

Second Edition

The Great Ormond Street Hospital **Manual of Children and Young People's Nursing Practices**

Edited by Elizabeth Anne Bruce, Janet Williss and Faith Gibson



WILEY Blackwell

The Great Ormond Street Hospital

Manual of Children and Young People's Nursing Practices

The Great Ormond Street Hospital

Manual of Children and Young People's Nursing Practices

Second Edition

Edited by

Elizabeth Anne Bruce

MSc, BSc (hons), RN (Child), RN (Adult)

Clinical Nurse Specialist, Pain Control Service, and Project Lead,
Nursing Great Ormond Street Hospital for Children NHS Foundation Trust
London, UK

Janet Williss

MSc, BSc, RN (Child), RN (Adult), ONC Cert

Formerly Deputy Chief Nurse
Great Ormond Street Hospital for Children NHS Foundation Trust
London, UK

Faith Gibson

PhD, MSc, RN (Child), RN (Adult), ONC cert, Cert Ed, RNT, FRCN, FAAN

Professor of Child Health and Cancer Care, University of Surrey
Director of Research, Nursing and Allied Health
Great Ormond Street Hospital for Children NHS Foundation Trust
London, UK



**Great Ormond Street
Hospital for Children**
NHS Foundation Trust

WILEY Blackwell

This edition first published 2023
© 2023 John Wiley & Sons Ltd

Edition History

© 2012 Great Ormond Street Hospital for Children NHS Foundation Trust. Published 2012 by Blackwell Publishing Ltd.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by law. Advice on how to obtain permission to reuse material from this title is available at <http://www.wiley.com/go/permissions>.

The right of Elizabeth Anne Bruce, Janet Willis, and Faith Gibson to be identified as the authors of the editorial material in this work has been asserted in accordance with law.

Registered Offices

John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA
John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Trademarks: Wiley and the Wiley logo are trademarks or registered trademarks of John Wiley & Sons, Inc. and/or its affiliates in the United States and other countries and may not be used without written permission. All other trademarks are the property of their respective owners. John Wiley & Sons, Inc. is not associated with any product or vendor mentioned in this book.

Limit of Liability/Disclaimer of Warranty

The contents of this work are intended to further general scientific research, understanding, and discussion only and are not intended and should not be relied upon as recommending or promoting scientific method, diagnosis, or treatment by physicians for any particular patient. In view of ongoing research, equipment modifications, changes in governmental regulations, and the constant flow of information relating to the use of medicines, equipment, and devices, the reader is urged to review and evaluate the information provided in the package insert or instructions for each medicine, equipment, or device for, among other things, any changes in the instructions or indication of usage and for added warnings and precautions. While the publisher and authors have used their best efforts in preparing this work, they make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives, written sales materials or promotional statements for this work. The fact that an organization, website, or product is referred to in this work as a citation and/or potential source of further information does not mean that the publisher and authors endorse the information or services the organization, website, or product may provide or recommendations it may make. This work is sold with the understanding that the publisher is not engaged in rendering professional services. The advice and strategies contained herein may not be suitable for your situation. You should consult with a specialist where appropriate. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. Neither the publisher nor authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

Library of Congress Cataloging-in-Publication Data

Names: Bruce, Elizabeth Anne, editor. | Willis, Janet, editor. | Gibson, Faith, editor.

Title: The Great Ormond Street Hospital manual of children and young people's nursing practices / edited by Elizabeth Anne Bruce, Janet Willis, Faith Gibson.

Other titles: Great Ormond Street Hospital manual of children's nursing practices | Manual of children and young people's nursing practice

Description: 2nd edition. | Hoboken, NJ : Wiley-Blackwell, 2023. | Preceded by The Great Ormond Street Hospital manual of children's nursing practices / edited by Susan Macqueen, Elizabeth Anne Bruce, Faith Gibson. 2012. | Includes bibliographical references and index.

Identifiers: LCCN 2020021837 (print) | LCCN 2020021838 (ebook) | ISBN 9781118898222 (paperback) | ISBN 9781119099710 (adobe pdf) | ISBN 9781119099703 (epub)

Subjects: MESH: Great Ormond Street Hospital for Children NHS Foundation Trust. | Pediatric Nursing—methods | Evidence-Based Nursing | Infant | Child | Adolescent

Classification: LCC RJ245 (print) | LCC RJ245 (ebook) | NLM WY 159 | DDC 618.92/00231—dc23

LC record available at <https://lcn.loc.gov/2020021837>

LC ebook record available at <https://lcn.loc.gov/2020021838>

Cover Design: Wiley

Cover Image: Courtesy of The Great Ormond Street Hospital Children's Charity

Set in 9/10pt Rockwell by Straive, Pondicherry, India

Contents

Foreword
Editorial panel
List of contributors
Introduction

1 Assessment

*Sue Chapman, Eileen Brennan,
and Lindy May*

Introduction	2
Section 1: General principles	2
Section 2: Present illness	4
Section 3: Past history	4
Section 4: Family history	5
Section 5: Vital signs and baseline measurements	6
Section 6: Assessment of body systems	19
References	25

Procedure guidelines

1.1 General principles of assessment	2
1.2 Present illness	4
1.3 Past history	4
1.4 Family history	5
1.5 Monitoring plan and early warning score	6
1.6 Measuring temperature	6
1.7 Measuring heart rate	7
1.8 Measuring respiratory rate	8
1.9 Measuring blood pressure	8
1.10 Measuring oxygen saturation	14
1.11 Growth assessment	14
1.12 Measuring height	15
1.13 Measuring weight	16
1.14 Measuring head circumference	18
1.15 Assessing the respiratory and cardiovascular systems	19
1.16 Assessing the neurological system	20
1.17 Assessing nutrition	22
1.18 Assessing elimination and sexual development	22
1.19 Assessing skin and hygiene	23
1.20 Assessing mobility	24
1.21 Assessing development	25
1.22 Other relevant information	25

2 Allergy and anaphylaxis

Róisín Fitzsimons

Introduction	30
Allergy and the immune response	30
Diagnosis and management of allergy	30
Management of anaphylaxis	32
Food allergy	34
Respiratory allergy	37
Allergens in the healthcare setting	39
Conclusion	41
References	41

xiii
xiv
xv
xx

3 Biopsies

*Zoe Wilks, Eileen Brennan, Nikki Bennett-Rees,
Alex M. Barnacle, Kishore Minhas, and Anne-
Marie Kao*

Introduction	44
Liver biopsy	44
Punch skin biopsy	49
Renal biopsy	54
Bone marrow aspirate and trephine	57
References	59

Procedure guidelines

3.1 Preoperative preparation (liver biopsy)	46
3.2 Perioperative procedure (liver biopsy)	47
3.3 Postoperative care (liver biopsy)	48
3.4 Punch skin biopsy	50
3.5 Preparation of the CYP (skin biopsy)	50
3.6 Preparation of equipment (skin biopsy)	51
3.7 Punch skin biopsy procedure	51
3.8 Postprocedural care (skin biopsy)	53
3.9 Preoperative procedure (renal biopsy)	55
3.10 Postoperative procedure (renal biopsy)	56
3.11 Preparation of equipment and environment (aspiration/trephine)	57
3.12 Preparation of CYP and family (aspiration/trephine)	57
3.13 Aspiration/trephine procedure	58
3.14 Postprocedure care (aspiration/trephine)	58

4 Administration of blood components and products

Kate Khair, Lisa Baldry, and Rachel Moss

Introduction	62
An overview of blood transfusion	62
Administration of blood components	66
Coagulation factors	70
Conclusion	71
References	71

Procedure guidelines

4.1 Preparation – CYP and family (transfusion)	63
4.2 Preparation – prescription (transfusion)	63
4.3 Preparation – transfusion	63
4.4 Infuse component – identity check and administration	65
4.5 Infuse product – observations, recordings and traceability	65
4.6 Reaction management (transfusion)	66
4.7 Infuse component (albumin)	67
4.8 Observations and recordings (albumin)	67
4.9 Preparation – CYP and family (immunoglobulin)	68
4.10 Preparation – prescription (immunoglobulin)	68
4.11 Preparation – equipment for intravenous or subcutaneous infusion of immunoglobulin	68

Contents

4.12	Procedure – intravenous infusion (immunoglobulin)	69
4.13	Procedure – subcutaneous infusion (immunoglobulin)	69
4.14	Reaction management (immunoglobulin)	70
4.15	Completing the infusion (immunoglobulin)	70

5 Bowel care

73

Helen Johnson and June Rogers

Introduction	74
Diarrhoea	74
Constipation	74
Laxatives	75
Preparation for investigations or surgery	76
Treatment of faecal soiling/incontinence	76
Products to help with the management of faecal incontinence/soiling	76
Factors to note	84
Stoma pouch selection	85
References	85

Procedure guidelines

5.1	Administering a rectal suppository	78
5.2	Administering an enema	79
5.3	Rectal washout on an infant	80
5.4	Anal irrigation	80
5.5	Antegrade colonic enema (ACE washout)	81
5.6	Stoma siting	82
5.7	Changing a pouch	83

6 Burns and scalds

87

Brian McGowan and Sally Robertson

Introduction	88
Common causes of burns in CYPs	88
Overview of anatomy of the skin	88
Classification of burns	89
First aid following a burn	89
Assessment	90
Fluid resuscitation for major burns	90
Wound healing	91
Wound care	92
Choice of dressing	94
Nutrition	94
Psychological care following a burn	94
References	96

Procedure guidelines

6.1	First aid following a burn	89
6.2	Assessment of a burn	90
6.3	Dressing changes	92
6.4	Referral to the community children's nursing team	94
6.5	Ongoing care of the child	95
6.6	Health promotion and education following a burn	95

7 Complementary and alternative medicine (CAM)

99

Jenni Hallman

Introduction and definitions	100
A brief history of CAM and surrounding legislation	100
The five most commonly used CAM	101
Disclosure of CAM to healthcare practitioners	102
Massage therapy	102
A practical example of a massage therapy service	103
Case studies	109
Conclusion	110
References	110

Procedure guideline

7.1	Massage	103
-----	---------	-----

8 Administration of systemic anti-cancer treatment (SACT)

113

Emily Baker, Nicky Farrell, Bhumik Patel, Cindy Sparkes, and Julie Bayliss

Introduction	114
Legislation and recommendations	114
Consent	114
Safe handling	114
Reconstitution and preparation of chemotherapeutic agents	114
Personal protective equipment (PPE)	115
Work practices	115
Safe administration of SACT	115
Routes of administration	116
References	122

Procedure guideline

8.1	Administration of SACT via the intravenous route	118
8.2	Administration of SACT via the oral route	121
8.3	Extravasation (Adapted from EONS 2012)	121

9 Early recognition and management of the seriously ill child

123

Denise Welsby and Liesje Andre

Introduction	124
Prevention: The 'chain of prevention'	124
Early recognition of the seriously ill child	124
Rapid assessment using the A-E assessment tool	125
'Just in case'/'just in time' training and situational awareness	127
AVPU (neurological observations)	127
Supporting the CYP using the structured A-E assessment tool	127
References	130

10 Fluid balance

133

Eileen Brennan, John Courtney, and Josephine Jim

Introduction	134
Maintenance of fluid requirements	134
Fluid balance in the ill CYP	134
Renal replacement therapy (RRT)	134
Vascular access	136
Haemofiltration (HF)	136
Haemodialysis (HD)	136
Dialysis fluid for HD	137
Haemofiltration	139
Peritoneal dialysis (PD)	139
Types of PD	139
Preparing the CYP for dialysis access	141
References	154
Further reading	155

Procedure guidelines

10.1	Fluid input/output	141
10.2	Preparation of the CYP and family for HD/HF	142
10.3	Inserting a catheter (HD/HF)	142
10.4	Preparing the equipment (HF)	143
10.5	Preparation for HF	144
10.6	Starting CRRT	144
10.7	Monitoring and maintaining CRRT	146
10.8	Discontinuing CRRT	147
10.9	Commencing HD	149
10.10	Discontinuing HD	150
10.11	Preparation (PD)	150
10.12	Preparation for surgery (PD)	151
10.13	Starting PD for AKI	151
10.14	Care of the CYP on PD	153
10.15	Special considerations (PD)	153
10.16	Discontinuing PD	154

