



Kids Health Matters Transcript

Episode 9: Visiting the ED - what to expect and fast facts on common childhood illnesses (Part 1)

The Child and Adolescent Health Services respects and acknowledges the Whadjuk People as the traditional custodians of the land on which we work and of Elders past and present.

Hi and welcome to Kids Health Matters - a podcast where we meet experts from the Western Australian Child and Adolescent Health Service, which includes Perth Children's Hospital.

Each episode will dive into a range of topics and issues affecting kids' health and wellbeing and provide you with information on how you can best support them through their journey of childhood and adolescence.

Host Dani Shuey (DS)

Our guest today is going to take us behind the scenes in one of the busiest departments in Perth Children's Hospital – the Emergency Department. Around 70,000 babies, children and young people were treated in the ED here last year. Today we are joined by one of the paediatric emergency specialists who will talk us through how to best prepare for a visit to the ED with your child and what to expect.

Dr Paul Sander, hello.

Guest Dr Paul Sander (PS)

Hello, how are you?

DS

15 years you've been working?

PS

15 years, on and off, yeah!



DS

On and off, wow! You've seen a lot in your time, and we'll get through that as this episode progresses and my co-host is Dr. Adelaide Withers, respiratory clinician here at Perth Children's Hospital. Hello, Adelaide.

Co-host Dr Adelaide Withers (AW)

Hi, Dani, how are you going?

DS

I'm really excited to get into this episode today because there's a lot to unpack in terms of wait times and what to expect when we present to ED. So, we'll start off with you, Paul; you've worked here as you said on and off for 15 years and full time for the last four years. That's a long time in a high stress job. What's kept you in the role for so long?

PS

Yeah, good question Dani. I mean, mainly my colleagues, we've got a really lovely team; we get on really well, the nurses, the doctors, the clerks and cleaners, it's a really lovely team and we have a lot of good banter; lots of chocolates between shifts and during work, cups of tea we share and that definitely keeps me coming back. And the other big thing is the variety of the work itself. It's really lovely having a bit of banter also with the patients and the families as they come through.

We have a privileged job in that we see families at their most sad and scared and vulnerable times and if we can help them feel a bit better, a bit less sore, a bit less sad, and help them on their journey, hopefully home or on to wherever else they're going in the hospital, then that's a great day at work for us.

DS

And I imagine as well, you would see people from all walks of life coming through?

PS

Yes, we definitely do. Being the biggest kids' hospital in a 4,000 square kilometre radius or something, we see all mixes of socioeconomic status, all different races, huge number of different languages and different types of families and mixed families and blended families and all the rest and so it's just lovely to see such a rich kind of melting pot of culture.

DS

You sound so cool, calm and collected for someone who works in an emergency department. That would not be me so kudos to you, Dr. Paul.

Adelaide, you had a question about the age?



AW

Yes, we see kids of all sorts of ages at the Perth Children's Hospital. Is there any age cut-off or limit to who can present to emergency at PCH?

PS

Yes, in the emergency department there are some strict guidelines around age so anyone presenting with a new patient problems or new complaint has to be under the age of 16. So, on their 16th birthday, they have to go to an adult emergency department or to a mixed emergency department. The exception is if you are known to this department, so if you see someone like Dr. Adelaide for a chronic lung condition or something like diabetes, or an oncology cancer-type diagnosis or something chronic like that, then you can continue seeing the services after the age of 16.

But for everyone else, they'd either go to Sir Charles Gairdner or Royal Perth if you're an adult, but anyone under the age of 16 can also go to mixed emergency departments like Joondalup, Peel Health Campus, Midland, Armadale, Rockingham...

AW

And is there any difference if it's like a mental health concern?

PS

The short answer is no; no difference, so any young person presenting with a mental health concern can come to a mixed emergency department or Perth Children's Emergency Department up to the age of their 16th birthday. Otherwise, they get referred to or they'll be seen at an adult mental health emergency service.

One of the services that is really impressive that's come in, in the last few years is CAHMS Crisis Connect, which is available, and you can find the number on the internet and I think in our show notes, Dani?

DS

Yes, in our show notes, as always, we've always got amazing resources there, so we'll include those.

PS

And families and young people themselves can call that number and often be seen and triaged and managed at home and save them the discomfort or the inconvenience of having to come to emergency department.

DS

What alternatives are there to the Perth Children's Hospital Emergency Department?



