

Ingestion – Nurse-led discharge of children with Accidental Ingestion of Toxic Substance

Subject:	Accidental ingestion – nurse led discharge
Policy Number	N/A
Ratified By:	Clinical Guidelines Committee
Date Ratified:	Original, February 2011, review with minor change June 2014
Version:	2.1
Policy Executive Owner:	ICAM Divisional Director
Designation of Author:	L Lawton, Consultant Nurse, Paediatric Emergency Care
Name of Assurance Committee:	As above
Date Issued:	July 2014
Review Date:	3 years hence
Target Audience:	ED, CAU
Key Words:	Accidental ingestion, children, nurse-led discharge

Version Control Sheet

Version	Date	Author	Status	Comment
1	February 2011	Lorrie Lawton	Off line	NEW guideline Approved at Clinical Guidelines Committee
2	23 rd June 2014	Lorrie Lawton	Intranet	Content reviewed with the following minor amendments Changes to from Whittington NHS Trust to Whittington Health ICO Changes to the Letter Head Changes from Paediatric to Children throughout document

➤ **Criteria for use**

- ***Any child who attends the Children Emergency Department having an accidental ingestion of substance***
- ***Substance checked on ToxBase and no further treatment/observation required***
- ***No other presenting complaint***

➤ **Background/ introduction**

During 2009 the Children's Emergency Department saw 160 children with ingestions of toxic substance. 61 were admitted for further observation. The other 99 were discharged home. 20% of these children could potentially have been discharged from Triage by the assessing nurse. Although the numbers are small, these children could be seen quickly and discharged from the Children's Emergency Department.

➤ **Inclusion/ exclusion criteria**

Inclusion

- Any child attending the Children's ED who has accidentally ingested a potentially toxic substance

Exclusion

- Any child protection or safeguarding concerns
- Any vital signs that are abnormal
- Any non-accidental ingestion
- If the child requires further observation or treatment
- Any other presenting complaint

➤ **Clinical management**

The flow chart in appendix A – outlines the procedure to be followed.

- The child will be booked in at reception

- The child will be triaged and previous attendances will be reviewed on EPR – if there are any safeguarding or child protection concerns then the child will be referred to medical staff.
- The triage nurse will ascertain if the ingestion was definitely accidental – if not then the triage nurse will refer to the appropriate clinical guideline
- If the ingestion is accidental the triage nurse will complete a full set of vital signs – if they are abnormal the child will be referred to medical staff
- If the child's vital sign are normal and the child is well, then the substance will be checked on National Toxic Base Information database
- If there is a requirement for further treatment or observations they will be referred to medical staff
- If there is no further treatment or observation needed then a discharge letter (**Appendix B**) and information leaflet (**Appendix C**) will be given.
- There will be clear documentation on EPR – including a GP letter.
- The child's details will be placed in the safeguarding folder for discussion at the weekly 'safeguarding meeting'.

