



CHILDREN'S HEALTH

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**Health Education and Training Institute
NSW Hospital Skills Program
Children's Health module Version 1.1
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This document is the latest version of the Children's Health module prepared by the HSP Children's Health Module Development Working Group:

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Hospital Skills Program Children's Health

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Background and overview

The Hospital Skills Program (HSP) Children's Health module identifies the capabilities required of doctors working in clinical areas related to the care of infants, children and young people in NSW with more than two years of postgraduate experience who are not participating in a specialist vocational training program.

The HSP curriculum has been developed by the Health Education and Training Institute (HETI), on behalf of NSW Health as part of the broader Hospital Skills Program for this group of doctors. The module aims to guide doctors, their employers and educators with regard to education and training needs, workplace responsibilities and clinical tasks. The HSP Paediatrics module has drawn on relevant work related to health care education and training.¹⁻¹²

In particular, the framework for the HSP curriculum was developed with reference to the Australian Curriculum Framework for Junior Doctors (ACFJD), prepared by the Confederation of Postgraduate Medical Education Councils.¹ The HSP curriculum framework has a similar structure, comprising Clinical Management, Communication and Professionalism capabilities and identifying common illness problems and conditions which are likely to be dealt with by HSP participants and clinical skills and procedures to be achieved by HSP participants.

The HSP provides a pathway for self-directed medical professional development and education, using a range of educational resources and methods appropriate to the working environment of the HSP participant.

The HSP acknowledges the heterogeneous nature of the skills and circumstances of Career Medical Officers and equivalent generalist medical practitioners, their continuing value in the delivery of health services to the population of NSW, and their right to meaningful educational opportunities in a mode appropriate to their working lives and geographic locations.

Furthermore, the HSP provides a mechanism to align clinical learning activities with the goals of the health system and to deliver timely and effective education to hospital generalist doctors when this need is identified by expert groups from NSW Health, including those from the Agency for Clinical Innovation and the Clinical Excellence Commission.

The Children's Health module is a key supporting document for implementing the Hospital Skills Program which aims to improve the safety, efficiency and quality of healthcare in NSW hospitals.

Summary of the HSP Children's Health module

This document is the Children's Health module prepared by the HSP Children's Health Module Development Working Group: Dr Wendy Allen, University of Sydney and Children's Hospital Westmead, Dr Briege Hamill, Hunter New England Health Local Health District, Associate Professor Kathryn Currow, Children's Hospital Westmead, and Mr Peter Davy, Curriculum Developer, Health Education and Training Institute.

The document outlines the capabilities required of a non-specialist doctor to function efficiently and safely within clinical areas related to the care of infants, children and young people. It is intended that future versions of this HSP module will also include suggested teaching and learning activities/resources to support the development of doctors' capabilities, as well as suggested assessment strategies and assessment tools to determine HSP participants' achievement of each capability. Where possible suggested teaching and learning activities/resources and assessment strategies/tools will be made accessible via the HETI online learning site.

Each curriculum capability has been allocated an HSP level. The three levels of the HSP (HSP 1, 2 and 3) reflect the developing knowledge and skills required of increasingly complex clinical management scenarios and increasing workrole responsibility and accountability. Each of the three levels broadly distinguishes doctors in terms of proficiency, experience, and responsibility.

Table 1 is a summary of the criteria on which the HSP levels have been determined.

It is assumed that doctors will practise medicine with the degree of autonomy that is consistent with their level of experience, clinical proficiency and responsibility to ensure infants, children and young people receive care which is appropriate, effective and safe. The levels are cross referenced with levels described for patient safety competencies in the *National Patient Safety Education Framework* (See Appendix 1).

Table 1: Defining performance levels in the Hospital Skills Program

Key	HSP 1	HSP 2	HSP 3
Level of experience (E)	Has limited workplace experience in this discipline.	Has moderate to large workplace experience in this discipline.	Has substantial workplace experience in this discipline.
Clinical proficiency (CP)	Reliably recognises familiar situations and key issues and has a good working knowledge of their management. Decision-making is largely rule-bound. Demonstrates effective clinical decision making and clinical proficiency in defined situations.	Recognises atypical presentations, recognises case-specific nuances and their relational significance, thus reliably identifies key issues and risks. Decision making is increasingly intuitive. Fluent in most procedures and clinical management tasks.	Has an intuitive grasp of a situation as a means of linking his or her understanding of a situation to appropriate action. Able to provide a large repertoire of management options.
Responsibility (R)	Uses/applies an integrated management approach for all cases, consults prior to disposition or definitive management, and arranges senior review of the infant or child in numerous instances, especially complex or uncommon cases.	Autonomously manages simple and common presentations and consults prior to disposition or definitive management for more complex cases.	Works autonomously, consults as required for expert advice and consults admitting team about an infant or child who requires admission.
Patient safety (PS)	Level 2	Level 2 - 3	Level 3

Section 1: Common paediatric problems and conditions

Section 1 covers learning outcomes related to the recognition of the signs of an unwell infant, child or young person and the assessment and management of these patients.

It is intended that the HSP participant read this module with additional reference to resources such as the *DETECT Manual*,⁴ *DETECT Junior*⁵ and the NSW Health Policy Directive on Recognition of a Sick Baby or Child in Emergency Departments. Where applicable, for particular learning outcomes, reference has been made to relevant NSW Health Guidelines for Paediatric Care.

CH1 Non-specific presentations

CH1.1 Fever and hypothermia

- CH1.1.1 Describe the causes of fever and/or hypothermia (HSP 1).
- CH1.1.2 Recognise that hypothermia is especially important in neonates and in near drownings/exposures (HSP 1).
- CH1.1.3 Describe the indications for the control of fever or hypothermia (HSP 1).
- CH1.1.4 Implement assessment and initial management in accordance with NSW Health Guidelines for Infants and Children – Acute Management of Fever (HSP 1).
- CH1.1.5 Recognise the importance of excluding serious bacterial infection in febrile or sick neonates and infants aged less than 12 months (neonates may not manifest fever in association with serious bacterial infection) (HSP 2).
- CH1.1.6 Demonstrate a sound approach to the assessment and management of infants, children and young people with hypothermia (HSP 1).

CH1.2 Cough and dyspnoea

- CH1.2.1 Describe the common causes of cough including infection (eg, bacterial, viral, atypical and tuberculosis) and asthma (HSP 1).
- CH1.2.2 Describe the management of cough (HSP 1).
- CH1.2.3 Describe the causes and management of dyspnoea including viral laryngotracheobronchitis, upper airway obstruction, bronchiolitis, asthma, and cardiac disease, anaemia, inhaled foreign body, chest wall restriction and metabolic abnormalities (HSP 1).

CH1.3 Syncope

- CH1.3.1 Describe the causes of and diagnostic approach to syncope clinically assessing for arrhythmia, aortic stenosis, postural hypotension, vaso-vagal syncope and seizure (HSP 1).

CH1.4 Rash

- CH1.4.1 Recognise exanthems suggesting life threatening illness, including meningococcal septicaemia, staphylococcal scalded skin syndrome, measles, pemphigus, pustular psoriasis, streptococcal scarlet fever, Kawasaki disease, Stevens Johnson syndrome (HSP 1).
- CH1.4.2 Recognise rashes of public health significance (eg, smallpox, rubella) (HSP 1).
- CH1.4.3 Recognise common childhood rashes and their management (eg, roseola, head, foot and mouth disease and parvovirus) (HSP 1).