11 Personal hygiene and pressure ulcer prevention

Sarah Kipps, Rachel Allaway, and Sarah Carmichael

Introduction	158
Bathing	158
Toileting	159
Nappy and incontinence pad care	161
Nail care	165
Oral hygiene	165
Oral assessment	166
Eye care	169
Ear care	170
Pressure ulcer prevention and management	171
Management of pressure ulcers	176
Conclusion	177
References	197

Procedure guidelines

11.1 Assessment for bathing	178
11.2 Baby bathing	178
11.3 Topping and tailing	180
11.4 Washing and bathing the CYP	180
11.5 Bed bathing	181
11.6 Bathing the CYP with special needs	182
11.7 Assessment of toileting needs	182
11.8 Toileting the CYP	183
11.9 Assessing nappy rashes	185
11.10 Routine nappy care	185
11.11 Nail assessment	187
11.12 Nail care	187
11.13 Oral assessment	188
11.14 Oral hygiene tools	189
11.15 Performing oral care	191
11.16 Oral health promotion	192
11.17 Oral care during compromised health	192
11.18 Eye care	194
11.19 Administration of eye drops	195
11.20 Insertion of contact lenses	196
11.21 Removal of soft contact lenses	196
11.22 Removal of gas permeable contact lenses and all contact lenses	196
11.23 Care of contact lenses	196
11.24 Administration of ear drops	197

12 Immunisation

Helen Bedford

Introduction	202
Routine immunisation schedule for CYPs in the UK	202
Special risk groups	203
Immunity	203
Types of vaccine	204
General considerations	204
Specific diseases and the vaccines	206
Vaccines not in general use in UK	213
Storage and administration of vaccines	213
Ensuring good uptake	213
Vaccine safety scares	214
Immunisation of healthcare workers	214
Conclusion	215
References	215
Further reading	216

Procedure guideline

12.1 Administration of vaccines	205
---------------------------------	-----

13 Infection prevention and control 217

Barbara Brekle

Introduction	218
Financial burden of healthcare associated infections	218
The health and social care act 2008: Code of practice on the prevention and control of infections and related guidance	218
Antibiotic resistance and antimicrobial stewardship	219
The chain of infection	219
Standard precautions	221
Isolation nursing	239
Management of exposure to blood and body fluids	240
Reporting of injuries, diseases and dangerous occurrences regulations	242
Decontamination of equipment and the environment	243
References	245
Further reading	247

Procedure guidelines

13.1 Hand decontamination techniques	233
13.2 Hand drying techniques	234
13.3 Inoculation with blood or body fluids	242
13.4 Dealing with spillage of blood or other body fluids	243

14 Intravenous and intra-arterial access and infusions

249

Anne Ho, Hannah Barron, and Lorna O'Rourke

Introduction	250
Aseptic nontouch technique (ANTT®) for intravenous therapy	250
Visual infusion phlebitis (VIP)	260
Types of central venous access devices (CVADs)	268
CVAD dressings	269
Common CVAD complications	280
Safety aspects for staff and families	287
Neonatal longlines (PICCs); nursing management	294
Arterial lines	298
References	306
Further reading	309

Procedure guidelines

14.1 ANTT® for intravenous therapy	251
14.2 General principles: cannulation	255
14.3 Planning and preparation for peripheral venous cannulation	256
14.4 Peripheral venous cannulation	256
14.5 Cannula dressing	259
14.6 Flushing the peripheral venous cannula	261
14.7 Administration of a bolus medication via a peripheral cannula	262
14.8 Administration of an infused medication via a peripheral cannula	263
14.9 Blood sampling from a peripheral cannula	265
14.10 Removal of a peripheral cannula	267
14.11 CVAD: CVAD dressing	271
14.12 CVAD: changing the needle-free access device	272
14.13 Accessing CVADs: flushing	272
14.14 Accessing CVADs: administration of a medication bolus	273
14.15 Accessing CVADs: administration of a medication infusion via a syringe pump	274
14.16 Accessing CVADs: administration of a medication infusion via a volumetric pump	275
14.17 Accessing an implanted port	277
14.18 De-Accessing an implanted port	279
14.19 Assessing a CVAD for occlusions	283
14.20 Instillation of alteplase into a CVAD	284
14.21 Immediate care of a PICC or Hickman® with a fracture, hole, or split	287
14.22 Action required with a pulled-out PICC or Hickman®	287

Contents

14.23	Repair of a single lumen Groshong® NXT ClearVue® PICC	288
14.24	Repair of a Broviac® or Hickman®	290
14.25	Removal of a noncuffed PICC stitched in situ	293
14.26	Neonatal longline dressing change	296
14.27	Neonatal longlines: nursing care (general)	297
14.28	Removal of neonatal longlines	298
14.29	Intra-arterial lines: preparation of child and family	298
14.30	Insertion of an intra-arterial line	299
14.31	Preparation: system setup (inter-arterial infusion)	301
14.32	Maintenance: calibration	301
14.33	Maintenance: maintaining patency	302
14.34	Maintenance: observations	302
14.35	Blood sampling (arterial)	303
14.36	Troubleshooting: dampened trace	304
14.37	Troubleshooting: abnormal readings	305
14.38	Troubleshooting: puncture site bleeding	305
14.39	Troubleshooting: circulation compromise	305
14.40	Troubleshooting: no waveform	305
14.41	Removal of arterial cannula	306

15 Investigations

Barbara Brekle, Annabel Linger, Di Robertshaw, and Melanie Hiorns

Introduction	314
Collection of microbiological specimens	314
Ward-based investigations	331
Radiological investigations	346
References	353

Procedure guidelines

15.1	Taking a blood culture	315
15.2	Capillary blood sampling	317
15.3	Collecting a sample of chest drain fluid	320
15.4	Collecting fungal samples	321
15.5	Collecting gastric samples	321
15.6	Collecting a nasopharyngeal aspirate	322
15.7	Collecting sputum samples	322
15.8	Collecting a stool (faecal) specimen	323
15.9	Taking a cough swab	323
15.10	Taking an ear swab	324
15.11	Taking an eye swab	324
15.12	Collecting nose swabs	325
15.13	Taking an oral fluid (saliva) swab	325
15.14	Collecting pernasal swabs	326
15.15	Taking skin (screening) swabs	326
15.16	Taking throat swabs	326
15.17	Taking a vulval swab for the investigation of simple vaginal discharge	327
15.18	Taking a wound swab	328
15.19	Collecting a urine specimen	328
15.20	Collecting vesicular fluid	330
15.21	Blood glucose monitoring	332
15.22	Three-lead continuous ECG monitoring	335
15.23	Performing a 12-lead ECG	337
15.24	Measuring glomerular filtration rate	339
15.25	Care of the CYP during a radiological investigation	347

16 Learning (intellectual) disabilities

Jim Blair

Introduction	358
Principles underpinning practice	358
Families as allies	358
What is a learning (intellectual) disability?	358
The need for change in services and practice	359

313

Challenges health professionals face when working with people with learning (intellectual) disabilities	359
See the person and understand behaviour that challenges	359
Diagnostic overshadowing	360
Positive behaviour support reducing the use of restrictive practices	361
Becoming an adult: All change	361
Making decisions: Consent to treatment	361
Health needs and the transition	362
Getting care right in practice	362
Reasonable care adjustments	362
Hospital passport	362
Protocols to improve care outcomes	362
The learning (intellectual) disability protocol for preparation for theatre and recovery	364
Getting communication right	364
Pictures say more than words	364
Books beyond words	364
Tips to getting it right	364
Conclusion	365
Useful websites	365
References	365

17 Administration of medicines

367

Jacqueline Robinson-Rouse, Mandy Matthews, Emily Baker, and Bhunik Patel

Section 1: General principles	368
Introduction	368
Child development considerations	370
Checking the medicine prescription	370
Drug calculations	370
Section 2: Routes of administration	371
Oral	371
Enteral via a tube or device	372
Buccal	372
Sublingual	373
Intranasal	374
Inhalation	374
Rectal	375
Intradermal (ID), subcutaneous (SC), and intramuscular (IM)	376
Intradermal	377
Subcutaneous	377
Intramuscular	378
Intravenous	380
Intraosseous	380
Intrathecal	380
Epidural	381
Transdermal (skin patches)	381
References	402

Procedure guidelines

17.1	Oral medication administration	384
17.2	Enteral tube administration	384
17.3	Buccal and sublingual administration	386
17.4	Intranasal administration	387
17.5	Inhalation administration	388
17.6	Rectal administration	390
17.7	Preparation of medication for injections using an aseptic nontouch technique	392
17.8	Intradermal (ID) administration	393
17.9	Subcutaneous (SC) administration	394
17.10	Intramuscular (IM) administration	396
17.11	Intraosseous administration	398
17.12	Intrathecal administration	398
17.13	Skin patch administration	402

18 Mental health*Sharon Philips and Caroline Grindrod*

What is mental health?	406
How common are mental health difficulties?	406
Somatoform disorders and medically unexplained symptoms	407
Anxiety disorders	407
Psychosis	408
Eating disorders	408
References	413

Procedure guideline

18.1 Managing meal times	412
--------------------------	-----

19 Moving and handling*Kathleen Owen and Janet Brooks*

Introduction	416
Why Is the legislation important?	416
Moving and handling risk assessment	416
Musculoskeletal health and wellbeing	417
Education and training	418
Documentation	421
Equipment	421
References	425

20 Neonatal care*Heather Parsons, Marie-Anne Kelly, Monika Sedlbauer, and Jane Burgering*

Introduction	428
Neonatal thermoregulation	428
Developmental care	433
Vitamin K administration	435
Umbilical cord care	436
Newborn blood spot screening	438
Phototherapy – neonatal jaundice	443
Neonatal fluid management	444
References	449

Procedure guidelines

20.1 Preparation for umbilical care	437
20.2 Care of the umbilicus if soiled or sticky	437
20.3 Newborn blood spot screening	439
20.4 When to undertake newborn blood spot screening	439
20.5 Collecting the blood spot sample	440

21 Neurological care*Nicola Barnes, Sophie Boella, Lindy May, Ainsley Moven, and Jody O'Connor*

Introduction	454
Section 1: Neurological observations	454
Types of painful stimuli	462
Section 2: Seizures	463
Physiology of seizures	464
Care of the CYP with Seizures	465
Classification of seizures	468
Section 3: External ventricular drainage	470
References	479

Procedure guidelines

21.1 Neurological observations	454
21.2 Nursing management of the CYP during seizures	466
21.3 Introduction to external ventricular drainage	471
21.4 Inform the CYP and family	472
21.5 Neurological assessment	473
21.6 Drain management: positioning of drain	473
21.7 Drain management: drainage	474

405

21.8 Drain management: connecting or changing the system	475
21.9 Drain management: patency of drain: repairing a catheter	476
21.10 Drain management: patency of drain: unblocking of catheter	476
21.11 Drain management: fluid and electrolyte balance	477
21.12 Accessing the drain: CSF sampling	477
21.13 Accessing the drain: giving intrathecal drugs	478
21.14 Exit site care	478
21.15 Removal of the drain	479

22 Nutrition and feeding**481***Vanessa Shaw and Sarah Kipps*

Introduction	482
Nutritional requirements	482
Nutrition from preterm to adolescence	483
Breastfeeding	488
Enteral feeding	489
Parenteral nutrition	490
References	515

Procedure guidelines

22.1 Adding fortifier to EBM on the ward	496
22.2 Inserting and managing the nasogastric tube	498
22.3 Inserting and managing the nasojejunal tube	501
22.4 Management where both a gastric and a jejunal tube are inserted	503
22.5 Administration of enteral feeds	507
22.6 Monitoring CYPs on enteral feeds	509
22.7 Delivery of PN in the hospital setting	510
22.8 Sham feeding	513