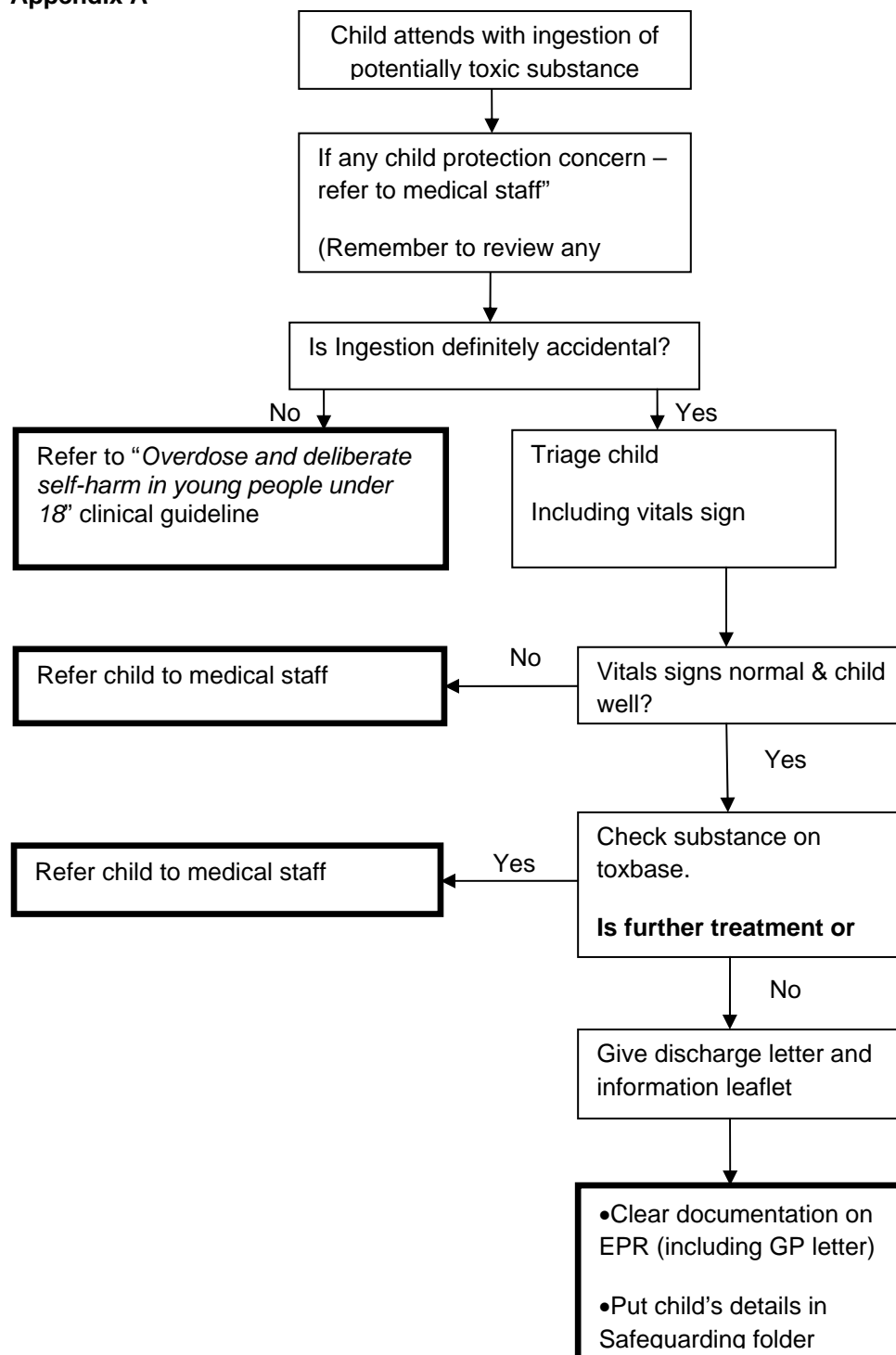


Please see Whittington Health ICO Guideline:
'Overdose and deliberate self-harm in young people under 18 years'

➤ **Audited**

The Guideline will be audited every 12months –to ensure compliance, the results of the audit will be discussed at the bi-monthly Paediatric ED meeting.

Appendix A



Appendix B

Whittington Health 
Emergency Department
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Consultants

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Date

Address

Dear Parent,

Your child.....(insert name)..... attended the Children's Emergency Department on the(insert date)..... after accidentally ingesting.....(insert substance).....

After reviewing the information available on the National Toxic Base Information database it has been determined that your child does not require any further treatment or observation in the department and is able to be discharged home.

However, if your child starts to demonstrate any worrying symptoms over the next 24 hours please return to the Children's Emergency Department for further assessment.

As you are now well aware it is important that all medicines and potentially toxic substances are kept out of reach of children. Please find enclosed an information leaflet about medicines and toxic substances safety for your information.

If you have any further worries or concerns regarding your child then please contact NHS Direct on 0845 4647.



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Appendix C

Advice Leaflet for Accidental Ingestion of Substance

Your child has just been discharged after an accidental ingestion of a substance. In order to prevent this happening again, this leaflet offers some simple advice that you can easily put into action:

Storing Medicines:

Keep medicines well out of reach and out of sight of young children. Put them in a high cupboard, a cupboard fitted with a child-resistant catch, a lockable cabinet, or even a lockable suitcase. Don't keep them:

- On your bedside table – your child can easily get into the bedroom without being seen
- In your handbag – this is a favourite place for toddlers to find tablets
- In the fridge – 'keep cool' usually means keep away from direct sunlight or warm places like radiators.