CH1.5 Pain

- CH1.5.1 Describe the importance of and methods for assessing pain in infants, children and young people (HSP 1).
- CH1.5.2 Describe the importance of achieving adequate pain control (HSP 1).
- CH1.5.3 Describe the principles and practice of acute pain management including a rational approach to controlling injury related pain, abdominal pain, renal colic, limb fracture pain, pain of burns and migraine (HSP 2).

CH1.6 Hypotension and hypertension

- CH1.6.1 Demonstrate how and where to measure blood pressure correctly in infants, children and young people, to access information regarding normal ranges for blood pressure and list the causes of hypertension in infants and children (HSP 1).
- CH1.6.2 Describe how to assess shock in children and recognise that hypotension in children is a critical sign (HSP 1).

CH1.7 Acute abdomen

- CH1.7.1 Describe how to recognise, initiate resuscitation of and manage an infant or child with an acute abdomen in accordance with NSW Health *Guidelines for Acute Management of Infants and Children with Acute Abdominal Pain* (HSP 1).
- CH1.7.2 Recognise common causes of acute abdomen such as intussusception and appendicitis (HSP 1).
- CH1.7.3 Recognise the importance of bile stained vomiting, especially in neonates, as a marker of malrotation with volvulus (HSP 2).
- CH1.7.4 Describe the differential diagnosis of the different patterns of abdominal pain in infants and children and exclude life threatening causes (HSP 1).

CH1.8 Shock

- CH1.8.1 Recognise the signs of toxicity and shock in a child (HSP 1).
- CH1.8.2 Describe the pathophysiological processes underlying multisystem critical illness (eg, cellular hypoperfusion and hypoxia) (HSP 1).
- CH1.8.3 Elicit and recognise the clinical signs and altered biochemistry of shock (HSP 1).
- CH1.8.4 Differentiate the likely cause of shock including sepsis and hypovolaemia (HSP 1).
- CH1.8.5 Demonstrate goal-directed management of septic shock, including appropriate monitoring and investigation, use of fluid resuscitation and early use of appropriate antibiotics (HSP 2).

CH1.9 Vomiting

- CH1.9.1 List the differential diagnosis of vomiting in infants and children (HSP 1).
- CH1.9.2 Describe the process of investigating and managing a young infant and a child with vomiting (HSP 1).

CH2 Respiratory

CH2.1 Upper airway

- CH2.1.1 Demonstrate rational use of investigations and antibiotics in the management of upper respiratory tract infection and recognise current advice regarding avoidance of cold and influenza medication, especially in young children (HSP 1).
- CH2.1.2 Recognise stridor and wheeze and their differential diagnoses (eg, epiglottitis, foreign body, croup, asthma, pneumonia) and management (HSP 1).
- CH2.1.3 Describe a rational approach to management of upper airway foreign body (HSP 2).

CH2.2 Asthma

CH2.2.1 Apply locally developed (eg, local health district) paediatric guidelines and protocols for the management of asthma consistent with the Clinical Guidelines for Paediatric Care developed by the NSW Department of Health (HSP 1).

CH2.2.2 Describe how to recognise, categorise into mild, moderate, severe and life threatening, and initiate treatment for and manage an acute attack of asthma (HSP 1).

CH2.2.3 Recognise patient deterioration and intervene appropriately in a manner consistent with the Acute Asthma Management Flowchart developed by the NSW Department of Health (HSP 1).

CH2.2.4 Clinically define the severity of asthma and tailor appropriate acute and preventive therapy including avoidance of triggers (HSP 1).

CH2.2.5 Ensure appropriate education, development of management (action) plans and follow-up to reduce the incidence of asthma recurrence and representation (HSP 1).

CH2.2.6 Recognise complications of asthma (eg, pneumothorax) (HSP 1).

CH2.3 Pneumonia and bronchiolitis

CH2.3.1 List the different causes of pneumonia in children (eg, viral, bacterial, mycoplasma and tuberculosis) (HSP 1).

CH2.3.2 Describe how to recognise and treat pneumonia and bronchiolitis with a rationale to determine differential diagnosis, need for admission, ambulatory care or outpatient management (HSP 1).

CH2.3.3 Implement local protocols for assessment and management of pneumonia and bronchiolitis based on relevant NSW Health Guidelines (eg, Management of Acute Bronchiolitis for Infants and Children) (HSP 2).

CH2.4 Chronic lung disease

CH2.4.1 Identify children at high risk of serious illness due to chronic lung disease (eg, children with cystic fibrosis, congenital heart disease and premature babies) (HSP 1).

CH2.4.2 Identify children with other chronic illness that impacts on respiratory function such as muscular dystrophy, spinal muscular atrophy (HSP 1).

CH2.5 Pneumothorax

CH2.5.1 Elicit the clinical signs and symptoms of pneumothorax (HSP 1).

CH2.5.2 Describe a rationale for the minimally invasive approach to management of pneumothorax and indications for aspiration, small and large bore intercostal catheter and pleural suction (HSP 2).

CH2.6 Anaphylaxis

CH2.6.1 List likely triggers for anaphylaxis in infants and children (eg, specific foods, bee stings and medications) (HSP 1).

CH2.6.2 Recognise and treat an anaphylactic reaction (HSP 1).

CH2.6.3 Recognise that sudden onset of wheeze in a child without asthma is anaphylaxis or inhaled foreign body until proven otherwise (HSP 1).

CH2.6.4 Ensure appropriate follow-up after anaphylactic reaction including the education to children and families, and where appropriate, schools regarding avoidance, prevention, desensitisation and use of self-injected adrenaline (eg, EpiPen) (HSP 2).

CH3 Cardiac

CH3.1 Arrhythmias

CH3.1.1 Recognise and treat common symptomatic and life threatening arrhythmias including SVT, VT, VF and heart block (HSP 2).

CH3.2 Heart failure

CH3.2.1 Describe the causes of heart failure in children including congenital heart disease, myocarditis, cardiomyopathy, valvular heart disease and pericardial disease (HSP 1).

CH3.3 Pulseless electrical activity

CH3.3.1 List the causes for pulseless electrical activity and demonstrate its management (HSP 2).

CH4 Infectious diseases and sepsis

CH4.1 Describe the recognition and immediate resuscitation of an infant or child with sepsis (HSP 1).

CH4.2 Minimise the time to administration of antibiotics of an infant or child with sepsis (HSP 1).

CH4.3 Recognise signs indicating potential for serious deterioration and appropriate interventions (HSP 1).

CH4.4 Recognise risk factors, signs and symptoms of sepsis (HSP 1).

CH4.5 Resuscitate with rapid intravenous fluids and administration of antibiotics within the first hour of diagnosis of sepsis in accordance with best practice guidelines (eg, CEC Sepsis Toolkit — please note there is a paediatric sepsis pathway and empirical intravenous antibiotic guideline under development which will be added to the Sepsis Toolkit when available) (HSP 1).

CH4.6 Refer to appropriate senior clinicians and teams including retrieval if required (HSP 1).

