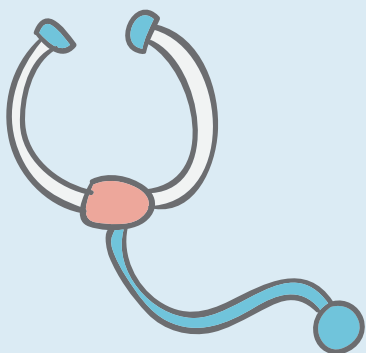
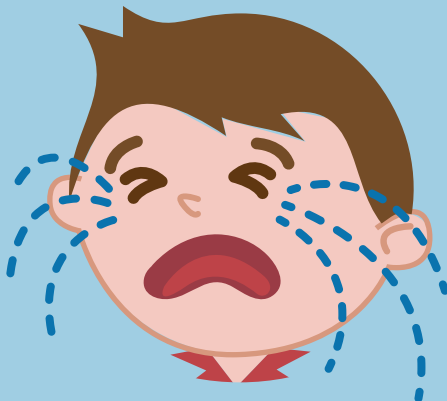


# PARENTS GUIDE

ON HOW TO FACE CERTAIN **EMERGENCIES**



**SALUTE LAZIO**

SISTEMA SANITARIO REGIONALE



**REGIONE  
LAZIO**

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## • WHAT THE EMERGENCY DEPARTMENT IS •

The Emergency Department is a highly organised facility of the Healthcare System focusing on **emergencies**, namely pathological conditions requiring an **immediate response**.

### Remember that...

- » going to the Emergency Department in absence of an actual emergency only hinders those in real need
- » properly using healthcare facilities spares users and the very facilities disruptions
- » the Emergency Department's proper functioning is everybody's responsibility



*Those with very serious medical conditions come first at the Emergency Department.*



*The less serious the medical condition, the longer the wait.*



*The longer the wait and the more crowded the room, the more exposed your child will be to contagious diseases and emotional stress.*

## WHEN NOT TO GO

» Every time the clinical picture is not serious, in accordance with the criteria listed below.

» If there is an alternative: a family paediatrician, paediatric primary care units (Unità di Cure Primarie Pediatriche, UCPP), non-stop assistance physicians (former Guardia Medica).

» In case of social or welfare matters.

» In case of non-worsening known medical conditions.



*Make full use of local paediatric services: your family paediatrician and paediatric primary care units (UCPP).*



*Save your paediatrician's contact details and timetables on your phone (also by taking a picture), as well as those of other paediatricians belonging to the UCPP: this way, you will always have them with you.*



*The UCPP offers an ongoing service on weekdays, from 10.00 a.m. to 7 p.m.*

## WHEN TO GO

The Emergency Department should be resorted to in case of urgent, serious conditions which cannot be treated by the paediatrician, his colleagues or non-stop assistance physicians (former Guardia Medica).

Should you want Emergency Department physicians to visit you, you first have to go to the reception, where nurses assign a colour code (Triage codes) setting access priority levels based on the seriousness of the condition:

- **CODE RED:** very critical, danger of death, maximum priority, immediate access to treatment.
- **CODE YELLOW:** fairly critical, high level of risk, potential danger of death; treatment cannot be delayed.



- **CODE GREEN:** not very critical, no risk of condition worsening, treatment can be delayed.
- **CODE WHITE:** not critical, non-urgent patients.

# • FEVER •



## WHEN TO GO TO THE PAEDIATRICIAN

*When the child:*

- » is older than 3 months and has had a 38° C (100°F) fever for longer than 48 hours, with no other symptoms;
- » is 3-6 months and has a 39° C (102°F) fever or higher, with no other symptoms;
- » has a chronic disease or a disability which can increase risk in case of fever (e.g. heart diseases with a high risk of decompensation);
- » gets worse in spite of treatment and:
  - has a sore throat, earache, stomachache, or feels pain when urinating;
  - does not get better after taking antipyretic medicines, and has pounding headache;
  - cries in a tone higher-pitched than usual;
  - wets fewer nappies than usual (infants usually wet 6-8 nappies a day);
  - breathes quickly, loudly and badly, as its ribs flex inwards;
  - has trouble eating and drinking regularly;
  - is sleepy and hard to wake up;
  - cannot move its neck, or has a stiff neck;
  - has had persistent fever for longer than 5 days;
  - has a seizure when feverish (especially if it is the first one)\*.

### \* FEVER WITH SEIZURES

**Fever can lead to febrile seizures**, a hereditary benign condition 5% of children suffer from.

They take place during the first day of illness, regardless of how high the fever is.

They do not damage the brain, but the child should be taken to the Emergency Department at least after the first seizure, especially if it is younger than one year.

Take the child to the **Emergency Department** only if the following seizures last longer than 5 minutes.