If the medicine needs to be kept in the fridge it will say so on the box. If it does, keep it as high up and hidden as possible.

Medicines – general tips

- Keep the caps closed on medicine bottles and put all medicines away immediately
- Remember that while child-resistant caps may slow a child down, they are not child proof.
- Keep all medicines in their original containers so it is clear what is in them and it is harder for children to open them.
- Take extra care with tablets in see-through packs or brightly coloured tablets – they are especially tempting to children
- Don't count out your tablets for the day and then leave them lying around
- Take your medicine when your child isn't around so they don't try to copy you
- Teach your child about the safe use of medicines and never pretend they are sweets.
- Take left over medicines to your local chemist for them to throw away safely
- Keep an eye on your children in other people's houses as they may not follow the same safety rules as you.

Storing household chemical and products

- Keep all household chemicals and cleaning products - including detergent tablets for the dishwasher or washing machine - out of sight and in cupboards with child-resistant catches
- Keep potentially harmful products high up and out of reach – never under the sink or on the floor by the toilet

- Move products out of reach if you are called away while using them – for example if the phone rings while you are cleaning the toilet
- Dispose of empty containers safely and out of your child's reach

Household chemicals and products – general tips

- Look for products with child-resistant caps but remember this does not make them child-proof – some children as young as three can open them in seconds
- Remember that detergent capsules come in boxes that aren't child-resistant
- Look for products with a bittering agent – this makes them taste horrible and helps stop young children swallowing them
- Remember that cigarettes, alcohol, perfume, aromatherapy oils and mouthwash can all be poisonous to children
- Never strip old furniture or paintwork when there are young children present – the dust may contain lead which is harmful

Storing chemical solutions

- Keep all chemicals like paint, white spirit, oil, anti-freeze, weed-killers and pesticides high-up, out of reach and out of sight
- Fit a padlock to the cupboard, shed or garage where they are kept
- Keep all chemicals in their original, labelled containers - do not put them into another bottle or container

First Aid

If you think your child has swallowed a harmful medicine or chemical:

- Get advice immediately from your pharmacist, GP, Emergency Department – or call NHS Direct on 0845 4647
- Find the bottle or packet and take it with you if you go to hospital
- Don't give your child salt water or anything else to make them sick
- Don't give your child anything to drink – just wet their lips with cold water if they are burning
- If the child is unconscious or there is burning to the mouth, dial 999 immediately to call an ambulance

Taken from: www.direct.gov.uk

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval

		Yes/No	Comments
1.	Does the procedural document affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the procedural document likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the procedural document without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Director of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Director of Human Resources.

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any procedural document when submitted to the relevant committee for consideration and approval.

	Title of document being reviewed:	Yes/No	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is it clear that the relevant people/groups have been involved in the development of the document?	Yes	
	Are people involved in the development?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
5.	Evidence Base		
	Are key references cited in full?	N/A	
	Are supporting documents referenced?	N/A	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	

	Title of document being reviewed:	Yes/No	Comments
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Executive Sponsor Approval			
If you approve the document, please sign and date it and forward to the author. Procedural documents will not be forwarded for ratification without Executive Sponsor Approval			
Name		Date	
Signature			
Relevant Committee Approval			
The Director of Nursing and Patient Experience's signature below confirms that this procedural document was ratified by the appropriate Governance Committee.			
Name		Date	
Signature			
Responsible Committee Approval – only applies to reviewed procedural documents with minor changes			
The Committee Chair's signature below confirms that this procedural document was ratified by the responsible Committee			
Name		Date	
Name of Committee		Name & role of Committee Chair	
Signature			

Tool to Develop Monitoring Arrangements for Policies and guidelines

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of the multidisciplinary team or others if any.	What tool will be used to monitor/check/observe/Assess/inspect/ authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	What committee will the completed report go to?
Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Policy and protocol on nurse-led discharge for children with accidental ingestion	Lorrie Lawton Consultant Nurse	Audit of clinical notes for children that attend the ED with accidental ingestion that have had nurse-led discharge	Yearly as the numbers that fit the criteria are small	Initially to the ED Board and then onto ICAM Clinical Governance