Improving Recognition of Sick Children and Encouraging Use of Pulse Oximetry in Primary Care

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Aim: To improve assessment of sick children by primary care practitioners by aiding them in measuring and interpreting vital signs including pulse oximetry.

Methods: Educational sessions for primary care on the assessment of the sick child were delivered throughout our region via 4 CCG meetings [80 attendees/meeting]. Barriers to assessment of children were explored by direct feedback from attendees; main themes raised were inaccessibility of normal ranges for children of important physiological variables and measuring pulse oximetry reliably especially in infants. In response to these issues a credit card size card with normal age related variables based on APLS guidelines & traffic light risk stratification based on NICE guidance was devised and an offer of a Pulse Oximetry Package [POP] for infants & children was sourced and distributed via further educational sessions. Feedback was obtained by anonymous online survey & uptake of POP offer 3 months later.

Results: In 2017-2018 360 cards & POP leaflets were distributed among 87 practices. 26 online feedback responses were analysed 19 being from GPs & 3 Practice Nurses. 50% of responders’ saw 10 + children/week and 70 % felt the cards useful and accessible especially normal ranges. The use of the cards increased confidence in assessing children, judging illness severity and communication with colleagues and patients. 80% had access to oximetry but only 24% could measure it in < 1 year olds.48% did not use oximetry routinely and only 28% wanted further advice. Full POPs however were purchased in 18 practices and upgrade of existing oximetry in 2 practices [22% of all practices].

Conclusion: The cards made accessible normal reference ranges of important physiological variables & risk stratification advice which were valued by frontline staff. The increase in purchase of POP was due to specific barriers raised by GP's being addressed.