's care, including parental responsibility
- safeguarding children and children's rights (RCN,2019)
- paediatric emergency and resuscitation techniques
- paediatric drug dosages and drug administration
- paediatric pain assessment and management of pain
- taking and recording of vital signs in children and young people of all ages (RCN, 2017)
- moving and handling techniques
- health and safety issues
- paediatric patient safety and quality improvement.

Annual updates

Training for staff providing care to children and young people should as a minimum cover the following areas:

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Clinical governance

Clear systems and processes should be in place for ensuring high quality care and risk reduction in relation to children and young people in hospital (RCN, 2013b and RCN, 2014). This will include clear lines of responsibility and accountability for the care of children, policies and procedures and risk management guidance for staff in relation to:

- the provision of clinical care across all departments
- staffing requirements when children and young people are admitted
- nurse recruitment
- nurse education and training
- information for children and young people
- gathering patient feedback to contribute to service monitoring
- service improvement
- complaints management
- dealing with emergencies.

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Care Quality Commission
cqc.org.uk

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www.gov.uk/government/organisations/department-of-health-social-services-and-public-safety

Health and Social Care Act 2012
www.legislation.gov.uk/ukpga/2012/7

NHS Toolkit for producing patient information
www.uea.ac.uk/documents/746480/2855738/Toolkit_for_producing_patient_information.pdf

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This updated publication is for nurses working in the independent sector and identifies