CH4.7 Discuss an age-based response to investigating an infant or child with a fever without focus (HSP 1).

CH4.8 Describe the signs and symptoms, aetiology, investigation and management of common bacterial infections including tonsillitis, otitis media, pneumonia, urinary tract infection, meningitis, colitis and bacteraemia (HSP 1).

CH4.9 Assess, investigate and manage children presenting with suspected acute bacterial meningitis in accordance with the practice flow chart in the NSW Health *Guidelines for Management of Infants and Children with Bacterial Meningitis* (HSP 1).

CH4.10 Recognise common childhood infections such as primary herpes simplex virus and coxsackie virus and describe the management of these infections (HSP 1).

CH4.11 Describe the signs, symptoms and aetiology, investigation and management of common viral infections including Epstein–Barr virus, respiratory and gastrointestinal viruses, herpes simplex virus, parvovirus, measles and human herpes virus 6 (roseola) (HSP 1).

CH4.12 Follow up regarding contacts and overseas travel (HSP 1).

CH4.13 Implement NSW Health *Paediatric Emergency Clinical Practice Guidelines* for the toxic child (HSP 1).

CH5 Renal and urological

- CH5.1 Apply appropriate methods for sterile urine collection for diagnosis of urinary tract infection. Appropriately manage urinary tract infections and use age-appropriate and rational antibiotic prescribing and appropriate referral (HSP 1).
- CH5.2 Identify and manage acute renal failure (HSP 2).
- CH5.3 Detect and manage urinary retention (HSP 1).
- CH5.4 Implement an appropriate diagnostic and management strategy for haematuria (HSP 1).
- CH5.5 Identify and manage nephrotic and nephritic syndromes (HSP 2).
- CH5.6 Identify and appropriately refer haemolytic-uraemic syndrome (HSP 1).
- CH5.7 Recognise the medical issues involving children with chronic renal disease and consult appropriately regarding their management (HSP 1).

CH6 Gastrointestinal

- CH6.1 Describe the differential diagnosis, and management of:**
- CH6.1.1 Vomiting (HSP 1).
- CH6.1.2 Diarrhoea (HSP 1).
- CH6.1.3 Constipation (HSP 1).
- CH6.1.4 Acute abdominal pain (HSP 1).
- CH6.1.5 Upper gastrointestinal haemorrhage (HSP 1).
- CH6.1.6 Lower gastrointestinal haemorrhage (HSP 1).
- CH6.1.7 Gastroesophageal reflux disease (HSP 1).
- CH6.1.8 Acute pancreatitis (HSP 1).
- CH6.1.9 Hepatitis (HSP 1).
- CH6.1.10 Bowel obstruction (HSP 1).

- CH6.2 Implement an appropriate diagnostic and management strategy for infants and children with suspected gastroenteritis consistent with NSW Health *Paediatric Guidelines* (HSP 1).
- CH6.3 Recognise the signs and symptoms and arrange appropriate investigations, referral and treatment for infants and children who are failing to thrive (HSP 1).
- CH6.4 Identify overweight and obese children and young people and have an approach to their assessment, investigation and management (HSP 1).
- CH6.5 Identify children with coeliac disease and inflammatory bowel disease and commence initial assessment and management (HSP 1).

CH7 Musculoskeletal

- CH7.1 Recognise limp and gait disturbances (HSP 1).
- CH7.2 Recognise the broad range of causes of limp in children of varying ages (HSP 1).
- CH7.3 Assess, investigate and manage joint and musculoskeletal pain (HSP 1).
- CH7.4 Identify common joint dislocations (eg, pulled elbow) and their complications, effect reduction and organise aftercare (HSP 2).
- CH7.5 Recognise common childhood fractures, their assessment and management and describe when to consult (HSP 1).
- CH7.6 Appropriately identify, manage and refer muscle, tendon, enthesis and ligament injuries (HSP 2).

- CH7.7 Demonstrate understanding of the signs and symptoms of juvenile rheumatoid arthritis and Henoch–Schonlein purpura (HSP 1).
- CH7.8 Arrange appropriate initial investigation, treatment and referral for these musculoskeletal conditions (HSP 2).

CH8 Orthopaedic

- CH8.1 Identify and manage common fractures clinically and radiographically, provide appropriate initial management and ensure referral and follow-up (HSP 1).
- CH8.2 Recognise that children less than eight years of age usually sustain fractures, not ligamentous injuries (HSP 1).
- CH8.3 Recognise the Salter–Harris classification of fractures (HSP 1).
- CH8.4 Recognise the signs and symptoms of slipped capital femoral epiphysis, developmental dysplasia of hips, Perthe's disease, transient synovitis and septic arthritis and osteomyelitis (HSP 1).
- CH8.5 Arrange appropriate initial investigation, treatment and referral for these orthopaedic conditions (HSP 1).
- CH8.6 Provide appropriate first aid and referral to specialist services for significant hand and limb trauma (HSP 2).

CH9 Neurological

CH9.1 Implement relevant NSW Health paediatric guidelines and describe the differential diagnosis, and management of:

- CH9.1.1 Headache (HSP 1).
- CH9.1.2 Seizures, recognising the typical patterns of some forms of childhood seizures (eg, infantile spasms, petit mal) (HSP 1).
- CH9.1.3 Syncope (HSP 1).
- CH9.1.4 Coma (HSP 2).
- CH9.1.5 Weakness (HSP 2).

CH9.2 Describe how to recognise and initiate treatment of:

- CH9.2.1 Status epilepticus (HSP 2).
- CH9.2.2 Meningitis (HSP 2).
- CH9.2.3 Intracranial haemorrhage (HSP 2).
- CH9.2.4 Febrile convulsions (HSP 2).
- CH9.2.5 Meningococcal septicaemia (HSP 2).
- CH9.2.6 Encephalitis (HSP 2).

CH10 Endocrine and metabolic

CH10.1 Describe how to recognise and treat endocrine emergencies:

- CH10.1.1 Ketoacidosis (HSP 2).
- CH10.1.2 Hyperosmolar coma (HSP 2).
- CH10.1.3 Thyrotoxicosis (HSP 2).
- CH10.1.4 Hypoglycaemia (HSP 2).

CH10.2 Respond to symptoms of, manage and provide timely and appropriate specialist referral for:

- CH10.2.1 Congenital adrenal hypoplasia (HSP 2).
- CH10.2.2 Hypothyroidism (HSP 2).
- CH10.2.3 Short stature and tall stature (HSP 2).
- CH10.2.4 Vitamin D deficiency (HSP 2).
- CH10.2.5 Hypercalcaemia and hypocalcaemia (HSP 2).

CH10.3 Electrolyte abnormalities

CH10.3.1 Describe the common causes and treatment of life threatening hypo/hypernatraemia, hypo/hyperkalaemia and hypo/hypercalcaemia (HSP 1).

CH11 Dermatology

CH11.1 Recognise and describe the morphology and clinical manifestations of common exanthems (eg, parvovirus, roseola, chickenpox, measles, rubella, streptococcal scarlet fever and urticaria) (HSP 2)

CH11.2 Recognise and initiate treatment for atopic dermatitis and its complications (eg, super-infection) (HSP 2).