23 Orthopaedic care**519***Nathan Askew, Edel Broomfield, Penny Howard, Carole Irwin, Deborah Jackson, and Nicola Wilson*

Introduction	520
Traction	520
Skeletal pin site care	520
Neurovascular observations	520
Care of a plaster cast	520
Removal of plaster casts	520
Use of crutches	521
Orthopaedic traction	521
Care of a CYP in traction	521
Gallows traction	521
Modified gallows traction/abduction traction/hoop traction	527
Skin traction	527
Slings and springs suspension	528
Spinal traction	528
References	539
Further reading	540

Procedure guidelines

23.1 How to perform neurovascular observations	524
23.2 Management of acute compartment syndrome	526
23.3 Handling a newly applied plaster cast	526
23.4 Preparation and equipment (cutting a plaster)	527
23.5 Splitting a cast	529
23.6 How to window a cast	529
23.7 Reinforcing a cast	529
23.8 Removing a cast	530
23.9 Performing basic care needs (CYP in a cast)	531
23.10 Assessment (walking aid)	532
23.11 Checking safety of crutches	533
23.12 Education of CYP and carers (crutches)	533

Contents

23.13	Management of traction	536
23.14	Applying skin traction	537
23.15	Nursing care of the CYP in traction	538
23.16	Nursing care of the CYP receiving spinal traction	539

24 Pain management 541

Elizabeth Anne Bruce

Introduction	542
General principles of pain management	542
Pain assessment	545
Administration of entonox	550
Epidural analgesia	555
Patient and nurse controlled analgesia (PCA/NCA)	565
Prevention and management of opioid-related complications	566
Sucrose	571
References	573
Further reading	575

Procedure guidelines

24.1	Pain assessment on admission	547
24.2	Pain assessment using a self-report tool	548
24.3	CYP assessment for use of entonox	551
24.4	Preparation for entonox use	552
24.5	Administration of entonox	553
24.6	Managing side-effects of entonox	554
24.7	After use	555
24.8	Storage	555
24.9	Transfer of the CYP following epidural insertion	557
24.10	Nursing care of an epidural (general)	557
24.11	Nursing care of an epidural (observations)	558
24.12	Epidural related complications	561
24.13	Technical problems	563
24.14	Discontinuing the epidural	564
24.15	Preparation for PCA/NCA use	566
24.16	Setting up a PCA/NCA infusion	567
24.17	Technical problems (PCA/NCA)	568
24.18	Care of the CYP receiving PCA/NCA	568
24.19	Prevention and management of opioid-related complications	569
24.20	Sucrose administration	572

25 Palliative care 577

June Hemsley

Introduction	578
Assessment of symptoms	579
Pain in palliative care: PCA and proxy PCA	580
Nausea and vomiting	580
Constipation and diarrhoea	581
Dyspnoea	581
Hydration and nutrition	582
Haemorrhage	582
Agitation	582
Seizures	582
Signs of impending death	583
Conclusion	584
References	591
Further reading	593

Procedure guidelines

25.1	Assessment of symptoms	584
25.2	Care of patient receiving PCA/PPCA for palliative care	585
25.3	Assessment and management of nausea and vomiting	586
25.4	Assessment and management of constipation and diarrhoea	586
25.5	Management of dyspnoea	587
25.6	Management of hydration and nutrition	588
25.7	Management of haemorrhage	589
25.8	Management of agitation	590

25.9	Management of seizures	591
25.10	Recognising signs of impending death	591

26 Perioperative care 595

Ciara McMullin, Anthony Baker, Claire Cook, Yvonne Hambley, and Melissa Silva

Introduction	596
Preoperative preparation	596
Intra operative care	597
Recovery	597
References	617
Further reading	619

Procedure guidelines

26.1	Pre-admission	598
26.2	Admission to hospital	598
26.3	Immediately prior to theatre	600
26.4	Care in the anaesthetic room	601
26.5	Care in the operating theatre	602
26.6	Care in recovery	609

27 Play as a therapeutic tool 621

Jennifer Dyer, Janet Holmes, Denise Cochrane, and Nigel Mills

Introduction	622
The development of play in hospital	622
Normal play for development	622
Types of play	623
Functions of play	623
Development of play	623
The importance of play for children in hospital	623
The functions of play in hospital	623
Siblings	624
The health play specialist (HPS)	624
HPS training	624
The play worker (PW)	625
Preparation for surgery and procedures	625
Aims of play preparation	625
Preadmission programmes	626
Preparation session	626
Postprocedural play	627
The reluctant CYP	627
Adolescents	627
Children and young people with additional needs or a learning disability (LD)	627
Distraction techniques	628
Distraction Tools and Resources	630
Relaxation	630
Guided imagery	631
Therapeutic play	631
Desensitisation	632
Arts in health	633
References	633
Further reading	634
Useful websites	634

Procedure guideline

27.1	Using distraction during a painful/frightening procedure	629
------	--	-----

28 Poisoning and overdose 635

Robert Cole

Nonaccidental ingestion and self-harm	636
Health promotion strategies	637
Common ingestions	637
Initial management following poisoning or overdose	639
Care of the parent/carer	640
Treatment of ingested poisons	640
Gastric lavage	640
References	644

Procedure guidelines

28.1 Patient consent and preparation	642
28.2 Preparation of equipment (gastric lavage)	642
28.3 Procedure (gastric lavage)	642
28.4 Postprocedure (gastric lavage)	643

29 Respiratory care

Elizabeth Leonard, Charlotte Donovan, Emma Shkurka, Joanne Cooke, Heather Hatter, Maura O'Callaghan, Vicky Robinson, Catherine Spreckley, Ana Marote, Harriet Clark, and Jade Rand

Introduction	646
Airway suction	646
Nasopharyngeal airway	649
Oxygen therapy	657
Chest drain management	663
Noninvasive ventilation (NIV)	672
Long-term ventilation (LTV)	676
References	680

Procedure guidelines

29.1 Suction: training, assessment and preparation	647
29.2 Performing suction	648
29.3 Preparation for a NPA	651
29.4 Inserting the NPA	654
29.5 Observations post NPA insertion	656
29.6 Ongoing care of an NPA and discharge planning	656
29.7 Education, assessment, and preparation for oxygen administration	660
29.8 Administration of oxygen therapy	660
29.9 Continuous assessment of the CYP receiving oxygen therapy	661
29.10 Discharge planning for the CYP on long-term oxygen	662
29.11 Preparation for insertion of a chest drain	665
29.12 Postprocedure care of a chest drain	665
29.13 Specific chest drain observations	666
29.14 Ongoing chest drain care and prevention of complications	669
29.15 Changing a chest drain chamber	670
29.16 Removal of a chest drain	670
29.17 Preparation for NIV	673
29.18 NIV mask placement and care	673
29.19 NIV humidification and oxygen	674
29.20 NIV safety, tolerance, and compliance	675
29.21 Ongoing care of NIV	675
29.22 Assessment for LTV and transitional care	676
29.23 Management of a CYP on LTV	676
29.24 Leaving the clinical area with LTV	677
29.25 Discharge planning for a CYP with LTV	678
29.26 The management of acute illness in a CYP with a tracheostomy at home	680

30 Resuscitation

Denise Welsby

Introduction	684
Early warning scoring (EWS)	684
Aetiology of cardiorespiratory arrest	684
Airway management	684
Recovery position	689
Circulation management	693
Basic life support	696
Choking	701
Cardiopulmonary arrest management	704
Defibrillation	707

645

Resuscitation team	710
Ethical considerations	710
References	711

Procedure guidelines

30.1 Head positioning (airway management)	687
30.2 Pharyngeal airways	688
30.3 Placing a child in a recovery position	690
30.4 Self-inflating bag mask valve ventilation	691
30.5 Preparation for insertion of an IO cannula	694
30.6 Procedure for a manually inserted cannula	695
30.7 Procedure for an EZ-IO inserted cannula	695
30.8 Using the IO cannula	696
30.9 Basic life support (BLS) provision	697
30.10 Management of the choking infant/child	702
30.11 Management of nonshockable rhythms (asystole and PEA)	704
30.12 Management of shockable rhythms (ventricular fibrillation and pulseless ventricular tachycardia)	705
30.13 Manual defibrillation with self-adhesive pads	707

31 Safeguarding children and young people

Janice Baker and Danya Glaser

Introduction	714
Safeguarding: An individual and corporate responsibility	714
Background	714
Defining child maltreatment	714
The effects of abuse and neglect	716
Intra-familial risk factors	716
Extra-familial risk factors	719
The legal framework	719
Improving child protection and safeguarding practice	719
Professional responsibilities	724
Procedures where there are concerns or suspicions about fabricated or induced illness (FII)	725
Pre-discharge planning procedure	725
Referral to children's social care	725
Looked after children (LAC)	726
Conclusion	726
References	726

32 Tracheostomy care and management

Joanne Cooke

Introduction	730
Care of the CYP with a tracheostomy	730
Ongoing care and management: TRACHE care bundle	735
Tracheostomy tube changes (planned)	745
Tracheostomy tubes for CYPs	746
Discharge planning	749
Decannulation	749
References	750
Further reading	751

Procedure guidelines

32.1 Preparation of the bed space for a new tracheostomy	731
32.2 Care and assessment of potential complications of a new tracheostomy	733
32.3 Other tracheostomy care needs	735
32.4 Tape changes (cotton)	737
32.5 Tracheostomy resuscitation	742
32.6 Suctioning a tracheostomy tube	743
32.7 Tube changes	746
32.8 Preparation for discharge	749

Contents

33 Urinary catheter care

Donna Wyan

Introduction	754
Types of catheters	754
Risk factors	754
References	767

Procedure guidelines

33.1 Catheter insertion: preparation	756
33.2 Urethral catheter insertion	757
33.3 Catheter care: general	759
33.4 Catheter care: entry site	761
33.5 Emptying a catheter drainage bag	762
33.6 Maintaining catheter drainage	763
33.7 Flushing suprapubic, urethral or mitrofanoff catheters	763
33.8 Removal of suprapubic and urethral catheters	765
33.9 Discharge planning	766

34 Drug withdrawal: prevention and management

Rebecca Saul

Introduction	770
Definitions	770
Incidence of withdrawal	770
Mechanisms of tolerance	770
Overall aims of withdrawal management	770
Prevention of withdrawal symptoms	771
Assessment of the symptoms of withdrawal	771
Management of withdrawal of opioid and benzodiazepine therapy	771
Pharmacological weaning management	772
References	777

Procedure guidelines

34.1 Prevention of opioid or benzodiazepine withdrawal symptoms	772
---	-----

753

34.2 Assessment of opioid and benzodiazepine withdrawal	773
34.3 Taking a patient history	773
34.4 Creating a weaning plan	774
34.5 Conversion from intravenous to oral medication	775
34.6 Clonidine	776
34.7 Non-pharmacological management	776

35 When a child or young person dies

779

Rachel Cooke

Introduction	780
Communication and responsibilities following a death of a CYP	780
Legal aspects: Certification, notification, and registration	780
Personal care of the CYP (previously known as last offices)	787
Moving the CYP to the mortuary and aftercare	788
Post-mortem	792
Bereavement	792
Self-care and debrief	792
References	794
Further reading	794

Procedure guidelines

35.1 Communication and responsibilities	783
35.2 Legal aspects: certification, registration, post-mortem, and organ and tissue donation	785
35.3 Personal care of a CYP (previously known as last offices)	788
35.4 Moving a CYP to the mortuary and aftercare	790

<i>Index</i>	795
--------------	-----

Foreword

It is my great pleasure to be asked to write the Foreword to the second edition of the *Great Ormond Street Hospital Manual of Children and Young People's Nursing Practices*.

The Hospital for Sick Children opened in 1852 with just 10 beds. Since then, and throughout its 171-year history, Great Ormond Street Children's Hospital (GOSH) has remained a hospital dedicated to the care of children and young people and has established a reputation for being at the leading edge of care, education, and research, both nationally and internationally.

