Ashford and St. Peter's Hospitals NHS
NHS Trust

WOMEN'S HEALTH AND PAEDIATRICS
PAEDIATRIC DEPT

Treatment of 16 and 17 year olds within Paediatric A&E

Amendments			
Date	Page(s)	Comments	Approved by
Nov 2014	New guideline		Paediatric Guideline Group
March 2018		Removed reference to Young Persons Unit	Paediatric Guideline Group

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In Consultation with:

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Target Audience: Doctors, nurses and support staff working in Paediatrics

Impact Assessment Carried Out By:

Comment on this document to: Dr Bhatti and Dr Baksh Consultant Paediatrician

Treatment of 16 and 17 year olds within Paediatric A&E

1. INTRODUCTION

Since 2009 Ashford and St Peters has undertaken to, where appropriate, treat those aged up to 18 years old within the paediatric directorate.

Young people in this age bracket often fall between adult and children's services. Whilst they have greater autonomy, they still do not have all the legal rights of adults. However, some young people could pose a risk to other younger service users and must be managed accordingly.

2. Aims

- To provide a framework for practitioners working in A&E and the wards.
- To provide exclusion criteria for 16 and 17 year olds who should not receive care in a children's A&E.

3. Definitions

For the purposes of clarity young people can be seen in children's A&E until they are 17 years and 364 days old.

4. The management of 16 and 17 Year olds

All patients arriving at the emergency department who are aged under 18 must be triaged by a nurse working in paediatric A&E. Information such as social work involvement and family circumstances must be gathered from the young person.

The expectation is that the vast majority of these young people will be treated within Paediatric A&E.

Due to restrictions on space the young person may find it more comfortable to wait to be seen in the Adult A&E waiting room. In this eventuality they remain the responsibility of the paediatric department.

If it transpires that a person under the age of 18 is being treated in adult A&E a decision must be made in the young person's best interests as to whether to transfer their care back to the paediatric emergency department or continue in adult A&E.

Admission

All 16 and 17 year olds needing in patient care will normally be admitted to Ash ward.

5. Exclusion Criteria

Whilst most young people will be treated in paediatric A&E, there are some patients for whom this is unsuitable. Once the young person has been triaged by a children's nurse they must make the decision as to whether the young person should be excluded from the paediatric area and managed medically within the adult A&E area. Ultimate responsibility for this rests with the nursing shift leader and the paediatric A&E consultant or attending/ on call consultant if there is any dispute.

Whilst not an exhaustive list, the following are reasons to consider treating the young person within the adult A&E:

- *Young people under arrest/handcuffed.*
- *Those who are verbally persistently inappropriate*
- *Those who are persistently or dangerously, physically aggressive*
- *Those with a medical condition that is more appropriately treated by adult services*
- *Those who wish to be treated by adult services*

These young people may still require the input of a paediatric doctor, in particular to consider issues of safeguarding, even if they are being managed in adult A&E. The children act covers all YP up to their 18th Birthday. The fact that a child is living independently, in further education, in custody or a member of the armed forces does not change his/her entitlement to services or protection under the Children Act 1989 and any safeguarding issues should be addressed.

If a 16 or 17 year old is triaged to adult A&E, the triage nurse needs to discuss with the on call paediatric registrar, paediatric A&E consultant or the attending / on call paediatric consultant whether the young person should be managed by the adult or paediatric medical team or a surgical team. If they are primarily under the care of the orthopaedic or general surgical team, it may still be appropriate for them to be admitted to Ash ward. This should be discussed with the nursing shift leader on Ash ward and the on call paediatric registrar or the attending or on call paediatric consultant. Young people who fall into the categories above at the time of arrival at A&E may not do so by the time they are ready to be admitted to a ward and any initial decision not to admit to Ash ward should be revaluated while they are still in A&E.

6. Intensive care

When a young person in this age bracket requires intensive care they will be managed in the adult Intensive Care Unit. Consideration needs to be given to the extent to which there should be involvement of the paediatric medical team. Such patients may be managed exclusively by the adult intensivists if this is appropriate.

7. Adult wards

The wishes of the young person and the judgement of those assessing the young person in the Emergency Department should inform any decision to admit the young person to adult services. In making this decision, young people should be made aware that the choice is between adult ward or young person's ward and that they will not be on an exclusively children's ward.

In some cases a young person may receive better care in an adult ward. An example of this might be young pregnant females with a pregnancy-related reason for admission or a rare young person needing care in a coronary care unit.

8. DISSEMINATION AND IMPLEMENTATION

This is not a change from current policy, rather a clarifying of the current position. The policy will be re-emphasised to all those concerned and further discussion will be made from there.

9. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

Compliance with this guideline will be completed as part of the annual audit cycle