CH11.3 Recognise and differentiate likely causes of acute urticaria (HSP 2).

CH11.4 Recognise and initiate treatment of common skin infections and infestations: impetigo, warts, fungal infections, scabies, perianal streptococcal dermatitis (HSP 2).

CH12 Trauma and burns

CH12.1 Severe trauma

CH12.1.1 Describe and demonstrate a systematic approach (eg, EMST) to the assessment and immediate treatment of the victim of trauma (HSP 3).

CH12.2 Burns

CH12.2.1 Demonstrate the ability to calculate the percentage of burn area using appropriate charts and to refer patients appropriately as per the NSW Health *Burns Guidelines* (HSP 2).

CH12.2.2 Provide appropriate documentation to the referral hospital, calculates fluid requirements for maintenance, and dress burns appropriately for transfer (HSP 2).

CH12.2.3 Define the risk factors for airway burns, compartment syndromes and vascular or respiratory compromises from burn contraction (HSP 2).

CH12.2.4 Recognise that burns to areas such as hands, face, genitalia and circumferential burns require specialist assessment and review (HSP 1).

CH12.2.5 Recognise circumferential burns, admit to hospital and refer for specialist management and when to refer for escharotomy (HSP 1).

CH12.2.6 Elicit the clinical findings suggestive of significant airway burn (HSP 1).

CH12.2.7 Describe the appropriate management of a suspected airway burn (HSP 1).

CH12.2.8 Describe the principles of burns dressings in children and describe the various dressings available and their application (HSP 1).

CH12.3 Tension pneumothorax

CH12.3.1 Elicit the signs of a tension pneumothorax and institutes emergency management (HSP 2).

CH12.4 Haemothorax

CH12.4.1 Elicit the signs of haemothorax and institute appropriate treatment including insertion of large bore intercostal catheter when indicated (HSP 2).

CH12.5 Flail chest

CH12.5.1 Recognise the signs and significance of flail chest and manage appropriately to maintain adequate ventilation (HSP 2).

CH12.6 Haemorrhage

- CH12.6.1 Recognise and control external and internal haemorrhage using clinical examination, diagnosis by exclusion, diagnostic peritoneal lavage ultrasound, compression, elevation, ligation, stabilisation of long bone and pelvic fracture and timely referral to surgical intervention (HSP 3).

CH12.7 Head and brain injury

- CH12.7.1 Recognise that patterns of head injury and the principles of management in children have some important differences from adults (HSP 1).
- CH12.7.2 Provide rapid assessment of the severity of injury and initiation of appropriate treatment for a child with a head injury, with or without other injuries in accordance with NSW Health *Guidelines for Acute Management of Head Injury – Infants and Children* (HSP 2).
- CH12.7.3 Describe the assessment of head injury severity in infants and children using a modified Glasgow coma score (HSP 1).
- CH12.7.4 Describe optimal management of investigations such as computed tomography (HSP 1).
- CH12.7.5 Describe key interventions to maximise secondary prevention and recovery from brain injury including prevention of hypoxia and optimisation of cerebral blood flow via the control of perfusion pressure and intracranial pressure (HSP 2).

CH12.8 Renal and urinary tract trauma

- CH12.8.1 Recognise renal and urinary tract trauma and identify mechanisms of injury associated with these trauma (HSP 2).

CH12.9 Abdominal trauma

- CH12.9.1 Recognise the signs of and use appropriate diagnostic techniques to screen for/exclude intra-abdominal injury (HSP 3).

CH12.10 Spinal injuries

- CH12.10.1 Describe the principles of recognition and initial management of patients with suspected spinal injuries (HSP 2).
- CH12.10.2 Organise timely and appropriate referral and disposition for a patient with spinal injury (HSP 2).

CH13 Ear nose and throat

CH13.1 Diagnose and effectively manage (or refer if appropriate) using relevant NSW Health paediatric guidelines:

- CH13.1.1 Otitis media and acute otitis externa (HSP 1).
- CH13.1.2 Acute tonsillitis (HSP 1).
- CH13.1.3 Foreign bodies ears, nose and upper airway (HSP 2).
- CH13.1.4 Epistaxis (HSP 1).
- CH13.1.5 Quinsy (HSP 2).
- CH13.1.6 Cervical lymphadenitis (HSP 1).
- CH13.1.7 Obstructive sleep apnoea (HSP 2).
- CH13.1.8 Mastoiditis (HSP 2).

CH14 Ophthalmic

CH14.1 Respond to symptoms of, manage and provide timely and appropriate specialist referral for:

- CH14.1.1 Periorbital cellulitis (being able to differentiate from orbital cellulitis) (HSP 1).
- CH14.1.2 Corneal injuries and chemical burns (HSP 1).
- CH14.1.3 Penetrating eye trauma (HSP 1).
- CH14.1.4 Blunt eye trauma (HSP 1).
- CH14.1.5 Foreign bodies (HSP 1).
- CH14.1.6 Acute red eye (HSP 1).
- CH14.1.7 Scleritis (HSP 1).
- CH14.1.8 White eye: retinoblastoma (HSP 1).
- CH14.1.9 Iritis (HSP 1).
- CH14.1.10 Retinal detachment and retinal haemorrhage (HSP 1).
- CH14.1.11 Conjunctivitis (especially in neonate) (HSP 1).
- CH14.1.12 Assessment of vision at different ages (HSP 1).

CH15 The child at risk, accidents and toxicology

CH15.1 Child at risk

- CH15.1.1 Recognition of the child at risk: describe the features indicating risk of abuse (physical, emotional or sexual) or neglect and recognise any concerns regarding domestic violence (HSP 1).
- CH15.1.2 Management of the child at risk: describe principles of management of the child at risk (HSP 1).
- CH15.1.3 Demonstrate these principles in clinical practice (This includes appropriate communication with parents) (HSP 2).

CH15.2 Drowning

- CH15.2.1 Describe the resuscitation, initial management and stabilisation of a near-drowning victim (HSP 2).
- CH15.2.2 Describe the possible complications, treatment and prevention of complications of fresh and salt water drowning (HSP 2).

CH15.3 Electrocutation

- CH15.3.1 Describe the first aid management of lightning strike and electrocution (HSP 1).
- CH15.3.2 Describe the assessment of electrical injury, and the risk factors and signs of nerve and muscle injury (HSP 1).

CH15.4 Overdose

- CH15.4.1 Describe how to recognise and treat common paediatric drug overdoses (eg, paracetamol, clonidine, iron tablets) (HSP 2).
- CH15.4.2 Use the poisons information service and/or local toxicology expertise (HSP 1).
- CH15.4.3 Describe how to assess and initiate appropriate treatment/referral for adolescents who have taken an intentional overdose (HSP 2).

CH15.5 Poisoning

- CH15.5.1 Describe the assessment and management of poisoning and the use of chemical antidotes (HSP 2).

CH15.6 Envenomation

- CH15.6.1 Describe the first aid management of spider, snake and marine envenomations (HSP 1).
- CH15.6.2 Describe the signs suggestive of significant envenomation (HSP 2).
- CH15.6.3 Use diagnostic tests to determine severity of envenomation (HSP 2).
- CH15.6.4 Describe the indications for, timing and use of antivenom (HSP 2).