Healthcare for children across the world continues to develop as advancements in medical science, technology, and pharmacology lead to innovation and treatment breakthroughs, making the impossible possible. Children and young people with rare and complex conditions come from across the United Kingdom and the rest of the world to access our highly specialised services. Excellence in nursing is fundamental to what we can offer and plays a key role in the delivery of high standards of care and practice that we constantly strive to influence and achieve, working in collaboration with the children and young people themselves and their families. Now, more so than ever before, nurses play such a pivotal role in improvements in patient care and experience by championing

developments in digital technology, making access to care and treatment easier and equitable.

Florence Nightingale once stated 'it is the real test of a nurse whether she can nurse a sick infant' (Nightingale 1859, p. 116). This manual is an inspiring body of work, contributed to by many, which showcases the profession of children's nursing, of which we are extremely proud. It supports the delivery of evidence-based practice across a wide variety of topics, updated original guidance, as well as introducing new aspects of practice, and is essential reading for *all* nurses and other healthcare professionals involved in caring for children and young people across acute, community, and primary care settings.

Reference

Nightingale F 1859 (1952) *Notes on Nursing: What it Is, and What It Is Not*. London, UK, Harrison.

Tracy Lockett
Chief Nurse
Great Ormond Street Hospital for Children NHS
Foundation Trust

Editorial Panel

Nathan Askew MSc Adv P, BSc (Hons), Dip HE Nursing (Child)
Formerly Lead Nurse and Advanced Practitioner, Surgery
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Julie Bayliss RN (Adult), RN (Child), BSc, MSc, ANP, NMP
Consultant Nurse, Paediatric Palliative Care
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Elizabeth Anne Bruce MSc, BSc (Hons), RN (Adult), RN (Child)
Clinical Nurse Specialist, Pain Control Service
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

John Courtney RN (Adult), RN (Child), MA, PgDip, ENB415
Formerly Assistant Chief Nurse
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Faith Gibson PhD, MSc, RN (Child), RN (Adult), ONC cert, Cert
Ed, RNT, FRCN, FAAN
Professor of Child Health and Cancer Care
University of Surrey
Guildford, UK
Director of Nursing and Allied Health Research
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Anna Gregorowski RN (Child), BSc Nursing, MSc
Formerly Nurse Consultant in Adolescent Health
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Kate Khair RN (Adult), RN (Child), MSc, MCGI, PhD
Formerly Clinical Academic Careers Fellow
Centre for Outcomes Research and Experience in
Children's Health Illness and Disability (ORCHID)
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Elizabeth Leonard RN (Adult), RN (Child), BA (Hons), MSc
Head of Education (Operational)
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Lindy May RN (Adult), RN (Child), MSc (Neuroscience), Diploma
in Counselling, PhD
Formerly Nurse Consultant, Neurosurgery
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Liz Smith RN (Adult), RN (Child), Advanced Diploma and
MSc in Child Development
Lead Advanced Nurse Practitioner and ECMO
Coordinator, Cardiorespiratory Services
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

Mark Whiting PhD, MSc, BSc Nursing, RN (Child)
Consultant Nurse, Children's Specialist Services, Hertfordshire
Community NHS Trust and WellChild Professor of Community
Children's Nursing
University of Hertfordshire
Hatfield, UK

Janet Williss MSc, BSc, RN (Child), RN (Adult), ONC Cert
Formerly Deputy Chief Nurse
Great Ormond Street Hospital for Children NHS
Foundation Trust
London, UK

List of Contributors

Rachel Allaway BSc (Hons), Children's Nursing, Clinical Nurse Specialist, Tissue Viability, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 11)

Liesje Andre RN (Adult), RN (Child), PGCE, Formerly Lead Nurse, Resuscitation, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 9)

Nathan Askew MSc Adv P, BSc (Hons), DipHE Nursing (Child), Formerly Lead Nurse and Advanced Practitioner, Surgery, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 23, Editor)

Anthony Baker Formerly Practice Educator, Theatres, Great Ormond Street Hospital for Children NHS Foundation Trust, (Chapter 26)

Emily Baker DipHE Nursing Child Branch, BSc (Hons) Children's Cancer Nursing, MA Practice Education, Senior Clinical Research Nurse Haematology/Oncology, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapters 8, 17)

Janice Baker SCPHN-HV RM RN (Adult), Formerly Head of Safeguarding and Named Nurse, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 31)

Lisa Baldry FIBMS, Formerly Chief Biomedical Scientist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 4)

Dr. Alex M. Barnacle BM, MRCP, FRCR, Consultant Interventional Radiologist, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 3)

Nicola Barnes RN (Child), MSc Paediatric Advanced Practice, Advanced Nurse Practitioner for Epilepsy Surgery, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 21)

Hannah Barron RN (Child), Senior Staff Nurse, PICU, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 14)

Julie Bayliss RN (Adult), RN (Child), BSc, MSc, ANP, NMP, Consultant Nurse, Paediatric Palliative Care, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 8, Editor)

Helen Bedford RN (Adult), RHV, PhD, MSc (Nursing Studies), BSc Nursing (Hons), FFPH, FRCPCH, Professor of Children's Health, UCL, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 12)

Nikki Bennett-Rees RN (Child), RN (Adult), Diploma Advanced Nursing, Formerly Clinical Nurse Specialist, Bone Marrow Transplant, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 3)

Jim Blair RNLD, CNLD, DipSW, MA, BSc, BA, MSDipHE, PGDipHE, Formerly Consultant Nurse, Intellectual (Learning) Disabilities, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK Associate Professor Learning Disabilities, Kingston University and St. George's University of London, London, UK (Chapter 16)

Sophie Boella RN (Child), Neurology Nurse, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK RNLD, CNLD, DipSW, MA, BSc, BA, MSDipHE, PGDipHE, (Chapter 21)

Barbara Brekle RN (Child), BSc (Hons), Deputy Lead Nurse, Infection Prevention and Control, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapters 13, 15)

Eileen Brennan RN (Adult), RN (Child), MSc, Formerly Nurse Consultant in Paediatric Nephrology, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapters 1, 3, 10)

Janet Brooks Back Care Advisor, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK (Chapter 19)

List of Contributors

Edel Broomfield RN (Child), DipHE, BSc, MSc,
Lead Spinal Advanced Nurse Practitioner,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 23)

Elizabeth Anne Bruce MSc, BSc (Hons), RN (Adult),
RN (Child),
Clinical Nurse Specialist, Pain Control Service,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 24, Editor)

Jane Burgering
Formerly Practice Educator, NICU,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 20)

Sarah Carmichael BSc (Hons), Children's Nursing,
Formerly Clinical Nurse Specialist, Tissue Viability,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 11)

Sue Chapman RN (Adult), RN (Child),
AdvDip Child Development, MSc PCCN (Advanced Practice),
PhD Child Health,
Formerly Clinical Site Director,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 1)

Harriet Clark RN (Child) BSc (Hons) Children's Nursing,
Practice Educator,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Denise Cochrane
Play Specialist Team Leader,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 27)

Robert Cole RN (Adult), RN (Child), MA Ed, PGDip Ed; BSc
(Hons) with ENB Higher Award; ENB 199; ENB 998;
ENB A53, APLS Instructor,
Head of Nursing for Children and Young People,
University Hospital Lewisham, Lewisham & Greenwich NHS Trust,
London, UK
(Chapter 28)

Claire Cook
Formerly Team Leader for Spinal Surgery,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 26)

Joanne Cooke TD, MSc, BSc (Hons), RN (Adult),
RN (Child), NT,
Advanced Nurse Practitioner, ENT/Tracheostomies,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapters 29, 32)

Rachel Cooke RN (Child),
Bereavement Services Manager,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 35)

John Courtney MA, PgDip, RN (Adult), RN (Child),
Formerly Assistant Chief Nurse,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 10, Editor)

Charlotte Donovan BSc (Hons) Physiotherapy,
Paediatric Physiotherapist, PICU and NICU,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Jennifer Dyer
Senior Play Specialist Team Leader,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 27)

Nicky Farrell RN (Adult), RN (Child), BSc (Hons) Nursing,
DipHE Child Health, ENB 998, ENB 240,
Macmillan Clinical Nurse Specialist, Neuro-Oncology-
Endocrinology,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 8)

Róisín Fitzsimons RN (Adult), RN (Child), DipHE,
BSc (Hons), MSc (Allergy), RNC, MCGI, PhD,
Formerly Consultant Nurse, Children's Allergy Service,
Guy's & St Thomas' NHS Foundation Trust, London, UK
(Chapter 2)

Dr. Danya Glaser MBBS, DCH, FRCPsych, Hon FRCPCH,
Honorary Child and Adolescent Psychiatrist,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 31)

Caroline Grindrod
Formerly CNS, Eating Disorders Team, Adolescent
Mental Health Unit,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 18)

Jenni Hallman RN (Adult), RN (Child), BSc (Hons) Children's
Oncology Nursing,
Formerly Oncology Complementary Therapy Nurse Specialist,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 7)

Yvonne Hambley RN (Adult), DipHE Child Health,
Sister, Recovery,
Great Ormond Street Hospital for Children NHS Foundation Trust,
London, UK
(Chapter 26)

Heather Hatter RN (Adult), RN (Child), Bsc (Hons),
Dip Nursing,
Formerly Practice Educator, Respiratory Medicine,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

June Hemsley RN, BSc, MSc (Child), NMP
Advanced Nurse Practitioner,
Louis Dundas Centre for Oncology Outreach and Palliative Care,
Great Ormond Street Hospital for Children NHS Foundation Trust,
London, UK
(Chapter 25)

Melanie Hiorns FRCR, FRCP
Clinical Director International and Private Patients,
and Consultant Radiologist,
Great Ormond Street Hospital for Children NHS Foundation Trust,
London, UK
(Chapter 15)

Anne Ho RN (Child), BSc
Central venous Access CNS,
Great Ormond Street Hospital for Children NHS Foundation Trust,
London, UK
(Chapter 14)

Janet Holmes BSc (Hons), NNEB, HPSET,
Senior Health Play Specialist,
Great Ormond Street Hospital for Children NHS Foundation Trust,
London, UK
(Chapter 27)

Penny Howard RN (Adult), RN (Child),
Clinical Nurse Specialist, Orthopaedics,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 23)

Carole Irwin BSc (Hons), ENB 219, PGCE,
Formerly Clinical Project Manager,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 23)

Deborah Jackson BSc (Hons) in Physio, MSc in Advanced
Physiotherapy, MCSP, SRP,
Clinical Specialist Physiotherapist,
Great Ormond Street Hospital for Children NHS Foundation Trust,
London, UK
(Chapter 23)

Josephine Jim RN (Child), BSc,
Sister, PICU,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 10)

Helen Johnson RN (Adult), RN (Child), ENB 216, BSc (Hons),
Formerly Clinical Nurse Specialist Stoma Care,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 5)

Anne-Marie Kao
Formerly Nurse Practitioner, Dermatology,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 3)

Marie-Anne Kelly RN (Child), ENB 405
Formerly Neonatal Clinical Nurse Specialist,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 20)

Kate Khair RN (Adult), RN (Child), MSc, MCGI, PhD,
Formerly Clinical Academic Careers Fellow, Centre for Outcomes
Research and Experience in Children's Health Illness and
Disability (ORCHID),
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 4, Editor)

Sarah Kipps
Formerly Practice Educator, Nursing Quality,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapters 11, 22)

Elizabeth Leonard RN (Adult), RN (Child), BA (Hons), MSc,
Head of Education (Operational),
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29, Editor)

Annabel Linger RN (Child), Dip HEd Nursing
Sciences, BSc (Hons) Child Health Nursing, ENB 405,
ENB 998,
Sister, NICU,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 15)

Ana Marote
Formerly Ward Sister, Respiratory,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Mandy Matthews RN (Adult), RN (Child), PGDip in Learning
and Teaching for Professional Practice,
Formerly Head of International Practice Development,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 17)

Lindy May RN (Adult), RN (Child), MSc (Neuroscience), Diploma
in Counselling, PhD,
Formerly Nurse Consultant, Neurosurgery,
Great Ormond Street Hospital for Children,
NHS Foundation Trust, London, UK
(Chapters 1, 21, Editor)