# • FEVER •

## WHEN TO GO TO THE EMERGENCY DEPARTMENT



*When the child:*

- » is older than 3 months and has a  $38^{\circ}\text{C}$  ( $100^{\circ}\text{F}$ ) fever or higher;
- » is older than 3 months and has had a  $38^{\circ}\text{C}$  ( $100^{\circ}\text{F}$ ) fever for longer than 48 hours with no other symptoms, and the paediatrician cannot be reached;

» is 3-6 months and has a  $39^{\circ}\text{C}$  ( $102^{\circ}\text{F}$ ) fever or higher with no other symptoms, and the paediatrician cannot be reached.

**Fever is a rare event at this age, and it may be the only symptom of an infection or a serious disease.**

Fever is rarely a serious problem in older children, but the Emergency Department may be resorted to if the child is feverish and:

- can in no way drink or eat
- cannot move its neck;
- is sleepy and hard to wake up
- has dark red spots on its skin which do not disappear when pressed
- has a seizure when feverish (especially if it is the first one)\*.

***If the paediatrician is not available, or the child's conditions are so worrying as to make waiting for the following morning or day impossible, you may go to the **Emergency Department**, taking all the medicines the child takes and relevant information with you.***

*Call the paediatrician as soon as possible.*



# • VOMITING •



## PAEDIATRICIAN

*In case of:*

- » **persisting vomiting**
- » **stomachache**

» **fever**

- » **diarrhoea**
- » **weight loss**

## EMERGENCY DEPARTMENT



*In case of:*

» **repeated vomiting**, inability to drink, especially in children younger than 1 year

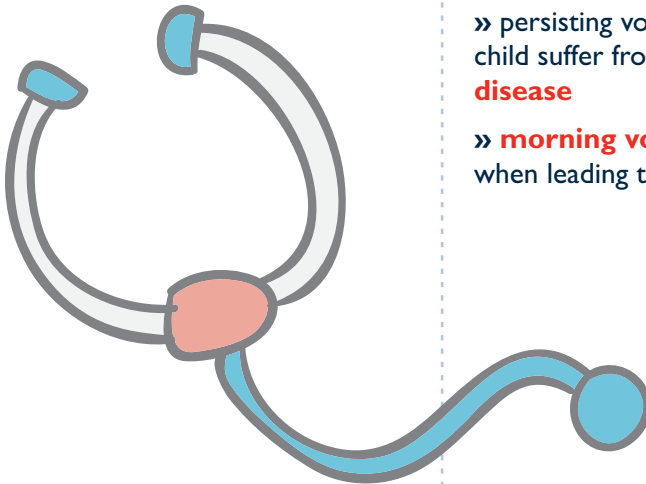
» **other symptoms** leading to dehydration such as fever or repeated diarrhoea

» **blood traces in the vomit**, or if the vomit is green or dark brown

» **sharp abdominal pain** when vomiting and blood traces in the faeces

» persisting vomiting, should the child suffer from a **serious chronic disease**

» **morning vomiting**, especially when leading to **headache**



# • VOMITING •

## What to do at home if the child vomits after eating, while waiting to contact the paediatrician:

» Administer a re-hydrating solution specific for children (suggested by the paediatrician or pharmacist): slowly administer a spoonful (or 2.5 ml, with a syringe) every 2-3 minutes, so as to prevent vomiting from reappearing.

» Avoid water (also with added sugar), fizzy drinks, fruit juice.

» The child can eat normally again 4 hours after such liquid diet, should it no longer vomit.

» Do not administer medicines without medical advice.

## DEHYDRATION WARNING SIGNALS:

» Fatigue and excessive sleepiness

» Dry skin and oral mucosa

» Lack of tears

» Little quantity of urine in the hours following the onset of the symptoms





# • DIARRHOEA •

Diarrhoea usually lasts 2-3 days in children, then discharges become less frequent, their solidity going back to normal in 5-14 days. Fever and vomiting usually also occur during the first 24 hours; vomiting stops in 8-12 hours (if one manages to administer enough re-hydrating solution to the child), while diarrhoea usually requires 3-5 days.



## PAEDIATRICIAN

*When the child:*

» has been rehydrated more than 3 times in the previous 24 hours;

» has not responded to rehydration by use of 50 ml/kg of the children-specific oral dehydration solution for 4 hours.

\* To calculate **capillary refill time**, press your fingers on the child's hand or fingertip for a few seconds: the skin will look paler, and will quickly go back to the original colour. Capillary refill time is the time skin requires to go back to its original colour: if more than two seconds are required, the child is dehydrated.