CH15.7 Environmental

CH15.7.1 Describe the physiological responses to, complications of and treatment of exposure to altitude, depth, heat, humidity and cold (HSP 1).

CH16 Psychiatric, social and crisis response

CH16.1 Recognise and initiate treatment for acute psychiatric illness including including:

- CH16.1.1 Anxiety (HSP 2).
- CH16.1.2 Depression (HSP 2).
- CH16.1.3 Psychoses (HSP 2).
- CH16.1.4 Delirium (HSP 2).
- CH16.1.5 Suicide attempt (HSP 2).
- CH16.1.6 Deliberate self-harm (HSP 2).
- CH16.1.7 Other psychiatric conditions requiring involuntary detention (HSP1).
- CH16.1.8 Behavioural problems (HSP 2).

CH16.2 Respond to crises including:

- CH16.2.1 Sexual assault (HSP 3).
- CH16.2.2 Violent and agitated patient or parent (HSP 2).

CH17 Common behavioural and developmental problems

CH17.1 Recognise and initiate appropriate treatment/referral for the following conditions

- CH17.1.1 Cerebral palsy (HSP 2).
- CH17.1.2 Global developmental delay (HSP 2).
- CH17.1.3 Speech delay (HSP 2).
- CH17.1.4 Autism/Asperger syndrome (HSP 2).
- CH17.1.5 Learning difficulties (HSP 2).
- CH17.1.6 Attention deficit hyperactivity disorder (HSP 2).
- CH17.1.7 Downs syndrome (HSP 2).
- CH17.1.8 Sleep problems including sleep apnoea (HSP 2).
- CH17.1.9 Breath holding attacks (HSP 2).
- CH17.1.10 Nocturnal enuresis (HSP 2).

CH17.1.11 Deafness (HSP 2).

CH18 Common neonatal problems

CH18.1 Recognise and initiate appropriate treatment/referral for the following conditions:

- CH18.1.1 Acutely unwell neonate (HSP 2).
- CH18.1.2 Neonatal 'red flags' (HSP 2).
- CH18.1.3 Neonatal jaundice (HSP 2).
- CH18.1.4 Transient tachypnoea of the newborn (HSP 2).
- CH18.1.5 Neonatal hypoglycaemia (HSP 2).
- CH18.1.6 Neonatal respiratory distress (HSP 3).
- CH18.1.7 Neonatal abstinence syndrome (HSP 2).
- CH18.1.8 Unsettled infant (HSP 2).
- CH18.1.9 Post natal depression (HSP 3).

CH19 Nutrition

- CH19.1 Recognise normal patterns of growth and nutrition in infants and children (HSP 1).
- CH19.2 Recognise nutritional requirements in infants and children in the management of common paediatric problems (HSP 1).
- CH19.3 Describe the uses and indications for different infant formulas (HSP 1).
- CH19.4 Demonstrate how to plot growth on paediatric growth charts and interpret this, including calculation and interpretation of body mass index (HSP 1).

CH20 Dental problems

- CH20.1 Describe the common dental problems in children and young people (HSP 2).
- CH20.2 Summarise the consequences of poor dentition and oral health (HSP 2).
- CH20.3 Summarise the preventive strategies for optimising dental health in children and young people (HSP 2).
- CH20.4 Advocate for children and young people's access to dental services (HSP 2).
- CH20.5 Show a willingness to arrange dental services as required for children and young people (HSP 2).

CH21 Adolescent medicine

- CH21.1 Demonstrate HEADSS (home, education, activities, drugs, sex, suicidality) assessment in adolescent history taking and implement appropriate management and follow-up for problems identified (HSP 2).
- CH21.2 Recognise, investigate and initiate appropriate treatment for eating disorders (HSP 2).
- CH21.3 Demonstrate understanding of the biochemical risks of re-feeding after starvation and the monitoring required in these cases (HSP 2).
- CH21.4 Recognise the 'at risk' adolescent and instigate appropriate management (HSP 2).

CH22 Adolescent gynaecology

- CH22.1 Take a gynaecological history and perform appropriate clinical examination including genital examination and swab (HSP 2).

- CH22.2 Recognise child protection issues and comply with referral protocols (HSP 2).
- CH22.3 Perform vaginal examination under anaesthetic and vaginoscopy (HSP 2).
- CH22.4 Recognise normal puberty and Tanner staging (HSP 2).
- CH22.5 Take history and complete appropriate examination to assess pubertal status (HSP 2).
- CH22.6 Take appropriate history and examination (HSP 2).
- CH22.7 Instigate gynaecological investigations as required (HSP 2).
- CH22.8 Determine likely diagnosis and initiate appropriate referral/follow-up (HSP 2).

CH23 Paediatric haematology and oncology

- CH23.1 Describe the range of normal parameters at varying stages of life (HSP 1).
- CH23.2 Describe the differential diagnosis of anaemia (HSP 1).
- CH23.3 Describe the causes and detail the management of iron deficiency anaemia (HSP 1).
- CH23.4 Describe the causes of bleeding diatheses and appropriate investigations and management (HSP 1).
- CH23.5 Identify and institute initial management and referral of a febrile neutropaenic patient (HSP 2).
- CH23.6 Identify symptoms that may indicate presentation of childhood malignancies (HSP 1).

CH23.7 Describe differences in management approaches to idiopathic thrombocytopenic purpura (HSP 3).

CH24 Public health

- CH24.1 Identify stages of routine childhood immunisation and how to provide catch-up immunisations in case of missed doses (HSP 2).
- CH24.2 Describe the conditions associated with immigrant and refugee health and the appropriate investigation and initial management of those conditions (HSP 2).
- CH24.3 Recognise the need for ongoing care in immigrant and refugee health and implement appropriate plans (HSP 2).
- CH24.4 Recognise the public health issues relating to child health (eg, passive smoking, swimming pool safety, medication safety, use of helmets and seatbelts, modelling of healthy and safe behaviour, sun safety, benefit of appropriate foods, exercise, limiting sedentary activity) (HSP 1).
- CH24.5 Implement initial management in children and young people who are overweight and obese (HSP 2).
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CH25 Metabolic illness problems

- CH25.1 Recognise the clinical features suggestive of inborn errors of metabolism (HSP 1).
- CH25.2 Implement appropriate consultation (HSP 1).
-

CH26 Surgical problems

- CH26.1 Recognise and appropriately refer acute scrotum (must be acted on urgently, must consult surgeon, and do not delay by performing ultrasound) (HSP 1).
- CH26.2 Recognise and appropriately refer the following conditions:**
- CH26.2.1 Incarcerated hernia (HSP 1).
- CH26.2.2 Bilious vomiting/bowel obstruction: malrotation with volvulus (HSP 1).
- CH26.2.3 Intussusception (HSP 1).
- CH26.2.4 Suspected appendicitis (HSP 1).
- CH26.2.5 Ovarian torsion (HSP 1).
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CH27 Aboriginal health

- CH27.1 Identify specific health problems for Aboriginal children (HSP 1).
- CH27.2 Describe cultural issues associated with Aboriginal child health (HSP 1).
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Section 2: Skills and procedures

CH28 General factors underpinning paediatric skills and procedures

- CH28.1 Describe a general approach to undertaking procedures in children including preparation of the environment, infection control, explanation to the child and family, parental presence, assistance and distraction during procedures, procedural sedation, managing failed procedures and feedback to the child and their parents (HSP 2).
- CH28.2 Demonstrate this general approach in clinical practice (HSP 2).
- CH28.3 Recognise that effective hand hygiene is the single most important strategy in preventing health-care-associated infections (HSP 1).
- CH28.4 Implement the 5 Moments for Hand Hygiene in accordance with NSW Health policy directives (HSP 1).