Brian McGowan RN (Child), MSc, SFHEA,
Lecturer in Higher Education Practice,
Ulster University, Belfast, UK
(Chapter 6)

List of Contributors

Ciara McMullin BSc Hons (Paeds), DipN (Adult),
Head of Nursing and Patient Experience,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 26)

Nigel Mills

Formerly Adolescent Nurse Specialist,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 27)

Dr. Kishore Minhas MBChB, MSc, FRCR,
Consultant Interventional Radiologist,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 3)

Rachel Moss RN (Adult),
Senior Transfusion Practitioner,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 4)

Ainsley Moven RN (Child), PgDip,
Nurse Practitioner, Neurosurgery,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 21)

Maura O'Callaghan RN (Adult), RN (Child), ANP,
Lead Nurse, ECMO/VAD,
Cardiorespiratory Unit,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Jody O'Connor RN (Child), DipHE, BSc (hons) Neuroscience,
MSc ANP,
Advanced Nurse Practitioner, Neurosurgery,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 21)

Lorna O'Rourke RN (Adult), RN (Child), BSc (Hons),
Ward Sister, NICU,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 14)

Kathleen Owen

Formerly Back Care Advisor and Moving and
Handling Trainer,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 19)

Heather Parsons RN (Child), BSc (Hons) Neonatal Nursing,
Practice Educator, NICU,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 20)

Bhumik Patel MPharm, MSc, PGCert,
Senior Specialist Pharmacist in Paediatric Palliative Care,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapters 8, 17)

Sharon Philips

Formerly Ward Sister, Adolescent Mental Health Unit,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 18)

Jade Rand RN(Child) BSc (Hons) Children's
Nursing, PG Cert Practice Education,
Practice Educator, Respiratory,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Di Robertshaw RN (Adult), RN (Child), RNT, BSc (Hons)
Child Health, DipN (Paediatrics), DipNE,
Practice Educator, Cardiac,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 15)

Sally Robertson MA, Pg. Cert, BA, RN Child Dip,
Head of Education,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 6)

Vicky Robinson DipHe and BSc (Hons) Children's Nursing,
RN (Child),
CNS Non-invasive ventilation,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Jacqueline Robinson-Rouse RN (Child),
BSc (Hon), MSc,
Formerly Lead Nurse, Nursing Workforce,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 17)

June Rogers RN (Adult), RN (Child), BSc (Hons), MSc,
Children's Bladder and Bowel Nurse Specialist,
Bladder & Bowel UK, Manchester, UK
(Chapter 5)

Rebecca Saul RN (Child), RN (Adult), MSc,
Clinical Nurse Specialist Paediatric Pain,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 34)

Monika Sedlbauer MSc Adv Paed N,
Formerly Practice Educator, NICU,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 20)

Vanessa Shaw MBE, MA, PGDip Dietetics, RD, FBDA,
Honorary Associate Professor of Paediatric Dietetics,
Plymouth University,
Honorary Senior Lecturer,
UCL Great Ormond Street Institute, London, UK
(Chapter 22)

Emma Shkurka BSc (Hons) Physiotherapy, MRes Clinical Practice,
Paediatric Critical Care Physiotherapist,
NIHR Clinical Doctoral Research Fellow,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Melissa Silva BSc (nursing), MSc (Nursing Education),
Formerly Practice Educator,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 26)

Cindy Sparkes RN (Child), MSc, PGCE,
Lead Educator, Haematology and Oncology,
Great Ormond Street Hospital for Children
NHS Foundation Trust, London, UK
(Chapter 8)

Catherine Spreckley RN (Child), BSc (Hons), PGCE, PGDip
Formerly Practice Educator, Respiratory,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 29)

Denise Welsby RN (Adult),
EPALs Subcommittee faculty member, instructor and course
director, Resuscitation Council UK,
Head of Resuscitation Services,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapters 9, 30)

Zoe Wilks RN (Adult), RN (Child), BSc (Hons) Child Health,
Adv Dip Ch Dev,
Formerly Modern Matron,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 3)

Nicola Wilson MNurSci, PGCert Ed, DTN
Lead Practice Educator,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 23)

Donna Wyan DipHE (Child), BSc (Hons), Independent Prescriber,
Urology Nurse Practitioner,
Great Ormond Street Hospital for Children NHS
Foundation Trust, London, UK
(Chapter 33)

Introduction

We made a decision to write this introduction last. We wanted to set the scene for what was to follow and therefore needed to know what followed before we put finger to keyboard. Our intention here is to highlight a number of principles that should underpin all clinical care given in community and hospital settings, all of which are the cornerstone of the content of chapters in this textbook. The guidelines contained herein are not intended to replace individual assessment and personalised treatment and care of the child or young person (CYP) and their carers/family. Instead, our intention in presenting this information is to bring to nurses and other healthcare professionals delivering healthcare to CYPs the latest evidence that underpins clinical care; the *how to* and *why* of many of the clinical procedures undertaken. The first principle that guides us in our work regards individualised care.

Individualised care

The mission for Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is to put the 'child first and always' (GOSH 2020). This continues to underpin the work of every person employed at the hospital. To deliver on this mission, each CYP needs to be seen as a 'whole' being in the context of their family, carers, school, friends, and local community. This perspective should involve an understanding that, as CYPs grow up and develop, their needs will change. Knowledge of child development, family structures, communication patterns and the wider social networks CYPs live within is important for us to understand how we approach care delivery. Using a family systems approach to nursing is not new, but we, and the practitioners who have contributed to this textbook, would recommend its use to ensure that the focus is on the care of the whole family (Hemphill and Dearnun 2010). We would also suggest having in place an ideal care delivery model (Pordees et al. 2019) that includes the creation of proactive plans based on the goals of the family and CYP, where multidisciplinary, shared decision-making is facilitated and recorded, and a professional such as a key worker familiar with the CYP and family is involved to address comprehensive needs (Ogourtsova et al. 2018).

CYPs also have rights as human beings and need special care and attention (United Nations International Children's Emergency Fund [UNICEF] 1989). This Convention was the first legally binding international instrument to incorporate the full range of human rights for CYPs; civil, cultural, economic, political, and social rights. Each CYP has the right:

- For survival – to be given food and water and opportunities for healthy growth.
- To develop to the fullest – to achieve and enjoy through education.
- To protection from harmful influences, abuse, and exploitation – to stay safe.
- To participate fully in family, cultural, and social life – to make a positive contribution and achieve economic well-being.

Now, 30 years since it was ratified (<https://www.unicef.org/child-rights-convention>), readers are encouraged to take a few minutes to watch some of the more recent videos that show what CYPs are doing to use their rights; see, for example, <https://www.youtube.com/watch?v=y4udqAY2Bqc> and <https://www.youtube.com/watch?v=DtzlxpDRiMk>.

Our role in healthcare is to ensure that CYPs reach their fullest potential, and thus limit whenever we can the short- and long-term effects that result from health changes. Most CYPs will experience the healthcare system in some way during their life; for example, vaccinations, school health checks, dental checks, sexual health, maternity services, or, if they become unwell, a visit to their local doctor or a hospital referral. It is important that within each of these different contexts the CYP is seen as an individual within the family. Throughout this textbook there are many examples of approaches to ensure this aim will be achieved in your approaches to care.

Family-centred care

Our second principle is the need to fully understand the methods of a family-centred approach to care. This takes the notion of individualised care further, with family-centred care (FCC) viewed as a central tenet of CYPs' nursing (Coleman 2002). An FCC model is widely used in the care of CYPs in hospital. This encompasses the holistic psychosocial-economic need to always see CYPs within a family concept. Hutchfield (1999) analysed the concepts of FCC and found that partnership with parents, parent participation, and care by parent were the most common systems applied in practice. These systems were meant to help clarify for parents their caring roles, and make explicit how professionals and parents would work together. 'The social construct of family-centred care has been refined again and again and within this construct parents have moved from a passive presence to being allowed to take on a more active role in their child's care in hospital' (Coleman 2002, p. 9).

More recently, O'Connor et al. (2019) undertook a concept analysis of FCC and concluded that the concept continues to evolve. Attributes included parental participation in care, the development of respectful and trusting partnerships and information sharing, with all family members as care recipients. O'Connor et al. (2019) reaffirm that the effectiveness of family-centred care has not been measured sufficiently and argue that although nurses can support the principles of it, very few can really define it and say what works best in different situations; empirical evidence continues to be absent. Despite this lack of evidence and lack of a single definition of FCC, we would strongly support the application of an FCC approach to care, in which nurses work within family structures to care for CYPs effectively and support family members in their roles, whether they be nursing or family roles; where parents are able to negotiate with health staff to determine what this participation will involve and negotiate new roles for themselves in sharing the care of their sick CYP. Parents should be involved in the

Table I.1 Relevant legislation and policies.

The Human Rights Act 1998	https://www.equalityhumanrights.com/en/human-rights/human-rights-act
The Children Act 2004 – The legal framework for England and Wales	www.legislation.gov.uk/ukpga/2004/31/contents
Protection of Vulnerable Groups (Scotland) Act 2007	www.legislation.gov.uk/asp/2007/14/contents
Protection of Children (Scotland) Act 2003	www.legislation.gov.uk/asp/2003/5/contents
Children (Northern Ireland) Order 1995	www.legislation.gov.uk/nisi/1995/755/contents/made
Safeguarding Vulnerable Groups (Northern Ireland) Order 2007	www.legislation.gov.uk/nisi/2007/1351/contents
Children and Young Persons Act 2008	www.legislation.gov.uk/ukpga/2008/23/pdfs/ukpga_20080023_en.pdf
<i>The Children's Plan</i> (Department for Children, Schools and Families 2007)	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/325111/2007-childrens-plan.pdf
Children and Families Act 2014	www.legislation.gov.uk/ukpga/2014/6/contents/enacted
Children and Social Work Act 2017	www.legislation.gov.uk/ukpga/2017/16/contents/enacted
<i>Healthy Children: Transforming Child Health Information</i> (NHS England 2016)	https://www.england.nhs.uk/wp-content/uploads/2016/11/healthy-children-transforming-child-health-info.pdf
<i>Working Together to Safeguard Children</i> (HM Government 2018)	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard_Children.pdf
<i>Protecting Children from Trafficking and Modern Slavery</i> (National Society for the Prevention of Cruelty to Children (NSPCC) 2021)	https://learning.nspcc.org.uk/child-abuse-and-neglect/child-trafficking-and-modern-slavery
<i>The Children Act 1989 Guidance and Regulations</i> (Department for Education (DfE) 2021)	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf
<i>Female Genital Mutilation Act 2003</i>	www.legislation.gov.uk/ukpga/2003/31/contents

decision-making process. We recommend the family-centred practice continuum described by Coleman et al. (2003) to practitioners; this will help you help parents/carers decide on the degree in which they may be active participants in their child's care, including planning, delivery, and management. As suggested by Al-Motlaq et al. (2019), guidance documented in this textbook reflects the philosophy of FCC and its major components.

Making reasonable adjustments to care

Under the Equality Act (2010), health services must consider the needs of people with disabilities in the way they organise their buildings, policies, and services. These are called 'reasonable adjustments' and reflect the fact that some people with disabilities may have particular needs that standard services do not adequately meet. This could relate to, for instance, people with learning and/or physical disabilities. Making reasonable adjustments for CYPs in our care is our third principle. In the context of this textbook, this relates to the need for tailored information and advice to be offered in formats and languages that people can understand; for extra time to be offered to people who have particular communication needs or difficulty understanding what is being said; and ensuring that CYPs and their families are fully prepared for a clinical procedure by listening to what their individual needs might be.

