

The Role of Family Centered Care in the Pediatric Trauma Patient

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Objectives

- ▶ Understand an overview of pediatric trauma among our region
- ▶ Review cognitive developmental stages and how they are relevant to the examination and treatment of pediatric patients
- ▶ Identify 5 principals of family centered care in pediatric nursing
- ▶ Identify resources available within UMC of El Paso and EPCH for the pediatric trauma patient

Pediatric Trauma Overview (National)

- ▶ More than 8.7 million children are treated in the Emergency Department for injury each year (Myers et al., 2019)
 - ▶ Including over 11,000 pediatric deaths annually from unintentional and intentional injuries (Lee & Fleisher, 2020)
- ▶ Unintentional injuries are the #1 cause of death in children 1-14 years of age (Centers for Disease Control and Prevention, 2018)
- ▶ Most common mechanism of injury is blunt injury; i.e. falls, motor vehicle collisions, sports injuries (Lee & Fleisher, 2020)
 - ▶ Pediatric head injuries are among the most common traumatic injuries (American Academy of Pediatrics, 2020)

Pediatric Trauma Admissions Overview (UMC & EPCH)

- ▶ Most common mechanism of injury
 - ▶ Falls accounted for 39% of pediatric trauma patients
- ▶ Age groups most susceptible
 - ▶ 0-2 years
 - ▶ 15-17 years
- ▶ Number of Pediatric admits for years 2018 & 2019

Age Categories (age in years)	Admissions		Admissions with an ISS >15	
	2018	2019	2018	2019
0-2	120	122	11	12
3-5	89	92	11	5
6-8	78	83	8	2
9-11	50	67	6	8
12-14	90	95	9	12
15-17	84	110	10	10
Total	511	569	55	49

Injury Severity Score (ISS)

- ▶ Internationally recognized scoring system that correlates with morbidity and mortality (NSW Institute of Trauma and Injury Management, 2020)
- ▶ Based on an anatomical injury severity classification
- ▶ Includes 6 body regions:
 - ▶ Head or neck- brain or cervical spine, skull, asphyxia/suffocation
 - ▶ Face- mouth, ears, nose, and facial bones
 - ▶ Chest- ribs, diaphragm, thoracic spine, drowning, and inhalation injuries
 - ▶ Abdominal or pelvic contents- internal organs and lumbar spine
 - ▶ Extremities or pelvic girdle- includes sprains, fractures, dislocations, and amputations
 - ▶ External- lacerations, contusions, burns, frostbite, hypo/hyperthermia, explosion-type injury (whole body)
- ▶ Score ranges from 1 to 75
- ▶ ISS >15 identifies a major trauma/polytrauma; thus having all available services and family input is important

Piaget's Stages of Cognitive Development

- ▶ **Sensorimotor Stage (Birth to 2 years)**
 - ▶ The infant learns about the world through sensory experiences (i.e. grasping, looking, and listening)
- ▶ **Preoperational Stage (2 to 7 years)**
 - ▶ Children begin to think symbolically and learn to use words and pictures to represent certain objects
- ▶ **Concrete Operational Stage (7 to 11 years)**
 - ▶ Thinking becomes more logical and organized; continues to remain very concrete
- ▶ **Formal Operational Stage (12 years and older)**
 - ▶ The adolescent begins to use abstract thought and deductive logic, or reasoning, in regards to specific information

What is Family-Centered Care?

- ▶ As stated by the American Academy of Pediatrics in their position statement, family centered care is “an innovative approach to the planning, delivery, and evaluation of health care that is grounded in a mutually beneficial partnership among patient, families, and providers that recognizes the importance of the family in the patient’s life” (American Association of Pediatrics [AAP], 2018)
- ▶ Research has shown that family-centered care leads to improved health outcomes, better allocation of resources, and a greater overall patient and family satisfaction (AAP, 2020)