CH29 Establish an effective multiprofessional management team

- CH29.1 Demonstrate the principles of effective communication (HSP 1).
- CH29.2 Actively contribute to positive infant and child outcomes as an effective multi-professional team member during assessment and resuscitation phases (HSP 1).
- CH29.3 Recognise situations to call for additional or more senior help and marshal human resources with appropriate expertise when required (HSP 1).

- CH29.4 Lead when appropriate a multidisciplinary team for the management of a critically ill infant or child (HSP 3).

CH30 Resuscitation and time critical intervention

- CH30.1 Demonstrate a systematic approach to the clinical assessment and timely management of the undifferentiated critically ill infant or child (HSP 2).
- CH30.2 Use the Standard Paediatric Observation Chart (SPOC) to assist in recognising signs of clinical deterioration and to decide when to seek help and what sort of help is required (HSP1).
- CH30.3 Provide immediate support to stabilise vital signs using universal principles of DR-ABCDE (HSP 1).
- CH30.4 Apply guidelines from relevant resuscitation programs (eg, Paediatric Basic Life Support) and learning tools (eg, Resus4kids) to provide timely and effective resuscitation for paediatric patients (HSP 1).
- CH30.5 Conduct and explain the rationale for basic and advanced life support as per Australian Resuscitation Council guidelines (HSP 1).

CH31 Airway and breathing

- CH31.1 Enlist expert assistance when required (HSP 1).
- CH31.2 Describe the signs of airway obstruction (HSP 1).
- CH31.3 Demonstrate a systematic clinical assessment of breathing and oxygenation (HSP 1).
- CH31.4 Demonstrate safe and effective use of simple airway manoeuvres/adjuncts (eg, head-tilt, chin lift, suction, Guedel, nasopharyngeal airway) (HSP 1).
- CH31.5 Provide basic life support including Guedels airway insertion, bag-valve-mask ventilation and CPR (HSP 1).
- CH31.6 Provide oxygen therapy appropriate to paediatric needs (HSP 1).
- CH31.7 Demonstrate the preparation and administration of high flow and controlled oxygen therapy (HSP 2).
- CH31.8 Demonstrate the use of a spacer device for metered dose inhalation (HSP 1).
- CH31.9 Demonstrate the preparation and use of an oxygen/air driven nebuliser and continuous nebulisation and describe the indications for use of either device (HSP 2).
- CH31.10 Demonstrate safe and effective endotracheal intubation by laryngoscopy (HSP 2).
- CH31.11 Describe and demonstrate the techniques to confirm correct endotracheal tube (ET) placement (HSP 2).
- CH31.12 Describe the indications for and demonstrate a safe and effective method of needle and surgical cricothyroidotomy (HSP 3).
- CH31.13 Interpret venous and arterial blood gases (HSP 1).
- CH31.14 Describe and demonstrate the clinical signs and treatment of a pneumothorax / tension pneumothorax and describe the clinical implications of each (HSP 1).
- CH31.15 Describe the indications for invasive mechanical ventilation (HSP 2).
- CH31.16 Implement non-invasive ventilation (eg, BIPAP/CPAP) whilst awaiting transfer (HSP 1).
- CH31.17 Implement laryngeal mask airway in lieu of a definitive airway (HSP 1).
- CH31.18 Implement needle pleurocentesis (HSP 1).**
- CH31.18.1 Insert a nasogastric and orogastric tube (HSP 2).
- CH31.18.2 Implement tracheal intubation and establishment of mechanical ventilation in a patient requiring the use of anaesthetic drugs and muscle relaxants (HSP 3).
- CH31.18.3 Implement “standing not for resuscitation orders” (HSP 1).
- CH31.18.4 Implement cessation of life support (HSP 2).
- CH31.18.5 Describe how to set up, insert and manage a chest drain (HSP 2).

CH32 Circulation

- CH32.1 Demonstrate peripheral venous cannulation including attention to patient comfort, infection control and procedural pain control (HSP 1).
- CH32.2 Demonstrate the insertion of and describe the use of an intraosseous infusion device (HSP 2).
- CH32.3 Describe effective paediatric fluid resuscitation (HSP 1).
- CH32.4 Describe the indications, risks and safe administration of blood products and IV fluids (HSP 1).
- CH32.5 Describe the complication of, and use a protocol for massive transfusion (HSP 3).
- CH32.6 Describe the principles and methods for the management of coagulopathies (HSP 2).
- CH32.7 Demonstrate the immediate management of a simulated/actual witnessed in-hospital cardiac arrest (HSP 1).
- CH32.8 Demonstrate effective external chest compressions on a baby, infant and child (HSP 1).
- CH32.9 Demonstrate safe and effective use of an automated external defibrillator either biphasic and monophasic (HSP 2).
- CH32.10 Describe potentially reversible causes of a cardiac arrest in an infant and child (HSP 1).
- CH32.11 Describe the indications and dosages of drugs used in the management of a cardiac arrest (HSP 1).
- CH32.12 Demonstrate a systematic approach to 12-lead ECG interpretation, recognising common and important abnormalities (HSP 1).

CH33 Neurological assessment

- CH33.1 Demonstrate a systematic approach to the assessment of the acutely ill infant or child with altered consciousness using the AVPU (ie, the child is either Alert, responsive to Verbal stimuli, responsive only to Painful stimuli, or Unresponsive) and/or Glasgow Coma Scale (HSP 1).
- CH33.2 Describe the common causes of altered consciousness/coma in infants and children (HSP 1).

CH34 Fluid assessment

- CH34.1 Elicit the fluid status of the infant or child through history of fluid intake and urine/stool/vomit output (HSP 1).
- CH34.2 Describe the principles of fluid and electrolyte management in children, including treatment for maintenance, deficit and replacement of ongoing losses of fluid (HSP 2).
- CH34.3 Demonstrate these principles in clinical practice (HSP 3).

CH35 Perform secondary survey

- CH35.1 Demonstrate a structured and sequenced approach to the secondary survey of an acutely ill/traumatised infant or child (HSP 2).

CH36 Concurrent history, examination and management

- CH36.1 Elicit the relevant history from a child and/or parent/carer in the appropriate sequence concurrent with physical assessment (HSP 1).
- CH36.2 Elicit the presenting symptoms, relevant past medical and surgical history, medications, allergies, fasting and social history (HSP 1).

CH36.3 Justify the difference in sequence and style of the medical assessment of the unstable infant or child compared with a stable infant or child (HSP 1).

CH37 Infection control/OHS

CH37.1 Adhere to the principles of infection control measures and legislation pertaining to same including hand washing before and after infant or child patient contact (HSP 1).

CH37.2 Demonstrate safe handling and disposal of sharps and clinical waste, including protection of infants, children and colleagues (HSP 1).

