

# Toronto Sickle Cell Conference

## October 1st-2nd 2010

Interacting With The Medical System

ER Visits, Hospital admissions, clinic visits ,self-advocacy

By

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*The best at what we do*

# Agenda

- Introduction
- ER Visits
- Hospital Admissions
- Clinic Visits
- Hospital Admissions

# Introduction

The relationship between the medical staff, i.e. physician , nurses, social workers, pharmacists, and physiotherapist, occupational therapist, and physiotherapist, certainly affects patients health outcomes.

Communication certainly plays a key roll in every aspect of the care delivery system.

# ER Visits

- Estimated 6 visits annually
- Factors influencing each visit
- Pain, frustration, inability to communicate
- New Medical Staff, fear of Physicians *knowledge* about Sickle cell
- Access to previous treatment plan
- Wait Time, arrival time in ER and the time the patient is seen
- Admission process, who decides admission, wait time, bed space

# Order Sets



**ORDER SET**  
 Please indicate the requested order by marking in the box  
**Paediatrics ED Sickle Cell Acute Chest Syndrome or Pneumonia Order Set**

ALLERGIES:		HEIGHT:	cm	WEIGHT:	kg	EDD:	Page 1 of 1	
Orders Processed Date (dd/mm/yy)	Diagnosis: _____						MAR	ORDER SET
Time h:mm	Comorbidities: _____							
By	Precautions: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne Re: _____							
Status	<p align="center"><b>Consults</b></p> <ul style="list-style-type: none"> <li>• Patients with a fever of 38°C oral (37°C axilla) or higher or who are in respiratory distress are referred IMMEDIATELY to the Paediatrician on call</li> <li>• Ensure all patients are referred to the Sickle Cell Clinic and followed by the Sickle Cell Team</li> <li>• Complete history and physical examination including cardiopulmonary and hydration status, spleen size, neurological examination, presence of jaundice and signs of infection</li> </ul>							
Processing Reviewed by	<p align="center"><b>Vitals/Monitoring</b></p> <p><b>Vitals:</b> • Vital signs Q1H, continuous SpO<sub>2</sub> monitoring</p> <p><b>Monitoring:</b> • Continuous cardiac monitoring</p>							
Status	<p align="center"><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• Oxygen to maintain SpO<sub>2</sub> greater than/equal to 98%</li> </ul>							
Faxed by	<p align="center"><b>Lab Investigations</b></p> <p><b>With IV Start</b></p> <ul style="list-style-type: none"> <li>• CBC, differential, reticulocyte count</li> <li><input type="checkbox"/> If in respiratory distress Cross + Type</li> <li><input type="checkbox"/> Arterial/Venous Blood Gases</li> <li><input type="checkbox"/> If the patient is febrile or in moderate to severe respiratory distress Blood C + S</li> <li><input type="checkbox"/> Nasopharyngeal swab for _____</li> </ul>							
	<p align="center"><b>Diagnostic Imaging</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If patient has a fever, chest pain, tachypnea, or respiratory symptoms CXR</li> </ul>							
	<p align="center"><b>IV Fluids</b></p> <p><b>Bolus IV:</b> <input type="checkbox"/> If dehydrated IV 0.9% NaCl bolus _____ mL (10 mL/kg) and reassess in 1 hour (IV start with the blood work)</p> <p><b>IV Fluids:</b> • IV D5W + 0.45% NaCl _____ mL/H</p>							
	<p align="center"><b>Antibiotic Therapy</b></p> <p>For children greater than 3 months:</p> <ul style="list-style-type: none"> <li>• ceTRIAXone _____ mg IV STAT (100 mg/kg/dose) (max 2 g/dose)</li> </ul> <p><b>THEN</b></p> <ul style="list-style-type: none"> <li>• ceTRIAXone _____ mg IV Q24H (max 2 g/day)</li> </ul>							
	Date (dd/mm/yy) _____	Time _____						
	Ordering Practitioner _____	Ordering Practitioner _____						
	Name _____	Signature _____	Page 1/1					

Version 1 November 27, 2009  
 Form # 1256

Sickle Cell ACS or Pneumonia/MD/01-10/V1

**Chart Copy – Do Not Destroy**

# Hospital Admissions

- Communication
- Wait time for transfer
- Pain Management and other treatments during wait time
- Response and reaction to medical staff during wait time
- Fear and anger requesting help

# Clinic Visits

- Scheduled Visits
- Appointments mailed out one month in advance
- Phone call two weeks after
- Reminder phone call the day prior to appointment
- Appointments Q30 minutes
- Attendance 95% 1-15 years
- Attendance 25% 15-18years

## Clinic Visits contd.

- Cancellations 5%
- Reschedule 5% 1-5 years
- Challenges
- No show 15- 18 years
  - School attendance
  - Clinic visit not necessary
  - Teenager Syndrome
  - Not aware of the danger of silent complications

# Self -Advocacy

- Parent involvement
- Transition
- Communication
- Dissemination of information
- Community Services
- On going Support
- Problem Solving
- Family Centered Care
- Culturally Sensitive

# References

- SCAC (the Sickle Cell Advisory Committee) (2002). Guidelines for the treatment of people with sickle cell disease. New York.