PS

If you are under the age of 16, you can go to any mixed emergency department around the state. So, essentially that's any emergency department except for Sir Charles Gairdner Hospital and Royal Perth Hospital who only see adult ED patients, but you can go to any other emergency department.

Some of the big centres who are mixed EDs in Perth are Fiona Stanley Hospital, Midland, Armadale, Rockingham, Joondalup and Peel – they're some of the bigger ones in Perth.

If families are worried that there's something they need seen urgently, but it's not an emergency, they can go to the afterhours urgent care clinics, and there's a number of them popping up; there's a few GP surgeries that also offer extended hours. There's also a couple of providers online who are national telehealth paediatric emergency services, so you can stay in your home and access them. And of course, if it's in hours, they can go to the GPs if they don't think it's an emergency, and otherwise healthdirect you can ring for some initial advice.

DS

Can we talk about the wait times for the emergency department because I know you don't want to say that that might deter people from wanting to rush in, because you absolutely shouldn't do that in case of an emergency, but you can check those wait times to see, maybe your options on where to go. Is that right?

PS

Yes, that's right and I believe, in our show notes, we have this link?

DS

Yes.

PS

There's a link that WA Health have that every public emergency department shows their average wait time. So if families at home and are deciding where to go, because a lot of families will have a few options local to them, not just Perth Children's Hospital, and they can see what the wait times are.

DS

Because when you get there as well, and I know quite a few times...and in part two of this emergency department episode, we'll talk a bit more about the common illnesses or injuries that you see coming into ED.

I know quite a few times when I have gone when my little girl's had croup, the triage nurse that you see will quite often take a look at her symptoms and say, 'Okay, I think you can wait here', so you kind of think, there's only a wait time of seven minutes, but they do it by priority don't they?



PS

Yes, Dani, you're absolutely right. The triage nurses use a system which has been around for many, many years and is used all over the world for emergency patients, where essentially it means the sickest patients are seen first.

DS

And what can you expect after you arrive at the emergency department?

PS

You'll meet quite a few people on your way through, so it starts at the triage window, as you've been there before Dani, and a triage nurse will spend a few minutes taking some symptoms and having a quick look at your child to help you decide how unwell they are, and bring you through to our main waiting area, where you'll be seen by a team of waiting room nurses who do all the observations, things like heart rates and respiratory rates and temperatures, blood pressures and things like that.

They'll usually start a few medications if your child needs – so painkillers or Ventolin if it's a breathing problem, stuff like that. Then you'll be seen by one of our doctors, where you'll get a full history taken, and they'll ask you lots of questions about your child and they'll take a full look at your child, examine your child.

DS

So, the process can take varying amounts of time and you've both had experience working at emergency departments, is that right?

PS

Yeah, I think it can be really variable; sometimes you might be in quite quickly for something like a small injury, whereas other times, particularly if your child's really unwell, it could be quite a long process; you might need to see more than one doctor; you might need to see some specialists; might need to have some x-rays taken or other tests done.

DS

So wait times really do vary once you arrive at ED?

PS

Yeah, they do and also as Adelaide just alluded to, there's also a number of streams within the same waiting room. So, some will be heading off to our Fast Track Injury area while some will be heading in another direction if they've got more of a medical problem.

And the other thing is, it does mean that some patients will arrive after you but be seen before you because they've got something which makes them more urgent to be seen.



DS

And it's probably quite important to note that it's not necessarily just a fast check system. It's always in order of importance, and you're in the hands of the experts so just trust the process that's in place.

What do you need to know prior to visiting ED and what should people bring with them?

PS

Yes, this is a question I get asked all the time by family and friends. We have a bit of a mantra in paediatrics, you hope for the best and you plan for the worst. So although families might be coming, hoping they're just there for a quick review and be sent home, sometimes they need to stay overnight for medications or observation and they can get a bit caught unawares.

So if you're coming (to ED) and you think there might be a chance of having to stay overnight, leave in the bag, or pack in the car, toothbrush, toothpaste, pyjamas if you need or phone chargers, anything that's going to stop you from getting hungry and bored and to keep your child entertained.

DS

And take care of yourself as an adult too. I remember the few times I've been to ED as well, I've wanted a bit of a freshen up and wished that I'd packed a change of clothes.

PS

You wouldn't be the first one to bring a thermos and a couple of cups with you!