Core Principles of Family Centered Care

- ▶ Listen to and respect a child and family
 - ▶ Family is the pediatric patient's primary source of strength and support
 - ▶ Families have expertise when it comes to knowing their child (their vocabulary, their fears, changes in their status-i.e. increase in irritability, change in feeding habits, pain tolerance, etc)
- ▶ Incorporate family's cultural background and experience into delivery of care
 - ▶ Respect and incorporate the family's cultural background and experiences into patient care
 - ▶ Allow care to be tailored to the patient and family culture/beliefs (AAP, 2020)

Pediatric Medical Traumatic Stress

- ▶ Pediatric Medical Traumatic Stress is a collection of reactions that can occur after extremely difficult or frightening events (Children's Hospital of Philadelphia Research Institute, 2020)
- ▶ Risk Factors
 - ▶ Sudden or serious illness or injury
 - ▶ Painful or frightening treatment procedures
 - ▶ Sights, sounds, or experiences in the hospital or emergency department that are new or frightening
- ▶ By integrating awareness of pediatric medical traumatic stress in examinations and treatment of children, health care providers can:
 - ▶ Minimize potentially traumatic aspects of patient's medical care
 - ▶ Actively identify children and families at higher risk for ongoing distress
 - ▶ Prevent long-term traumatic stress reactions

Incorporating Family-Centered Care



Trauma Team

- ▶ After the ABCs, consider the DEFs (The Children's Hospital of Philadelphia, 2020) in regards to traumatic stress in the injured child
 - ▶ D: Distress
 - ▶ What physical or emotional state does the patient appear to be in?
 - ▶ E: Emotional Support
 - ▶ Is there anyone present at the bedside with the patient?
 - ▶ Are the parents/caregivers also being evaluated?
 - ▶ F: Family
 - ▶ Who is the child's primary caregiver/medical decision maker?
 - ▶ What are the family dynamics?

D: Distress

- ▶ Assess and manage pain using appropriate pain scale
 - ▶ Provide child and parent with basic coping techniques

- ▶ Ask about fears and worries
 - ▶ Provide child with as much control as possible
 - ▶ Provide information in as basic terms as possible; factor in cognitive development
 - ▶ Help them understand what is going on, explain who is all around them in the Trauma Bay

- ▶ Consider grief and loss
 - ▶ Perhaps they witnessed a death on the scene

E: Emotional Support

- ▶ Who and what does the patient need now?
 - ▶ Ask parents/caregivers what helps their child cope or calm down when they are scared or upset?
 - ▶ Ask the child what helps them when they are feeling scared or upset
- ▶ Who is available to help the child at this time?
 - ▶ Do the parents/caregivers understand the injuries sustained and what treatment this entails?
 - ▶ Can they be with their child during certain procedures?
 - ▶ Listen to parents and empower them to help their child
- ▶ Barriers to mobilizing existing emotional and physical support
 - ▶ Does parental/caregiver shock make it hard for them to understand what is happening?

F: Family

- ▶ Assess parents' or siblings' or other caregivers' distress
 - ▶ Is their behavior appropriate (in cases of potential abuse)?
 - ▶ How is the family coping?
 - ▶ Remember other family member's needs
 - ▶ Involve siblings and explain what is occurring when possible
- ▶ Assess family stressors and strain on resources
 - ▶ Are the parents/caregivers taking care of their needs?
 - ▶ Encourage them to sleep, eat, and take breaks
 - ▶ Do they have other people who can help out at home?
 - ▶ Do they have the resources to find somewhere to stay (if from out of town)?
- ▶ Address any other needs (not including medical needs)
 - ▶ Are there other stressors such as monetary, job or transportation related that add to the their current burden?
 - ▶ Be cognizant of cultural needs as well

Pediatric Team (Intensivists and Hospitalists)

- ▶ Co-manage pediatric trauma patients under the age of 15
- ▶ Provide ongoing support in regards to 'DEFs' on a daily basis
 - ▶ Communication and transparency between services is essential in the care of the pediatric patient

