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## Introducing the new Suffolk Child Death Review Team

The new Suffolk Child Death Review Team went live on 1st September 2019.

Dr Sarah Steel - Designated Doctor for Child Death Suffolk

Cindie Dunkling - Designated Nurse for Safeguarding Children and Lead for Child Death

Jacky Wood – CDR Nurse covering East Suffolk – Mondays and Tuesdays at Ipswich Hospital

Bernie Spiller – CDR Nurse covering West Suffolk – Thursdays and Fridays at West Suffolk Hospital

Karen Ghosh - CDR Team Business Coordinator

## Team Contact Details

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# Learning from Children's Deaths

A newsletter for professionals

January 2020, Volume 1, Issue 1

## What is CDOP?

The Child Death Overview Panel (CDOP) in Suffolk is a group of multi-agency professionals who meet bi-monthly. The purpose of CDOP is to identify any learning from child deaths that can be used by organisations, professionals and families, to prevent future child deaths, both locally and nationally. For further information, click [here](#).

## Taking terminally sick children abroad

A recent CDOP case highlighted the need to inform families of possible differences which they might have to consider if their child were to pass away abroad while on holiday.

Although many children will have end of life plans in place that would indicate a post mortem would not be needed when the child dies, it is important to remember that some countries will, by law, have to carry out a PM on the child in keeping with their local policies.

Obtaining a death certificate and organising to repatriate the child back to the UK may also pose some difficulties and it is important to have these conversations with families' before they travel to ensure they are fully prepared.

## Recording Family and Professional Details on Health Records

An emerging theme has been identified through CDOP cases where only the mothers details are recorded on health records. Could we encourage all professionals when coming into contact with a patient's record for the first time, that they record all significant relationships to the child (Mother, Father, Siblings, Carers) including DOBs. Professionals also need to record their own professional details.

**Top Tip** – For SystmOne records, remember if you go into 'Groups and relationships' and it is blank then you can tick the box for "show ended relationships" and then you will see previous recorded details. When children turn 5 and are transferred to the school nursing service, the health visiting service end care and end relationships so these details will not show as standard

## Recognising the Signs of Sepsis

It is important to remain vigilant regarding the signs of sepsis although it is rare it can be devastating but if caught in time can be treated. It is very challenging for all those outside the acute settings and also within the acute hospitals. However there are some tools to help.

Vaccination has made a huge difference to the types of infections seen however not all children have been fully vaccinated and not all bacterial infections can be prevented by the vaccinations available.

Click [here](#) and [here](#) for the traffic light tool developed by NICE to help to identify signs of sepsis.

There are also sepsis tools built into GP software (SystmOne and EMIS). These tools prompt observations and gives the likelihood for sepsis. There is an information sheet that can be given to patient/relatives.

Out of hours services use algorithms.

Paramedics have all had training in recognising sepsis and use tools such as the National Early Warning Score (NEWS2).

Whilst it is important to use guidelines, remember these are only guidelines so clinicians must use their clinical judgement, examine and record full observations and listen to parents who usually are the best judge of their child's health. If the parents keep returning, you are uncomfortable about the child even if someone else thinks all is ok; always look at the whole picture and do not ignore those 'gut feelings'.

Remember sick children can present as irritable, some go up and down and may look 'ok' prior to collapse hence the importance of observations and repeating these.

Always safety net and tell parents what to look out for. If in doubt err on the side of caution.



## Gel nail polish – does it cause a problem with hospital monitoring on the labour wards?

Different NHS Trusts seem to have different policies when it comes to nail polish and monitoring. There is also some questions around gel nail polish which needs a special procedure for removal. Some believe it interferes with monitoring of pulse oximeter while others believe it makes no difference. One case recently discussed at the CDOP panel suggested that gel nails made monitoring throughout labour difficult as there was a problem picking up the maternal pulse which caused confusion as to whether the maternal or foetal pulse was being recorded. This can be fatal in the latter stages of labour if babies are experiencing bradycardia's. Check local policies for advice around nail polish and gel nails in your area. Many women ask questions around nail polish so trusts should have a concise answer with explanation available if it is not permitted.



## Teenagers and Neglect

Many teenagers are often overlooked when it comes to neglect in the home. As these children are older it often becomes acceptable for them to fend for themselves. Often the teenage years is when they are most in need of support and opportunities to talk about how they feel. Signs of neglect include:

- \*Looking unkempt, \*dirty clothes, \*old clothes, \*holes in clothes and shoes,
- \*chaotic household, \*doing things for attention, \* meeting strangers on-line,
- \*self-harming, \*staying out late at night, \*arriving late to school or missing school.

Lots of teenagers struggle alone with mental health issues and life issues which are made worse following a bereavement in the family. Often cries for help go unnoticed. There is support available for teenagers outside the family home which can engage them in starting to deal with their grief.

If you are concerned that a teenager is being neglected, please refer to the [Suffolk Safeguarding Partnership website](#) for advice.

## Advance Care Plan / ReSPECT/Organ Donation

Please consider for all children with life limiting conditions including irreversible illnesses causing disability leading to possible health complications and likely life threatening e.g. severe cerebral palsy with complex medical conditions.

Nice guidelines NG61 accompany [quality standard Qs160](#) can be used to benchmark good end of life care.

These guidelines/standards support the use of Advance Care Plans.

Advance Care Plans can help people with a life-limiting condition plan for and receive care at the end of their life that is in line with their wishes. Talking with the child or young person, and their parents or carers, at appropriate stages allows them to influence the care that they receive and improves their experience of care. This includes involving parents and carers when a potentially life-limiting condition is diagnosed in a baby during pregnancy. Advance care plans should be appropriate to the circumstances and continuously updated throughout the delivery of care and support.

### The Child and Young Persons

**Advance Care Plan** Collaborative provides a framework and documentation with the common goal of delivering the best possible care to children and young people with life limited and life threatening conditions. The Advanced care plan with ReSPECT can be downloaded from their [website](#). The Child Death Overview Panel would encourage all professionals working with children with life limiting conditions to see how their organisation can implement these advanced care plans.

The **ReSPECT** process is a new approach to encourage people to have an individual plan to try to ensure that they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity

to make or express choices. The ReSPECT process is intended to respect both patient preferences and clinical judgement. Click [here](#) for the ReSPECT process that can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest.

Using Advance Care Plans will support practitioners with decisions about **Organ donation** which can often be hard for health professionals to approach. There is a [current strategic plan](#) for the UK Paediatric and Neonatal Deceased Donation. In the UK in 2017-18, 17 children died while waiting for an organ transplant. The acute need for organs for donation in children is demonstrated most clearly by those requiring an urgent heart transplant; their waiting period is 2.5 times longer than adults on average. Despite this, not every family is given the opportunity to explore donation, even where it may have been possible. Discussing the possibility of organ donation where the potential donor is a child demands specific and sensitive communication skills. The strategic plan for Paediatric and Neonatal Deceased Organ Donation, aims to build a framework that embeds organ donation as a routine end of life care choice for every family facing the death of their child, in circumstances where donation may be possible.

We are aware that these plans take time and that conversations may start gently with therapists working with families. It would be good practice to consider which families would benefit from these discussions and agree within the team how best to approach the subject.

Click [here](#) to view the latest CDOP newsletter for families.

If you would like to receive this newsletter, please click [here](#) to sign up.