We know that developmentally appropriate and individually tailored preparatory information has a positive effect on CYP's experiences of clinical procedures (Bray et al. 2019a). We also know that there is an added complexity when working with CYPs who have a learning disability, whereby 'individually tailoring' may well require additional preparatory time. Added to this, we are well aware of the range of practices that fall within the term *physical holding*, used to facilitate a clinical procedure being completed (Bray et al. 2018). There is a need for more evidence on how clinical practice guidelines inform professional practice and CYP's views of how their

opinions and choices should be sought and attended to in the process of a procedure being completed. But in the meantime, we recommend an initial assessment, working closely with parents/carers in order to understand fully a CYP's needs; this might well reveal social communication difficulties associated with autism, or the presence of challenging behaviour (Absoud et al. 2019). Bray et al. (2019b) have highlighted that during a clinical procedure there are many factors that can 'tip' the balance toward a CYP's expressed wishes being undermined and their feelings of being held against their will. An initial assessment can anticipate the presence of these factors. The need to balance different agendas, rights, and priorities within the momentum that can build during a clinical procedure requires professionals to feel equipped to enact a 'clinical pause': an opportunity to establish a balanced approach that acknowledges the CYP's agency within healthcare procedures. Initial assessment and clinical pause are two approaches that inform and enable a nurse's ability to make a reasonable adjustment.

Legislation and policy relevant to care

Our fourth principle stresses the need for clinical professionals working with CYPs to be conversant with legislation and general guidance for the welfare of CYPs. There is a complex legal framework relevant to the provision of care and treatment to CYPs, and this may vary across the four countries in the UK as well as across international boundaries. Added to this, the development of human rights law has contributed to the increasing recognition of the need to give greater weight to the views of CYPs as they develop their understanding and ability to make their own decisions. However, there are occasions when the adults with the responsibility for the care and treatment of young people have to make decisions and take actions on their behalf to ensure their well-being. Therefore, knowledge regarding the various legal frameworks will always be timely, and it falls to the professional to keep this up to date. Access

Introduction

to computers at unit/ward level makes this task much easier than it ever was, with access to professional databases and PubMed. In addition, organisations such as the Care Quality Commission (CQC 2022) produce lists of legislation that may be relevant to health and social care. In Table I.1 we draw the reader's attention to some of the legislation and policies relevant in the UK today and include websites where up-to-date information can be found.

Code of conduct that underpins care

Our fifth principle is the need to be conversant with the Nursing and Midwifery Council (NMC) code of conduct. Nurses and other healthcare staff must act as advocates for the CYP when necessary (NMC 2018). The people in your care must be able to trust you with their health and well-being. The Code is shaped around four statements, which state that good nurses will:

- 1 Prioritise people
- 2 Practise effectively
- 3 Preserve safety
- 4 Promote professionalism and trust

As a professional, you are personally accountable for actions and omissions in your practice and you must always be able to justify your decisions. The Code should be considered alongside the NMC's rules, standards, guidance, and advice, available from www.nmc-uk.org. The NMC web site is kept up to date and should be able to guide you in aspects of the code and guidance; your role as a practitioner is to keep up to date with this.

Delivering culturally sensitive care

As nurses, we need to be confident in our role to deliver culturally sensitive care to families; this is our sixth principle. Family ethnicity includes race, culture, religion, and nationality, which impact on a family or person's identity and how they are seen by others. Health is shaped by many different factors such as lifestyle, material wealth, educational attainment, job security, housing conditions, psychosocial stress, discrimination, and the health services. We know that health inequalities exist within different ethnic minority groups and represent the cumulative effect of these factors over the course of life; they can be passed on from one generation to the next through maternal influences on baby and child development. Initiatives aimed at reducing poverty, social exclusion, and difficulty in accessing health services have the potential to tackle the root causes of health inequalities. Some community initiatives aiming to reduce health inequalities and social exclusion by targeting deprived areas are Health Action Zones (www.haznet.org.uk), Neighbourhood Renewal (www.neighbourhood.statistics.org.uk), the New Deal for Communities (www.communities.gov.uk), Sure Start (<http://www.early-years.org/surestart/>), and more. Recently, the Spearhead Area initiatives (National Audit Office 2010; Barr et al. 2017). An understanding of such schemes can help nurses to be aware of support networks available to the families in our care.

The concept of 'culture' is not homogeneous and one should avoid using generalisations in explaining families' beliefs or behaviours. One should differentiate between the rules of a culture, which governs how one *should* think and behave, and how people actually behave in real life. Generalisations can be dangerous as they often lead to misunderstandings, prejudices, and discrimination. There may be conflict within a family that holds certain beliefs when their CYP has been influenced by different outside social forces. Cultural background has an important influence on many aspects of a CYP's life, including their beliefs, behaviours, perceptions, emotions, language, religion, rituals, family structure, diet, dress, body image, and concepts of space and time. It also plays a

part in attitudes to illness, pain, and other misfortunes (Helman 2007). It is important to interpret behaviour or beliefs within its particular context, which is made up of historical, economic, social, political, and geographical elements. This may, for example, have an influence on CYPs or parents who are nonadherent with their medical/nursing care and are seen as 'difficult.'

In most cultures, boys and girls are socialised in different ways and this varies throughout the world. For example, men may play a more predominate part in public life in some cultures, but the 'grandmother' of the family (who is seen as being wiser) may be the decision maker on the way the CYP is brought up. Artificial changes of the body, such as body piercing, tattooing, or artificial fattening are often deemed as notions of beauty in some cultures. Extreme cases such as female circumcision or female genital mutilation (FGM) and severe obesity will affect health and well-being and should be dealt with accordingly. For more information on FGM, which is illegal in the UK see Chapter 31: Safeguarding Children and Young People. Different religious beliefs may include ritual immersions, fasts, food taboos, circumcision, communal feasts, and mass pilgrimages. Some of these may be associated with health concerns such as malnutrition with food taboos, where cultural beliefs and practices misalign with best practices in healthcare (Aghajari et al. 2019). The challenge relates to providing culturally competent care and effectively communicating with families from diverse cultural and ethnic backgrounds who have different health beliefs, practices, values, and languages (Tavallali et al. 2017).

Healthcare professionals should not assume that everyone knows how his or her body works. Many people see it as a 'plumbing system' or machine, and believe that body parts and cavities are connected by pipes (Helman 2007). It is important to ensure that families and CYPs understand their particular health problem and that this is communicated by both oral and written information in their native language, using props that might best help us explain what is happening. An interpreting service should be available to families and CYPs whose first language is not English. Healthcare workers must be sensitive to the world that CYPs and their families live in and ensure that cultural differences or even different views on health are taken into consideration, recorded where necessary, and communicated appropriately to the clinical team.

Consent and involving CYPs in decisions about their care

Throughout this text-book there is an emphasis on ensuring CYPs are communicated with directly and wherever possible are involved in all decisions about their healthcare. We know from many different sources that CYPs want to be involved in the discussions and decisions that affect their health (Royal College of Paediatrics and Child Health, [RCPCH] (2017). In addition, the UN Convention on the Rights of the Child outlines the legal requirements for engaging and involving CYPs in the strategic influence of their healthcare. Article 12 recommends that:

Children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously (UNICEF 1989).

Involving CYPs in decisions about their healthcare can help their understanding of the disease and treatment, reduce their fears, and help them feel more prepared and to cope better. Although there is minimal evidence about what approaches work best for involving CYPs in decision making, we are supportive of communication practices that assist CYPs in this decision-making process (Boland et al. 2019).

In all the relevant sections of this textbook the authors have provided supporting literature on the issue of consent relevant to clinical procedures. We thought this an important seventh principle, and

want to highlight in particular the guidance that should be fully understood by all nurses delivering healthcare to CYPs, see for example the recommendations from the Care Quality Commission (CQC 2019). There are a number of documents we want to recommend in this section and list them here. All are based on English law: Healthcare practitioners must follow professional and local guidelines and ensure they are kept up to date, as further legal developments may occur and the law may differ in other countries.

General Medical Council (2018a): <i>Protecting Children and Young People</i>	https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people
General Medical Council (2018b): <i>0–18 Years: Guidance for All Doctors</i>	https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years
Wilacy and Tidy (2021): <i>Consent to Treatment in Children</i>	https://patient.info/doctor/consent-to-treatment-in-children-mental-capacity-and-mental-health-legislation
British Medical Association (2021): <i>Children and Young People Ethics Toolkit</i>	https://www.bma.org.uk/advice-and-support/ethics/children-and-young-people/children-and-young-people-ethics-toolkit
RCPCH (2012): <i>Pre-procedure Pregnancy Checking</i>	www.rcpch.ac.uk/sites/default/files/Guidance.pdf

All the above guidance should be read in conjunction with the Human Tissue Act (2004) and the Mental Capacity Act (2005). They should be read in conjunction with the issues highlighted in each section of this textbook. We would also refer you to sources on YouTube; in particular, look for accounts of CYPs talking about what this process is like – see, for example, <https://www.youtube.com/watch?v=837PKaIAk24>.

Restrictive physical interventions and clinical holding

NHS Trusts are committed to providing the best-quality care from a compassionate, caring, and competent workforce. As we have discussed, this is best achieved by working in partnership with CYPs and their families to obtain their consent for procedures. However, there are times when the CYP may need to be held still or 'restrained', with or without their explicit consent or that of their parents/carers, so that care can be delivered safely and effectively. This can raise many complex legal, ethical, and practical issues. Clinical holding refers to immobilisation, which may be by splinting or by using limited force. It may be a method of helping CYPs, with their or their parent/carer's permission, to manage a painful procedure quickly and effectively. 'Clinical holding has been distinguished from restrictive physical intervention by the degree of force used, the intention of the hold, and the agreement of the child' (Royal College of Nursing (RCN) 2019).

As just discussed, valid consent should be sought for all forms of healthcare and is particularly important if the CYP must be held still or 'restrained'. This section provides guidance to all staff regarding the use of restrictive physical interventions (formerly known as restraint) and clinical holding of CYPs. It is designed to be read in conjunction with other local and national policies and guidelines. Recent government guidelines focus primarily on restraint in social, educational and community settings (HM Government 2019) and there is currently no precise government guidance on the use of

restrictive physical interventions, restraint or clinical holding of CYPs in hospital. The following documents have been incorporated into the principles that underpin this policy and may provide additional information to guide good practice:

- The Children Act 1989
- Human Rights Act 1998
- The United Nations Convention on the Rights of the Child (1989)
- Positive and Proactive Care: Reducing the Need for Restrictive Interventions (DH 2014)
- The Mental Health Act (1983)
- Restrictive Physical Interventions and Therapeutic Clinical Holding of Children and Young People: Guidance for Nursing Staff (RCN 2019)

Individual practitioners remain accountable for protecting the rights and the best interests of their patients while maintaining the standards of practice set out by their own professional body (Nursing and Midwifery Council 2015, updated 2018).

Principles of good practice

- Restrictive physical intervention or clinical holding should be used as the last resort and not the first line of intervention (RCN 2019).
- There should be openness about who decides what is in the CYP's best interest. Where possible, these decisions should be made with the full agreement and involvement of the CYP and their parent or carer (RCN 2019).
- Staff should not be deterred from normal social contact; however, they should try to ensure that a CYP does not misinterpret any physical contact. Developmental age and gender should be considerations in deciding the level of appropriate physical contact.
- Staff should ascertain the significance of physical contact through discussion with the CYP, family, professionals, and previous carers. If the CYP is not comfortable with physical contact, this should be recorded and considered throughout their stay; however, this would not necessarily mean physical contact would be withheld if considered necessary. Cultural factors will be significant in determining what is considered to be acceptable in terms of physical contact.
- Clinical holding and restrictive physical intervention should be employed to achieve outcomes that reflect the best interests of the CYP (i.e. to deliver safe and effective care) and/or others affected by their behaviour (i.e. to prevent the CYP from causing injury to him- or herself or others).
- Serious consideration must be given to the appropriateness of applying to the High Court if there are indications that physical force or unusual restraint needs to be used in order to give treatment, even if the parents/carers consent.
- Clinical holding or restrictive physical intervention should not arouse sexual feelings or expectations (RCN 2019) and should cease if the CYP gives any indication of this.
- Where a member of staff feels it would be inappropriate to respond to a CYP seeking physical contact, the reasons for denying such contact should be explained.
- There should be sufficient staff available who are trained and confident in safe and appropriate techniques and alternatives to restrictive physical intervention and clinical holding of CYPs.
- Staff working within mental health units and services should receive specialist and regular updates to maintain skills as appropriate. These staff can act as a resource within the Trust, should specialist techniques be required.
- There is guidance for parents to read, please see <https://www.gosh.nhs.uk/conditions-and-treatments/procedures-and-treatments/therapeutic-holding/>.