Nursing

- ▶ Five Principles of Family Centered Care in Pediatric Nursing (Regis College, 2020)
 - ▶ Open communication with family members
 - ▶ Share information and encourage patient/family participation during treatment/plan of care
 - ▶ Recognizing familial importance
 - ▶ By allowing family members to be present during treatment, a supportive environment is created for the patient and their family. This encourages patient interaction and helps to promote a calm, healing environment.
 - ▶ Family and organizational collaboration
 - ▶ Enabling family members to support treatment
 - ▶ Encouraging cultural literacy
 - ▶ Identify and learn to relate to other cultures to understand the various factors that contribute to the patient's health

Rehab Services

- ▶ Every Trauma admission needs a Physical Therapy consult
 - ▶ Whether or not patient is intubated
- ▶ Occupational Therapy consult when applicable



Social Work & Case Management

- ▶ Every Pediatric admission related to trauma mechanism should have a social work consult
 - ▶ Social work and case management are our allies in regards to discharge disposition and any resources that the family may require
- ▶ Work closely with Texas Child Protective Services and New Mexico Children, Youth, and Families Department to ensure safe discharges
 - ▶ Texas Family Code Section 261.101 (The Parent-Child Relationship and the Suit Affecting the Parent-Child Relationship, 1995, Chapter 261) mandates that suspicion of child abuse and neglect must be reported immediately (within 48hours of suspicion if being reported by physicians, nurses, teachers, or social workers); this is NOT a delegable task- i.e. physicians CANNOT delegate this task to nursing or social work
 - ▶ Often times transferring facilities have already made a report and will provide case number; however we cannot assume that the proper authorities have been notified

Child Life Specialist

- ▶ Play an integral role in helping the patient and family cope with the stress and uncertainty that may come with a hospitalization of a child
- ▶ Are educated and clinically trained “in the developmental impact of illness and injury” (Association of Child Life Professionals, 2020)
- ▶ They “provide evidence-based, developmentally and psychologically appropriate interventions” (Association of Child Life Professionals, 2020)
 - ▶ These include: preparing pediatric patients for procedures, provide therapeutic play, and education to help reduce pain, fear, and anxiety
 - ▶ Are also an asset to siblings of a pediatric trauma patient; i.e. can help the siblings to understand the extent of injuries, can help prepare them for the potential death of their sibling
 - ▶ Are also a resource to parents in terms of helping their child cope with their hospitalization

Resources Currently Available

▶ The C.A.R.E.S. (Child Abuse Resources Education Services) Clinic

- ▶ Facilitates a safe environment for children and families to receive appropriate medical and psychosocial services (L. Canales, personal communication, November 17, 2020)
- ▶ Provides timely and accurate medical assessments along with preventative education for victims of child maltreatment
 - ▶ In cases where abuse and neglect are not found, the C.A.R.E.S. Clinic will provide referrals and resources for families at risk or in need of additional assistance
- ▶ CARES Clinic services:
 - ▶ Inpatient hospital consultations and outpatient clinic follow up
 - ▶ Forensic medical evaluations for suspected child abuse and neglect
 - ▶ Clinic follow up for families at risk
 - ▶ Medical evaluation for children affected by drug exposure
 - ▶ Child abuse prevention training
 - ▶ Social service assessment and referrals for community resources
 - ▶ Period of PURPLE Crying education
 - ▶ Non-acute sexual assault exams
 - ▶ *Non-acute - sexual assault that has occurred > 120 hours*
 - ▶ Pediatric SANE services
 - ▶ *Acute - sexual assault that has occurred < 120 hours*



Resources Currently Available

- ▶ Helpful numbers:
 - ▶ CARES Clinic - (915) 242-8560
 - ▶ Texas Area Information Centers - 211 (referrals for community resources within your area)
 - ▶ Texas Abuse Hotline - 1-800-252-5400
 - ▶ New Mexico CYFD Statewide Central Intake Child Abuse Hotline- 1-855-333-7233 or #SAFE from a cell phone
 - ▶ Center Against Sexual and Family Violence Crisis Hopeline - (915) 593-7300
 - ▶ RAINN (Rape, Abuse & Incest National Network) Sexual Assault Hotline - 1-800-656-4673
 - ▶ Emergence Health Network Crisis Hotline - (915) 779-1800

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Questions?

