



PATRON

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Dr John Stephenson
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Dear John

Re: Stay at home decisions by pre-hospital personnel in children under two years

This issue has been discussed several times at the Intercollegiate Committee for Services for Children in Emergency Departments. We have concerns about the level of paediatric training for all grades of pre-hospital staff, but in particular paramedics and emergency care practitioners, who are increasingly expected to make autonomous decisions about patients, particularly to avoid hospital conveyance.

The highest risk patients are small infants. Children under two years with illness can be difficult to assess, particularly without the right equipment. Trauma in non-mobile children also needs to be gone through thoroughly. As you know, very minor symptoms (illness and injury) can be warning signs of non-accidental injury, and can appear to not warrant hospital transport.

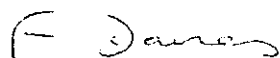
We are starting to accumulate evidence from around the UK that pre-hospital care personnel have made decisions to leave infants in this age group at home, and the child has subsequently deteriorated or even died. We feel that it is unreasonable to give such responsibility to these staff, when many junior paediatricians, ED doctors and GPs would not feel adequately trained to confidently discharge many of these infants.

We would therefore like to request that in your capacity as Chair of the Directors of Clinical Care Group, you could seek agreement amongst the other DOCCs for a voluntary ban on non-conveyance of the highest risk groups?

Clearly the children less than one year old are the highest risk, but we would be more comfortable setting the cut-off at two years, as a reasonable risk stratification decision. While we know that parents are nearly always advised to seek help again if the child deteriorates, deterioration in this age group can be rapid and the signs of deterioration not that obvious to parents. The absolute numbers concerned are not especially high, and are unlikely to threaten Ambulance Service or Emergency Department performance targets adversely.

We would welcome the Directors of Clinical Care Group's opinion on our suggestion.

Kind regards



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