Prevention

- Staff should communicate with CYPs in a way that maximises and promotes their understanding of their illness and treatment. Time

Introduction

spent talking and explaining procedures to them and their family may avoid the need for clinical holding or restrictive physical intervention altogether.

- Clinical holding and restrictive physical intervention should be used only if other preventive strategies such as dialogue, diversion, and distraction techniques have been unsuccessful. Clinical staff should be trained and competent in these preventive strategies and in clinical holding and restrictive physical intervention of CYPs for clinical procedures.
- Clinical staff working in 'high-risk' specialist areas (e.g. mental health units) may need additional training in de-escalation techniques.

Specific advice regarding infants and young children

- When young children are being cared for in hospital, it will not usually seem practicable to seek consent from their parents/carers for every routine intervention such as blood or urine tests or X-rays that may require a degree of restraint. However, it should be remembered that, by law, such consent is required. Therefore, discussion of the procedures with the child and their parent/carer should take place in advance to obtain their consent.
- If the child or their parents/carers specify that they wish to be asked before certain procedures are initiated, this must happen, unless the delay involved in contacting them would put the child's health at risk.

Clinical holding for planned procedures

- For planned procedures (e.g., to pass a nasogastric tube or to take blood), consent should be sought in accordance with local policy. If staff will have to hold the CYP to carry out the procedure, the person giving consent should be made aware of this and their consent sought. Consent may be verbal and sought in advance of the procedure (i.e. on admission).
- The involvement of parents/carers may reduce the level of clinical holding needed. Consideration should be given to full parental involvement in the examination and/or treatment, as this may significantly reduce the CYP's anxiety. Staff should recognise that the procedure may be as stressful and distressing for the parent/carer as for the CYP and should ensure that appropriate support is available.
- Gentle protective containment of the CYP with bolsters, pads, and light straps to gain and maintain the correct positioning for diagnostic imaging, or to protect the restless CYP from self-injury, is acceptable. Parents/carers may gently restrain their own child (e.g. to limit movement during cannulation).
- Staff should, if at all possible, have an established relationship with the CYP and should clearly explain what they are doing and why.

Clinical holding in emergency situations

- If consent has not been sought and it is necessary to hold a CYP to perform an emergency or urgent intervention, there should be careful consideration of whether the procedure is really necessary, and whether delaying the procedure to contact the parents/carers would put the CYP's health at risk. Wherever possible, the procedure should be delayed until consent has been obtained (RCN 2019).
- If immediate initiation of the procedure is deemed to be in the CYP's best interests, every effort should be made to gain their cooperation.

Restrictive physical intervention (restraint)

- Restrictive physical intervention is permissible in circumstances where staff are attempting to (i) avert an immediate danger or injury to the CYP or another individual, or (ii) avoid immediate damage to property, where any other course of action would be likely to fail.
- Staff should take steps in advance to avoid the need for restrictive physical intervention, such as through dialogue and diversion, and the CYP should be warned verbally that physical restraint will be used unless they desist.

- Restrictive physical intervention is distinguished from clinical holding by the degree of force required. At all times, the degree of force used must be reasonable and proportionate to both the behaviour of the individual to be controlled and the nature of the harm they may cause. These judgements must be made at the time, taking account of all the circumstances, including any known history of other events requiring restraint.
- The minimum necessary force should be used.
- The techniques deployed should be those for which staff are trained and familiar with, and are able to use safely. The team leader should be clearly identified and should ensure that all staff are aware of their individual roles during the period of restraint.
- Restrictive physical intervention should avert danger by preventing or deflecting a CYP's action or by removing a physical object. Averting harm by causing or threatening hurt, pain, or distress is unacceptable (except in wholly exceptional circumstances such as self-defence).
- Restrictive physical intervention should not be used purely to force adherence with staff instruction when there is no immediate risk to people or property.
- Every effort should be made to secure the presence of other staff before applying restraint. The number of staff needed will vary with the situation. If possible, a member of staff of the same sex as the CYP should be present.
- Restrictive physical intervention should be disengaged by degrees as the CYP calms down in response to physical contact. As soon as it is safe, restraint should be gradually relaxed to allow the CYP to regain self-control.
- Debriefing of the CYP and everyone involved should take place as soon after the incident as possible (RCN 2019).
- The senior nurse and the CYP's parents/carers must be made aware of all incidents requiring a restrictive physical intervention and the CYP's doctor should be informed of incidents lasting more than 30 minutes.
- All incidents should be fully documented and the Trust's local procedures for reporting incidents should be followed.

Documentation

- All staff involved must keep detailed and accurate records of each occasion where a CYP is held or 'restrained'.
- An incident report form must be completed and reported in accordance with local policies whenever restrictive physical intervention is used.

Communication and handover to improve quality of care

Communication, and the ability to communicate complex information to CYPs and family members, features in all our stated principles so far. We encourage practitioners to learn effective communication strategies to ensure CYPs and their parents/carers have the information they need in the appropriate format (Matthews 2010). In principle number 9, we want to turn to the importance of communication between professionals. Nurses have always had a 'ritual' for handing over patient information from one another when changing shifts but the quality and accuracy of the information has often been called into question. One of the greatest sources of frustration for CYPs and their families is the lack of integration and communication between different services within an organisation or between organisations.

Handover is the system by which the responsibility for immediate and ongoing care is transferred between healthcare professionals. CYPs and their families expect and should have a designated consultant and nurse to coordinate the multidisciplinary team. However, at times (e.g. at night, during weekends, or during an emergency admission), the responsibility for care must pass from one team or consultant to another (Royal College of Physicians 2011). Poor handover between doctors, nurses, and

multidisciplinary teams is a common cause of error in hospitals and a major preventable cause of patient harm. It can lead to inefficiencies, repetitions, delayed decisions, repeated investigations, incorrect diagnoses, incorrect treatment, and poor communication with the patient. Some hospitals do not even have a handover protocol in place (Royal College of Physicians 2011). The handover should be written or recorded and each professional involved in the CYP's care should have access to it at all times. There is no reason why CYPs or their parents should not listen to their own handover unless this is felt to be medically inappropriate.

Communication during verbal handover should also be standardised to improve accuracy and safety. A communication tool developed by the US Navy and adapted for healthcare (Hohenhaus et al. 2006) has been further adapted by clinical teams at GOSH. A 'D' (decisions) has been added to the acronym SBAR (situation, background, assessment, recommendation) to 'round off' each conversation and improve clarity (SBARD). Over one third of wards at GOSH have improved the efficiency and effectiveness of their handover using the SBARD communication tool. On average, wards using SBARD have reduced the length of time spent in handover by 30–50% – that is 10–20 minutes twice each day. Nurses who now use SBARD also report that their handovers feel safer and more effective, as everyone involved focuses on patient care needs for the next shift and beyond, rather than reviewing what has happened in the past. This method is also being used to communicate the needs of the deteriorating CYP. Although yet to be formally evaluated within the context of CYPs' healthcare, we are recommending its use to readers of this textbook, and refer you to studies that have looked at the quality of handover (Ruhomauly et al. 2019).

Of further assistance in our approach to communication between professionals is the increasing use of electronic patient records and the introduction of a paperless NHS (Parliamentary Office of Science and Technology 2016). The increased use of electronic patient records in the NHS means that up-to-date information about patients is readily available to a range of health professionals who are treating and caring for those patients (Griffith 2019); assisting in more effective communication between professionals.

The nine principles outlined here briefly are, we suggest, important to all the chapters that follow. Delivering safe care, managing procedures effectively, and working with all family members sensitively are important to ensure that we as nurses can be confident of delivering high quality care. Nurses have a central role in helping CYPs and their family members to manage the demands of clinical procedures as part of a unique illness experience. Even when the procedure has been undertaken many times before and we are caring for 'expert patients,' our attention to individualised patient assessment will enable us to work effectively alongside family members. The latest research and evidence for procedures must underpin all our approaches to care. Nurses have a responsibility to provide the highest standard of care; to do that they must keep up to date. The chapters that follow facilitate this level of knowledge and practice, and point readers to places where they can continue to stay current. We conclude by reminding nurses of their responsibilities, and would encourage use of journals such as *Evidence-Based Nursing* and *Worldviews on Evidence-Based Nursing*, alongside speciality journals and National Institute for Health and Care Excellence (NICE) Evidence search tools for authoritative evidence for healthcare.

References

- Absoud, M., Wake, H., Zariat, M., and Hassiotis, A. (2019). Managing challenging behaviour in children with possible learning disability. *BMJ* 365: 1663. <https://doi.org/10.1136/bmj.11663>.
- Aghajari, P., Valizadeh, L., Zamanzadeh, V. et al. (2019). Cultural sensitivity in paediatric nursing care: a concept analysis using the hybrid method. *Scandinavian Journal of Caring Sciences* 33: 609–620.
- Al-Motlaq, M.A., Carter, B., Neill, S. et al. (2019). Toward developing consensus on family centred care: an international descriptive study and discussion. *Journal of Child Health Care* 23 (3): 458–467.
- Barr, B., Higgerson, J., and Whitehead, M. (2017). Investigating the impact of the English health inequalities strategy: time trend analysis. *BMJ* 358: j3310. <https://doi.org/10.1136/bmj.j3310>.
- Boland, L., Graham, I.D., Legare, F. et al. (2019). Barriers and facilitators of pediatric shared decision-making: a systematic review. *Implementation Science* 14: 7. <https://doi.org/10.1186/s13012-018-0851-5>.
- Bray, L., Carter, B., Ford, K. et al. (2018). Holding children for procedures: an international survey of health professionals. *Journal of Child Health Care* 22 (2): 205–215.
- Bray, L., Appleton, V., and Sharpe, A. (2019a). The information needs of children having clinical procedures: will it hurt? Will I feel scared? What can I do to stay calm? *Child: Care, Health and Development* 45: 737–743.
- Bray, L., Ford, K., Dickinson, A. et al. (2019b). A qualitative study of health professionals' views on the holding of children for clinical procedures: constructing a balanced approach. *Journal of Child Health Care* 23 (1): 160–171.
- British Medical Association (2021). *Children and young people ethics toolkit*. <https://www.bma.org.uk/advice-and-support/ethics/children-and-young-people/children-and-young-people-ethics-toolkit> (accessed 03 February 2023).
- Care Quality Commission (CQC) (2022). Regulations for service providers and managers: related legislation. www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers-relevant (accessed 03 February 2023).
- CQC (2019) Brief guide: capacity and competence to consent in under 18s. https://www.cqc.org.uk/sites/default/files/Brief_guide_Capacity_and_consent_in_under_18s%20v3.pdf (accessed 29 March 2022).
- Children (Northern Ireland) Order (1995). www.legislation.gov.uk/nisi/1995/755/contents/made (accessed 03 February 2023).
- The Children Act (1989). London, HMSO.
- The Children Act (2004). www.legislation.gov.uk/ukpga/2004/31/notes/division/2/2/1/2 (accessed 03 February 2023).
- Children and Families Act (2014). www.legislation.gov.uk/ukpga/2014/6/contents/enacted (accessed 03 February 2023).
- Children and Social Work Act (2017). www.legislation.gov.uk/ukpga/2017/16/contents/enacted (accessed 03 February 2023).
- Children and Young Persons Act (2008). www.legislation.gov.uk/ukpga/2008/23/pdfs/ukpga_20080023_en.pdf (accessed 03 February 2023).
- Coleman, V. (2002). The evolving concept of family-centred care. In: *Family-Centred Care: Concept, Theory and Practice* (eds. L. Smith, V. Coleman and M. Bradshaw), 3–18. Hampshire: Palgrave.
- Coleman, V., Smith, L., and Bradshaw, M. (2003). Enhancing consumer participation using the practice continuum tool for family-centred care. *Paediatric Nursing* 15 (8): 28–31.
- Department for Children, Schools and Families (2007). The children's plan. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/325111/2007-childrens-plan.pdf (accessed 03 February 2023).
- Department for Education (DfE) (2015). The Children Act 1989 guidance and regulations. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000549/The_Children_Act_1989_guidance_and_regulations_Volume_2_care_planning_placement_and_case_review.pdf (accessed 03 February 2023).
- DH (2014). Positive and Proactive Care: reducing the need for restrictive interventions. <https://www.gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions> (accessed 3 February 2023).
- Equality Act (2010). p2, c2, s20. www.legislation.gov.uk/ukpga/2010/15/contents (accessed 03 February 2023).
- General Medical Council (2018a). Protecting children and young people: the responsibilities of all doctors. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people> (accessed 03 February 2023).
- General Medical Council (2018b). 0–18 years: Guidance for all doctors. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years> (accessed 03 February 2023).
- Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) (2020). About us: Who we are. <https://www.gosh.nhs.uk/about-us/who-we-are/> (accessed 03 February 2023).
- Griffith, R. (2019). Electronic records, confidentiality and data security: the nurses responsibility. *British Journal of Nursing* 28 (5): 313–314.