## EMERGENCY DEPARTMENT



*When the child:*

» is dehydrated, which means:

- it is sleepy, and experiences sudden behavioural changes (turning apathetic or irritable) or does not answer when called;
  - it has not wet its diapers for at least 8 hours, its urine being very dark;
  - its eyes are sunken;
  - its mouth and tongue are dry, and it sheds no tears when crying;
  - **capillary refill\*** takes longer than 2";
  - it has lost more than 5% of its weight;
- » is younger than 2 months or is a premature infant;
- » suffers from a chronic disease;
- » has constantly vomited for more than one day, also in absence of diarrhoea;
- » is not able to drink any liquid;
- » has more than 8 watery discharges a day;
- » has blood in its faeces;
- » the physician says they are not able to choose the best possible treatment without visiting it.

# • STOMACHACHE •



## PAEDIATRICIAN

*When the child has:*

### » Colics:

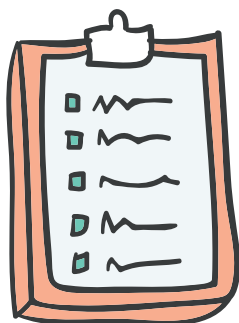
sudden crying with thigh flexing, red face, stiff legs when outstretched, interrupted by moments of quiet, more frequently in the evening (6-10 p.m.).

### » Recurring abdominal pain:

persisting pain, at least once a week for two months.

### » Constipation

### » Gastroenteritis



## EMERGENCY DEPARTMENT



*When one of the following conditions is present:*

» **initially central abdominal pain** shifting to the right in a few hours, together with vomiting, fever, abdominal tension, painful look, increasing as hours go by;

» **intermittent pain together with sleepiness and decreased responsiveness**, together with blood and mucus in the faeces;

» **pain from the side to the abdomen**, eaching labia majora in girls and testicles in boys, with moments of sharp pain;

» **red, swollen, aching testicles**;

» sharp, constant pain **in the waist area**.

# • HEADACHE •



## PAEDIATRICIAN

*When the child has:*

- » headache **during infections** (such as strep throat or gastroenteritis)
- » headache **after studying, reading, or similar activities**



## EMERGENCY DEPARTMENT



*When one of the following conditions is present:*

- » sudden, throbbing headache, the intensity and frequency of which constantly increases
- » night awakenings
- » headache when awakening decreasing when standing
- » vomiting outside attacks or projectile vomiting
- » illness and fever
- » frontal or occipital headache
- » recent behavioural or psychological changes
- » worse school performance
- » change in the type of headache
- » neurological symptoms such as balance loss, sight problems, seizures
- » increase in head circumference (in children younger than 3 years)

# • PAIN •

## EMERGENCY DEPARTMENT



*When the child has:*

» **chest pain** together with fever, fatigue, wheeze, tachycardia, sweat, irregular heart beat (either too slow, fast, or simply irregular);

» **spine pain** together with fever, serious constipation, spine stiffness, pain in the vertebrae (in children younger than 4 years);

» **bone and joint pain** with bone swelling and tenderness upon palpation, especially in presence of the following symptoms: weight loss, lack of appetite, low-grade fever, together with paleness and bruising.

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**Call your paediatrician in any other case.**



# • BREATHING PROBLEMS AND COUGHING •

Breathing problems (dyspnoea) cause the child to breathe more irregularly or frequently, which can be painful. If a child has a cold, it can have trouble breathing, especially if it is an infant: always check if it breathes better after cleaning its nose. Fever cause breath frequency to increase. Coughing is a reflex enabling the airways to excrete irritating elements, such as microbes, pollutants (smoke, smog, and so forth), or, more rarely, foreign bodies. It is therefore useful, and it stops when its cause is eliminated.



## PAEDIATRICIAN

*When:*

- » the child has trouble speaking, due to shortness of breath
- » you have trouble understanding the cause of its breathing problems
- » the child has a barking cough and breathes loudly when nervous, its ribs occasionally flexing inwards, and does not get better after cleaning its nose, but drinks and eats as usual
- » the child has high fever for 2-3 days, or if the coughing does not stop and the temperature rises again 2-3 days after disappearing
- » has been coughing for more than 2 weeks

## EMERGENCY DEPARTMENT

*When:*

- » the child is younger than 3 months
- » you suspect he may have inhaled a foreign body
- » the child is in pain, with sudden coughing and breathing problems
- » the child is in pain and has a barking cough, or breathes loudly
- » the child is nervous or sleepy, and cannot wake up
- » the child has a fever higher than 38.8° C (100° F)
- » the child can in no way drink or eat
- » the child shows intercostal shrinking when breathing, even calmly
- » the child is pale or bluish and does not react, or breathes slower than normal



Texts by the Regional Sections of:

SIMEUP - Società Italiana di Medicina Emergenza Urgenza Pediatrica (Italian Society of Paediatric Emergency Medicine)

FIMP - Federazione Italiana Medici Pediatri (Italian Federation of Paediatricians)

ACP - Associazione Culturale Pediatri (Paediatric Cultural Association)

DIRECTORATE FOR HEALTH AND SOCIAL POLICIES OF LATIUM

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