AW

I'd also jump in there and say, if your child's taking any medications regularly, it can be really helpful to bring those medications in. And if you've got any sort of documents or things like an asthma action plan that might be really helpful for the team in emergency, as well.

PS

Good one, and can I add another one; if you've been sent in by your GP you're often bringing a letter with you and sometimes I think in the stress of arriving at ED, it might forget to come out. So just offer that as soon as you get to triage or if you forget there, give it to the doctors or nurses, because that's really helpful information.

AW

Absolutely.

DS

So, Paul, what about challenges for families where English isn't their first language?



PS

We see lots of families where English isn't their first language; we also see a lot of families where the child speaks fantastic English, but the parents don't and that's a bit of a tricky situation as well.

What we do have is a number of applications and phone interpreting services which offer almost every language that exists, and we utilise those at least a couple of times a day.

We really encourage families to identify if they'd like an interpreter. Usually, our staff will notice if their English isn't good, or if they don't have a high proficiency in English, and they'll offer an interpreter. People are welcome to say no thanks but often they say yes, and it makes the experience so much less angst-provoking for those families, because then they can understand exactly what's going on, and have an opportunity to ask all the questions they need.

AW

So, Paul, can I ask, are all of the services available 24 hours a day, seven days a week?

PS

Mostly yes, but some services only operate during business hours and then go into an on-call or as needed system after that. For example, one child might have abdominal pain which we're not particularly concerned about, but know we need an ultrasound, but it doesn't have to be at 2 am in the morning, so that child might be either sent home or kept overnight for the ultrasound in the morning.

Another couple of common examples are if children and young people have a cut or a laceration that needs stitching up in theatre, under anaesthetic by the plastics doctors, for example. They might be sent home at 2 am or in the evening and come back in the light of day, which is always a safer way to do it.

DS

What about accidents, versus emergency situations?

PS

Traditionally, EDs, and in some countries where it's still called A&E, my parents used to call it A&E – accident and emergency – it was split into two streams. We do have a fast-track area; nominally an injury section, that sees about a third of our patients. Sometimes on the weekends that can swell a bit more with kids' sports days when often there's a line of (kids in) colourful sports uniforms lined up along the back seats; there's (a child) in netball uniform with an ankle injury or (a child in a) footy uniform with an ankle injury.

So those groups of kids will be seen in a separate injury fast track area because often what they need is a quick x-ray, some painkillers, often just a plaster, and then home, rather than medical patients who often need a bit more thinking time, maybe blood tests, scans, things like that.



AW

So, Paul, it's pretty obvious if your child's broken their ankle, they need to come to emergency. But what about that situation where you're not really sure, is this an emergency and do I need to come in and be seen today?

PS

The appropriate emergency patient is the patient who comes to emergency and if they're that worried that they came, then they should be seen. Then if it's nothing to worry about, great news, they'll get to go home.

So different to adult EDs who admit around 50% (of patients), we actually admit only about 15 to 20% of patients, so 80 to 85% of patients will be sent home from ED, sometimes after a blood test or an x-ray or some medications and a bit of time for observation; sometimes after speaking to a specialist like yourself Adelaide.

It's lovely that we get to send so many home. Interestingly and anecdotally over the last few years, and I think probably COVID's got something to do with this, we've seen a lot more angst in the community and among health workers around our own health and our children's health, and I think people are probably presenting a bit earlier. That's okay, it just means we recognise that, and it means that more of them will probably be sent home a bit earlier, which is also fine.

AW

And I suppose even if you've been sent home from ED, if you're worried and things change, you can always come back, right?

PS

Yes, 100% – and we are a small snapshot, a small visit on your journey and you know, we might be with you and your child for a few hours, but you've been with them for their whole life and parents and carers know their children best, and that's always our take home message is that – if you're worried you need to come in. If you're not sure you can call healthdirect or someone like that, but if you're worried just come in and we'll see you.

DS

Dr Paul Sander and Dr Adelaide Withers, thank you for being here in the studio today. We still have a lot more to come, because in part two of this chat we will talk about common illnesses and injuries seen in ED, and that will be up soon on Kids' Health Matters. So, keep a look out for that when it goes live.

Thanks for listening to Kids' Health Matters a podcast produced by the Child and Adolescent Health Service. You can find more information and links to useful resources in the show notes for each episode. You can also email us with any feedback at kidshealthmatters@health.wa.gov.au



DS

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