CH37.3 Demonstrate the correct procedure for donning and doffing of personal protective equipment (PPE) (eg, mask, eye protection, hat, gown, gloves, and respirator) (HSP 1).

CH37.4 Describe the rationale, methods and indication of negative pressure isolation rooms (HSP 1).

CH37.5 Describe the indications for public health notification of disease and demonstrate the system for doing so (HSP 1).

CH37.6 Describe the principles of management of disease pandemics and demonstrate the procedures for implementation in the local workplace (HSP 2).

CH38 Acute pain management

CH38.1 Implement infiltration/application of local/topical anaesthetics (HSP 1).

CH38.2 Provide topical anaesthesia (HSP 1).

CH38.3 Provide simple pharmacotherapy (eg, narcotics, non steroidal) (HSP 1).

CH38.4 Administer nitrous oxide (HSP 1).

CH38.5 Administer conscious sedation for minor procedures (eg, midazolam, ketamine, propranolol) (HSP 2).

CH38.6 Administer regional nerve blocks (eg, femoral, intercostal and digital) as required (HSP 2).

CH39 Neonatal skills and procedures

CH39.1 Assess APGAR scores at delivery (HSP 1).

CH39.2 Demonstrate appropriate support of the newborn at delivery (HSP 1).

CH39.3 Identify the neonate requiring resuscitation (HSP 1).

CH39.4 Perform resuscitation on neonate (HSP 2).

CH39.5 Perform umbilical venous and arterial cannulation (HSP 3).

CH39.6 Perform non-invasive ventilation using the Neopuff device (HSP 2).

CH40 Toxicological and environmental

CH40.1 Effectively use a venom detection kit (HSP 1).

CH40.2 Administer antidotes as required (HSP 2).

CH40.3 Perform a fishhook removal (HSP 1).

CH40.4 Perform a ring removal (HSP 1).

CH40.5 Perform a tick removal (HSP 1).

CH41 Psychiatric and social

CH41.1 Apply relevant legislation for compulsory admission (HSP 1).

- CH41.2 Describe the relevant aspects of the Mental Health Act pertaining to the care and management of mental health patients (HSP 2).
- CH41.3 Recognise the role of police and security staff in the management of mental health patients (HSP 1).
- CH41.4 Describe and use techniques to minimise violence and risk to self and staff (HSP 1).
- CH41.5 Conduct acute counselling as appropriate (HSP 2).
- CH41.6 Provide rapid control of psychosis or agitation when required (HSP 2).
- CH41.7 Provide sensitive management of a sexual assault victim (HSP 3).

CH42 Other paediatrics skills and procedures

- CH42.1 Apply the Broselow system to size paediatric equipment and calculate drug doses (HSP 1).
- CH42.2 Perform a lumbar puncture in an infant and a child (HSP 2).
- CH42.3 Perform urinary catheterization (HSP 2).
- CH42.4 Perform a suprapubic aspiration in an infant and a child (HSP 1).
- CH42.5 Conduct basic developmental screening in an infant and a child (HSP 1).
- CH42.6 Replace gastrostomy tube (HSP 2).
- CH42.7 Effect hernia reduction (HSP 1).
- CH42.8 Conduct a forensic examination of sexual assault victim if appropriate (HSP 3).
- CH42.9 Demonstrate and teach patient and/or carer use of epipen/insulin pen (HSP 1).

- CH42.10 Perform an excision and drainage of an abscess (HSP 2).

CH43 Special communication tasks

- CH43.1 Provide effective telephone advice to colleagues (HSP 1).
- CH43.2 Manage and communicate persuasively with patients/parents leaving against advice from health professionals (HSP 1).
- CH43.3 Respond effectively to complaints (HSP 2).
- CH43.4 Debrief staff as required (HSP 2).

CH44 Paediatric pharmacology

- CH44.1 Describe principles of safe drug prescribing for children including dosing by weight and body surface area (HSP 1).
- CH44.2 Demonstrate the principles of safe prescribing for children in clinical practice (HSP 2).

CH45 Monitoring

- CH45.1 Describe normal physiological ranges for basic vital signs including pulse, blood pressure, SaO₂, respiratory rate, urine output and body temperature (HSP 1).
- CH45.2 Describe the importance of repeated and timely reassessment of the acutely ill infant or child (HSP 1).
- CH45.3 Describe the principles and limitations of pulse oximetry (HSP 1).
- CH45.4 Demonstrate how to obtain a venous or arterial blood gas in an infant, child or young person (HSP 1).

CH46 Ophthalmic

- CH46.1 Measure visual loss/acuity (HSP 1).
- CH46.2 Demonstrate effective use of an ophthalmoscope (HSP 1).
- CH46.3 Demonstrate effective use of a slit lamp (HSP 1).
- CH46.4 Detect corneal injuries and foreign bodies using fluorescein dye (HSP 1).
- CH46.5 Detect retinal haemorrhage (HSP 1).

CH47 Ear, nose and throat

- CH47.1 Demonstrate the correct use of an auroscope (HSP 1).
- CH47.2 Collect a perinasal swab (HSP 1).
- CH47.3 Demonstrate safe performance of ear toilet and lavage (HSP 2).
- CH47.4 Demonstrate safe insertion of an ear wick (HSP 2).
- CH47.5 Effectively arrest and manage epistaxis (HSP 1).
- CH47.6 Identify and remove foreign bodies from the ears and nose if appropriate (HSP 2).

CH48 Use laboratory and other tests in a cost effective, ethical and evidence-based manner

- CH48.1 Practise the principles of rational test and investigation ordering as defined by evidenced based guidelines, protocols and care bundles (HSP 1).
- CH48.2 Explain the relevance of risk management and health economics to the limiting and tailoring of diagnostic tests, including listing the potential adverse outcomes arising from diagnostic tests (HSP 1).

CH48.3 Explain the meaning of test specificity and sensitivity and the effect of pre-test probability (HSP 1).

CH48.4 Demonstrate a systematic approach to x-rays of chest, c-spine, common fracture, CT brain, interpretation, recognising common and life threatening abnormalities and recognising signs of fractures (eg, fat pad signs, loss of normal anatomic alignment) (HSP 2).

CH48.5 Use decision support rules based on clinical probability to determine when to x-ray (eg, Ottawa rules) (HSP 1).

CH49 Use evidence-based medicine

CH49.1 Demonstrate the ability to extract and critically appraise literature and use the evidence (HSP 1).

CH49.2 Access, use and describe the benefits and limitations of policies, procedures, protocols, guidelines and care bundles (HSP 1).

CH49.3 Access and use evidence-based treatment and guidelines when required. Use clinical pathways and care bundles where appropriate (HSP 1).

CH50 Specific and supportive management

CH50.1 Implement therapies targeting presenting conditions which reflect best practice and which are appropriately individualised (HSP 1).

CH50.2 Define the impact of the presenting illness/injury on pre-existing illnesses (co-morbidities) and incorporate appropriate responses and modifications in the management plan (HSP 2).

- CH50.3 Recognise the need to implement treatment, concurrent with the assessment of the infant or child, aimed at controlling symptoms (eg, analgesia) correcting abnormal physiological parameters and preventing complications (eg, anti-emesis, fluid therapy, transfusion, prophylactic antibiotics, tetanus prophylaxis) (HSP 1).
- CH50.4 Consult appropriately to define the most appropriate management plan (HSP 1).