Introduction

- Helman, C. (2007). *Culture, Health and Illness*, 5e. London: Hodder Arnold Publications.
- Hemphill, A.L. and Dearmun, A.K. (2010). Working with children and families. In: *A Textbook of Children's and Young People's Nursing* (eds. A. Glasper and J. Richardson), 17–29. Churchill Livingstone Elsevier.
- HM Government (2018). Working together to safeguard children. <https://www.gov.uk/government/publications/working-together-to-safeguard-children-2> (accessed 03 February 2023).
- HM Government (2019). Reducing the need for restraint and restrictive intervention. <https://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention> (accessed 03 February 2023).
- Hohenhaus, S., Powell, S., and Hohenhaus, J.T. (2006). Enhancing patient safety during hands-off: standardized communication and teamwork using the SBAR method. *American Journal of Nursing* 106 (8): T2A–T2B.
- Human Rights Act (1998). London, HMSO. <https://www.equalityhumanrights.com/en/human-rights/human-rights-act> (accessed 03 February 2023).
- Human Tissue Act (2004). www.hta.gov.uk/policies/human-tissue-act-2004 (accessed 03 February 2023).
- Hutchfield, K. (1999). Family-centred care: a concept analysis. *Journal of Advanced Nursing* 29 (5): 1178–1187.
- Matthews, J. (2010). Communicating with children and their families. In: *A Textbook of Children's and Young People's Nursing* (eds. A. Glasper and J. Richardson), 121–136. Churchill Livingstone Elsevier.
- Mental Capacity Act (2005). www.legislation.gov.uk/ukpga/2005/9/contents (accessed 03 February 2023).
- Mental Health Act (1983). *Code of Practice, Department of Health and Welsh Office*. London: The Stationery Office.
- National Audit Office (2010). Tackling inequalities in life expectancy in areas with the worst health and deprivation. www.nao.org.uk/wp-content/uploads/2010/07/1011186.pdf (accessed 03 February 2023).
- National Service Framework for Children, Young People and Maternity Services (2007). https://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4094329 (accessed 03 February 2023).
- National Society for the Prevention of Cruelty to Children (2021). <https://learning.nspcc.org.uk/child-abuse-and-neglect/child-trafficking-and-modern-slavery> (accessed 03 February 2023).
- NHS England (2016). Healthy children: transforming child health information. <https://www.england.nhs.uk/wp-content/uploads/2016/11/healthy-children-transforming-child-health-info.pdf> (accessed 03 February 2023).
- Nursing and Midwifery Council (2015, updated 2018). *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC. <https://www.nmc.org.uk/standards/code/> (accessed 03 February 2023).
- Nursing and Midwifery Council (NMC) (2018). The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. www.nmc.org.uk/standards/code (accessed 03 February 2023).
- O'Connor, S., Brenner, M., and Coyne, I. (2019). Family-centred care of children and young people in the acute hospital setting: a concept analysis. *Journal of Clinical Nursing*. <https://doi.org/10.1111/jocn.14913>.
- Ogourtsova, T., O'Donnell, M., and Majnemer, A. (2018). Coach, care coordinator, navigator or keyworker? *Review of Emergent Terms in Childhood Disability: Physical & Occupational Therapy in Pediatrics*. <https://doi.org/10.1080/01942638.2018.1521891>.
- Parliamentary Office of Science and Technology (2016). Electronic health records. <https://post.parliament.uk/research-briefings/post-pn-0519> (accessed 03 February 2023).
- Pordes, E., Gordon, J., Sanders, L.M., and Cohen, E. (2019). Models of care delivery for children with medical complexity. *Pediatrics* 141 (sz93): e2 0171284.
- Protection of Children (Scotland) Act (2003). www.legislation.gov.uk/asp/2003/5/contents (accessed 03 February 2023).
- Protection of Vulnerable Groups (Scotland) Act (2007). www.legislation.gov.uk/asp/2007/14/contents (accessed 03 February 2023).
- Royal College of Nursing (2019). Restrictive physical interventions and the clinical holding of children and young people: Guidance for nursing staff. <https://www.rcn.org.uk/professional-development/publications/pub-007746> (accessed 03 February 2023).
- Royal College of Paediatrics and Child Health (RCPCH) (2012). *Preprocedure pregnancy checking: guidance for clinicians*. www.rcpch.ac.uk/sites/default/files/Guidance.pdf (accessed 03 February 2023).
- Royal College of Physicians (2011). Acute Care Toolkit 1 – Handover. www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1-handover (accessed 03 February 2023).
- Royal College of Paediatrics and Child Health (2017). Involving children and young people in specialised commissioning. <https://www.rcpch.ac.uk/resources/involving-children-young-people-specialised-commissioning> (accessed 30 Jan 2023).
- Ruhomaulu, Z., Betts, K., Coupe, K.J. et al. (2019). Improving the quality of handover: implanting SBAR. *Future Healthcare Journal* 6 (2): 1, s54–67.
- Tavallali, A.G., Jirwe, M., and Kabir, Z.N. (2017). Cross-cultural encounters in paediatric care: minority ethnic parents' experiences. *Scandinavian Journal of Caring Sciences* 31: 54–62.
- United Nations International Children's Emergency Fund (UNICEF) (1989). United Nations Convention on the Rights of the Child. UNICEF London. <https://www.unicef.org/child-rights-convention> (accessed 03 February 2023).
- Wilacy, H. and Tidy, C. (2021). *Consent to treatment in children: mental capacity and mental health legislation*. <https://patient.info/doctor/consent-to-treatment-in-children-mental-capacity-and-mental-health-legislation> (accessed 03 February 2023).

Assessment

Sue Chapman¹, Eileen Brennan², and Lindy May³

¹RN (Adult), RN (Child), AdvDip Child Development, MSc Paediatric Critical Care Nursing (Advanced Practice), PhD Child Health; Clinical Site Director; Great Ormond Street Hospital, London, UK

²RN (Adult), RN (Child), MSc; Nurse Consultant in Paediatric Nephrology; GOSH

³RN (Adult), RN (Child), MSc (Neuroscience), Diploma in Counselling, PhD; Formerly Nurse Consultant, Neurosurgery; GOSH

Chapter contents

Introduction	2	Section 4: Family history	5
Section 1: General principles	2	Section 5: Vital signs and baseline measurements	6
Section 2: Present illness	4	Section 6: Assessment of body systems	19
Section 3: Past history	4	References	25

Procedure guidelines

1.1 General principles of assessment	2	1.12 Measuring height	15
1.2 Present illness	4	1.13 Measuring weight	16
1.3 Past history	4	1.14 Measuring head circumference	18
1.4 Family history	5	1.15 Assessing the respiratory and cardiovascular systems	19
1.5 Monitoring plan and early warning score	6	1.16 Assessing the neurological system	20
1.6 Measuring temperature	6	1.17 Assessing nutrition	22
1.7 Measuring heart rate	7	1.18 Assessing elimination and sexual development	22
1.8 Measuring respiratory rate	8	1.19 Assessing skin and hygiene	23
1.9 Measuring blood pressure	8	1.20 Assessing mobility	24
1.10 Measuring oxygen saturation	14	1.21 Assessing development	25
1.11 Growth assessment	14	1.22 Other relevant information	25

2 Introduction

Assessment forms the first part of any nursing activity and is the first step in delivering nursing care. Without a comprehensive assessment of the child or young person (CYP) and family's needs, care cannot be planned, delivered, or evaluated effectively (Broom 2007). For most CYPs and their families, the nursing assessment is often the first contact that they have with the nursing team and it is important that this is seen as a positive, helpful, and informative process (Moorey 2010a).

Each CYP and member of their family should be approached as an individual. Much about the CYP's illness or problem can be discovered through observing them at play, or interacting with their family, without the nurse needing to touch or examine them.

To aid ease of use, this chapter is organised into six distinct sections.

Section 1: General Principles: This section outlines the general principles that should run throughout the assessment process, and which should support the nurse's assessment of the CYP.

Section 2: Present Illness: Issues surrounding the CYP's present illness are then explored and this includes examining the current issues that have brought the CYP into the healthcare setting.

Section 3: Past History: For many CYPs, their current problems may be related to previous illnesses and/or injuries, so this forms an important part of the assessment process.

Section 4: Family History: Likewise, many conditions may be hereditary or have a tendency to run in families, so the health history of other family members may provide important information on actual or potential health problems for the CYP.

Section 5: Vital Signs and Baseline Measurements: The measuring of vital signs is a core essential skill for all healthcare practitioners working with infants and CYPs (RCN 2017). It provides valuable information about the CYP's state of health and can identify signs of illness, disease, or deterioration, allowing early intervention and treatment.

Standards for assessing, measuring, and monitoring vital signs in infants and CYPs have been described (RCN 2017). Vital signs are also a core component of a paediatric track and trigger or early warning system. These systems can assist staff in recognising CYPs 'at risk' of deterioration (Chapman et al. 2016) and form part of the safe system framework for those at risk of deterioration recommended by the Royal College of Paediatrics and Child Health (RCPCH 2018). Other routine measurements, such as height and weight, provide essential information about the CYP's growth and development, which is especially important in cases of chronic illness.

Section 6: Review of Body Systems: The subsequent physical examination is separated into nine 'systems' based on the approach used throughout the 'admission assessment' documentation currently in use at Great Ormond Street Hospital. The information gained thus far should be utilised to guide the nurse on the structure and depth of the physical examination of each system. The process is not designed to be fragmented, but to encourage the nurse to structure the examination around the CYP and family's individual needs, while providing a comprehensive healthcare assessment. Not every system will need to be examined to the same depth, but if actual or potential problems are identified within a certain system, special attention should be paid to examining that area in detail. The 'systems review' section is designed to be read in conjunction with other relevant chapters of this book.

Finally, assessment is an ongoing, dynamic process. Although this chapter provides a structured approach to performing a full nursing assessment, it is not designed to be prescriptive and the nurse should remain responsive to the CYP and family's needs at all times. Assessment of the CYP is also addressed in many other chapters in this book, including but not limited to Chapter 9: Early Recognition and Management of the Seriously Ill Child; Chapter 21: Neurological Care (neurological observations); Chapter 23: Orthopaedic Care (neurovascular observations); and Chapter 24: Pain Management (pain assessment).

Section 1: General principles

Procedure guideline 1.1 General principles of assessment

Statement	Rationale
1 Before undertaking the assessment, the nurse should consider the CYP's age, gender, culture, and religious beliefs, as well as their physical and developmental needs.	1 These factors should influence how the nurse approaches the assessment process.
2 Throughout the assessment process the nurse should refer any serious concerns about any aspect of the CYP's well-being to a senior nursing or medical colleague.	2 To ensure that if help is immediately required, it is sought quickly and from the appropriate source.
3 The nurse should be familiar with the parent-held child health record (commonly known as the 'red book'), previous healthcare records, and referral letter if appropriate.	3 To guide the assessment process, avoid unnecessary repetition, and highlight priorities for assessment.