CH51 Ongoing care

- CH51.1 Upgrade care following successful resuscitation and observe organisational guidelines regarding 'not for resuscitation' (NFR) (HSP 1).
- CH51.2 Ensure existing health needs are appropriately addressed and modified as required (eg, continuation or modification of routine medications) (HSP 1).
- CH51.3 Describe an appropriate rationale for continuing or terminating resuscitation efforts (HSP 2).

CH52 Complications

- CH52.1 Monitor for, treat, report and disclose complications appropriately (HSP 1).
- CH52.2 Recognise changing clinical parameters that reveal complications or adverse outcomes (HSP 1).
- CH52.3 Intervene to minimise the consequences of complications (HSP 1).
- CH52.4 Practise open disclosure with patients and relatives (HSP 1).

- CH52.5 Enter adverse incidents into incident management systems and notify appropriate authorities in the case of notifiable diseases and drug reactions (HSP 1).
- CH52.6 Recognise when to participate in and to coordinate debriefing of team members following an error, complication or bad outcome (HSP 2).
- CH52.7 Sensitively convey information to bereaved and or distressed relatives (eg, breaking bad news) (HSP 1).
- CH52.8 Describe how to deal with the personal emotional issues surrounding critical incidents, breaking bad news and post-incident stress (HSP 1).

CH53 Deceased infants/children

- CH53.1 Appropriately complete documentation and certification of death (HSP 1).
- CH53.2 Refer to coroner and organ donation services when indicated (HSP 1).
- CH53.3 Demonstrate awareness and compliance with policies regarding SIDS cases (HSP 1).

CH54 Disposition, referral, follow up and liaison

- CH54.1 Apply organisational policies and best practice to decisions regarding admission, discharge or transfer (HSP 2).
- CH54.2 Comply with measures to improve time to be seen and patient flow benchmarks and effectively use ancillary staff engaged in facilitating patient flow (HSP 2).

- CH54.3 Use the assistance of discharge planning staff and advocate for timely transfer of infant or child to definitive care (HSP 2).
- CH54.4 Provide appropriate discharge advice and support (HSP 1).
- CH54.5 Liaise effectively with general practitioner, patient and community health services (HSP 1).
- CH54.6 Facilitate organ donation when appropriate (HSP 3).

CH55 Transfer, retrieval and continuity of care

- CH55.1 Appropriately consult with NETS (NSW Neonatal and Paediatric Emergency Transfer Service) for advice and assistance regarding need for retrieval of an infant or child (HSP 2).
- CH55.2 Upgrade or otherwise modify care appropriately when transferring an infant or child within the hospital or to another facility (HSP 2).
- CH55.3 Explain the risks associated with patient transfer and the processes and procedures required to reduce risks (HSP 2).
- CH55.4 Advocate for, use and ensure the appropriate level of care during patient transfer (HSP 2).
- CH55.5 Share information and interact appropriately with persons involved in deposition (eg, triage staff, emergency services, GPs), disposition (eg, ward teams, retrieval services) and acute care team (eg, admitting team, consulting teams) (HSP 1).
- CH55.6 Describe the risks of patient handover and demonstrate actions that facilitate and reduce the risk at handover (HSP 1).

- CH55.7 Conduct handover processes into and out of the emergency department, into and out of intensive care unit/ high dependency unit and out of hospital (HSP 1).
- CH55.8 Demonstrate appropriate handover of care to the patient's community health care providers (eg, paediatricians, community nurses and GPs) (HSP 1).
- CH55.9 Complete appropriate discharge documentation relevant to the handover of care and ensure delivery to relevant health care providers (HSP 1).

CH56 Consultation

- CH56.1 Recognise when to call for additional support or advice (HSP 1).
- CH56.2 Consult appropriately with admitting team, other experts and services and team members (including teams receiving the infant or child) to support decisions and management plans (HSP 1).
- CH56.3 Describe the available human resources to assist with patient care both in hour and out of hours in the specific facility (HSP 2).
- CH56.4 Recognise the risk involved with different levels of support and describe measures to mitigate the risk (HSP 2).
- CH56.5 Communicate effectively with patient and family allowing appropriate provision of information and consultation regarding choice and consent for treatment (HSP 1).
- CH56.6 Involve patients (as appropriate) and parents/carers in clinical decision making (HSP 1).
- CH56.7 Obtain verbal and formal consent appropriate to the circumstance (HSP 1).

CH57 Documentation

- CH57.1 Document management legibly, using the required forms, which are appropriate for use in coronial, medico-legal, judicial and quality and safety matters (HSP 1).
- CH57.2 In documenting medical records, demonstrate the importance of comprehensive, clear and contemporary medical records both for direct patient care, assessment of quality and medico-legal inquiry (HSP 1).

CH58 Legislative compliance

- CH58.1 Demonstrate awareness of compliance rules for Medicare and the PBS including use of provider/ prescriber numbers and appropriate referral (HSP 1).
- CH58.2 Demonstrate an effective use of and comply with medication management techniques to reduce error (HSP 1).
- CH58.3 Comply with rules for correct and legal prescribing (HSP 1).
- CH58.4 Comply with the provisions of the Medical Practitioners Act, Coroners Act, NSW Health Codes of Conduct, NSW Mental Health Act, NSW Guardianship Act and other legislative and policy instruments applicable to the practice of medicine (HSP 1).

Appendix 1: National patient safety education framework

Four levels of knowledge and performance elements have been defined in the national patient safety education framework. The level of knowledge and performance required by an individual is determined by their level of patient safety responsibility:

- Level 1** Foundation knowledge and performance elements are required by all categories of health care workers (as defined below).
- Level 2** Knowledge and performance elements are required by health care workers in categories 2 and 3.
- Level 3** Knowledge and performance elements are required by health care workers in category 3.
- Level 4** Organisational knowledge and performance elements are required by health care workers in category 4.

Some knowledge and performance elements in levels 2 and 3 may not be relevant for all non-clinical managers.

Four categories of health care workers have been defined in the patient safety framework.

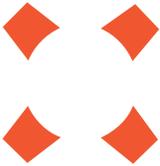
- Category 1** Health care workers who provide support services (eg, personal care workers, volunteers, transport, catering, cleaning and reception staff).
- Category 2** Health care workers who provide direct clinical care to patients and work under supervision (eg, ambulance officers, nurses, interns, resident medical officers and allied health workers).
- Category 3** Health care workers with managerial, team leader and/or advanced clinical responsibilities (eg, nurse unit managers, catering managers, department heads, registrars, allied health managers and senior clinicians).
- Category 4** Clinical and administrative leaders with organisational responsibilities (eg, chief executive officers, board members, directors of services and senior health department staff).

Health care workers can move through the patient safety framework as they develop personally and professionally.

Source: Australian Council for Safety and Quality in Health Care (2005) National patient safety education framework. <[www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/C06811AD746228E9CA2571C600835DBB/\\$File/framework0705.pdf](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/C06811AD746228E9CA2571C600835DBB/$File/framework0705.pdf)>.

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HSP

HOSPITAL SKILLS PROGRAM

