



Transition times.

Supporting the child and adolescent's transitions in Pediatric condition

2nd S.I.P.Ped. International Conference

November 7 – 9, 2019

Palermo, Sicily, Villa Magnisi, Ordine dei Medici Chirurghi e Odontoiatri



Palermo



*“Paediatric Emergency Department as
a promoter of a prevention logic of
neglect, between negligence and
hypercure in the evolutionary
transitions in paedriatic condition”*

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CHILD NEGLECT



The inability to provide for the development of the child in all its aspects: health, education, emotional development, nutrition, protection and safe living conditions, in the context of resources reasonably available to the family and causes, or has a high probability of causing , damage to the child's health or physical, mental, spiritual, moral or social development.

Consultation on Child Abuse Prevention dell'OMS del 1999

The most "silent" and widespread form of child maltreatment





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CHILD NEGLECT

NOT A SINGLE ACT OF NEGLECT BUT A SET OF BEHAVIORS OF OMISSION / COMMISSION THAT AFFECT THE CHILD'S WELL-BEING (Berardi, Paglino, 2017)



IT IS A EVOLUTIONARY AND SOCIAL EMERGENCY CONDITION TO BE INTERCEPTED EARLY AND TAKE THE FIRST POSSIBLE TO LOAD TO AVOID THREATENING PATHOLOGICAL RESULTS FOR CHILD DEVELOPMENT





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ACCIDENTS IN PEDIATRIC AGE

IN ITALY EVERY YEAR ACCESS IN PEDIATRIC EMERGENCY DEPARTMENT FOR ACCIDENTS OR VIOLENCE 1.160.000 CHILDREN. ABOUT 31% ACCESS IN TO PEDIATRIC EMERGENCY DEPARTEMENT DUE TO DOMESTIC ACCIDENTS

ACCIDENTS ARE THE LEADING CAUSE OF CHILD MORTALITY IN ITALY





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TARGETS

DEVELOP CAPACITY OF HEALTHCARE PROFESSIONALS TO
RECOGNIZE THE CONDUCT RESPONSIBLE FOR A POTENTIAL
DAMAGE

- Frequent accesses to the emergency room / hospitalizations (inappropriateness, transition from hypo to hypercurea,)
- Symptoms apparently due to organic damage / alterations
- Signs of emotional distress (abdominal pain, headache, chest pain, enuresis, eating disorders, sleep disorders, difficulty at school, relational closure)
- Parental overprotection (excessive maternal care, request for admissions and inappropriate health services)
- Childhood adultization (children empowered on the admission decision)
- Children abandoned to the use of technology without the presence of an adult





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CASE ACCESSES FOR ICD₉ CODES AND FOR GRAVITY CODE

	RED	YELLOW	GREEN	WHITE
GASTROENTERIC DISEASES	3	1059	3438	5
HIGH WAY RESPIRATORY DISEASES	-	747	3627	10
LOW WAY RESPIRATORY DISEASES	20	685	952	-
FEVER	6	168	678	1
NEUROLOGICAL DISEASES	35	236	212	8
DIABETES AND HYPOGLYCAEMIA	5	-	-	-
UROGENITAL DISEASES	1	122	221	-
CARDIOLOGICAL DISEASES	4	26	-	-
SEPTIC AND ANAPHILACTIC SHOCK	2	-	-	-
SURGICAL ABDOMINALS DISEASES	1	34	63	-



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	RED	YELLOW	GREEN	WHITE
POISONING	5	68	11	-
CRANIAL AND FACIAL TRAUMA	20	416	635	2
POLIYTRAUMA	22	28	28	-
ABDOMINAL THORACY TRAUMA	3	30	38	1
WOUNDED WITH AND WITHOUT AMPUTATION	3	118	603	3
BURNS	5	29	63	-
CHILDE ABUSE	-	1	2	-
FOREIGN BODY	3	63	97	-
HEALTHY CHILD	-	-	-	70
PSYCHOLOGICAL- PSYCHIATRIC DISEASES	3	59	94	1
DROWNING	-	1	-	-
ORTHOPEDIC DISEASES	12	814	4971	14



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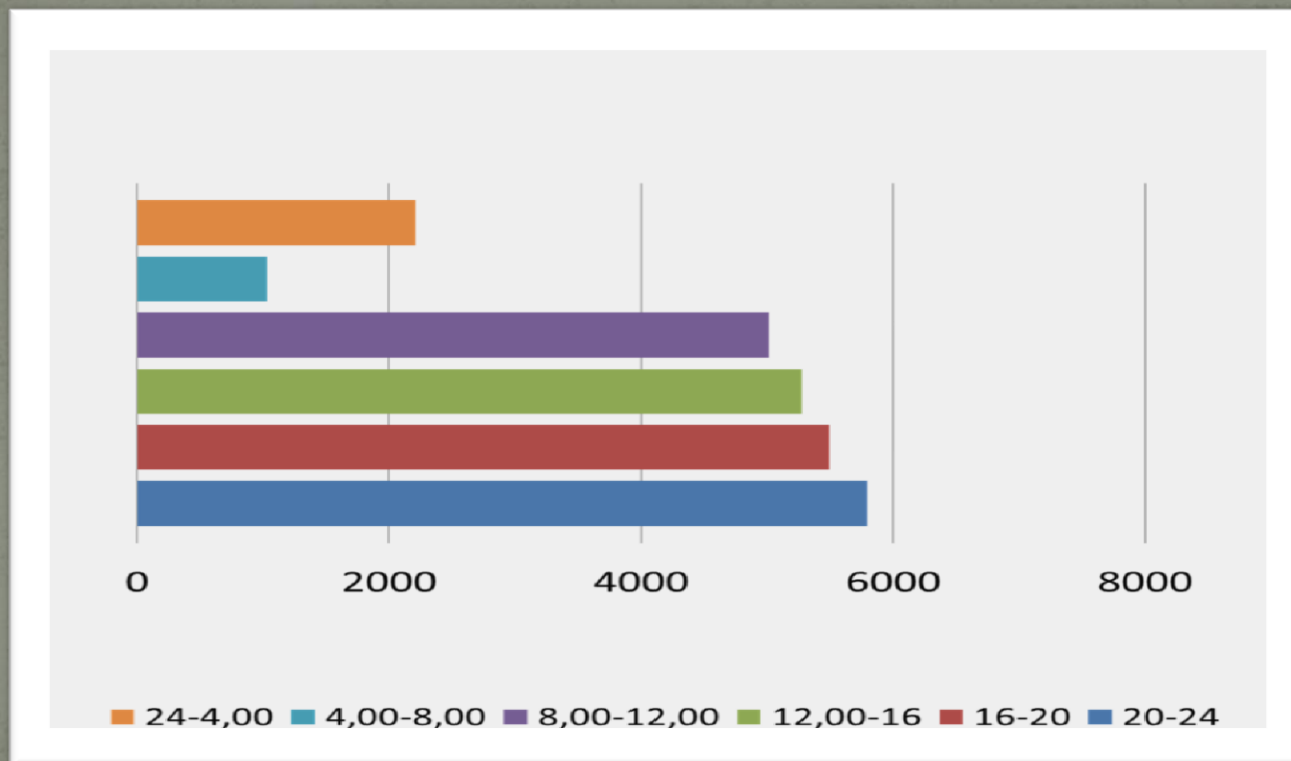
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ACCESSES FOR TIME BANDS





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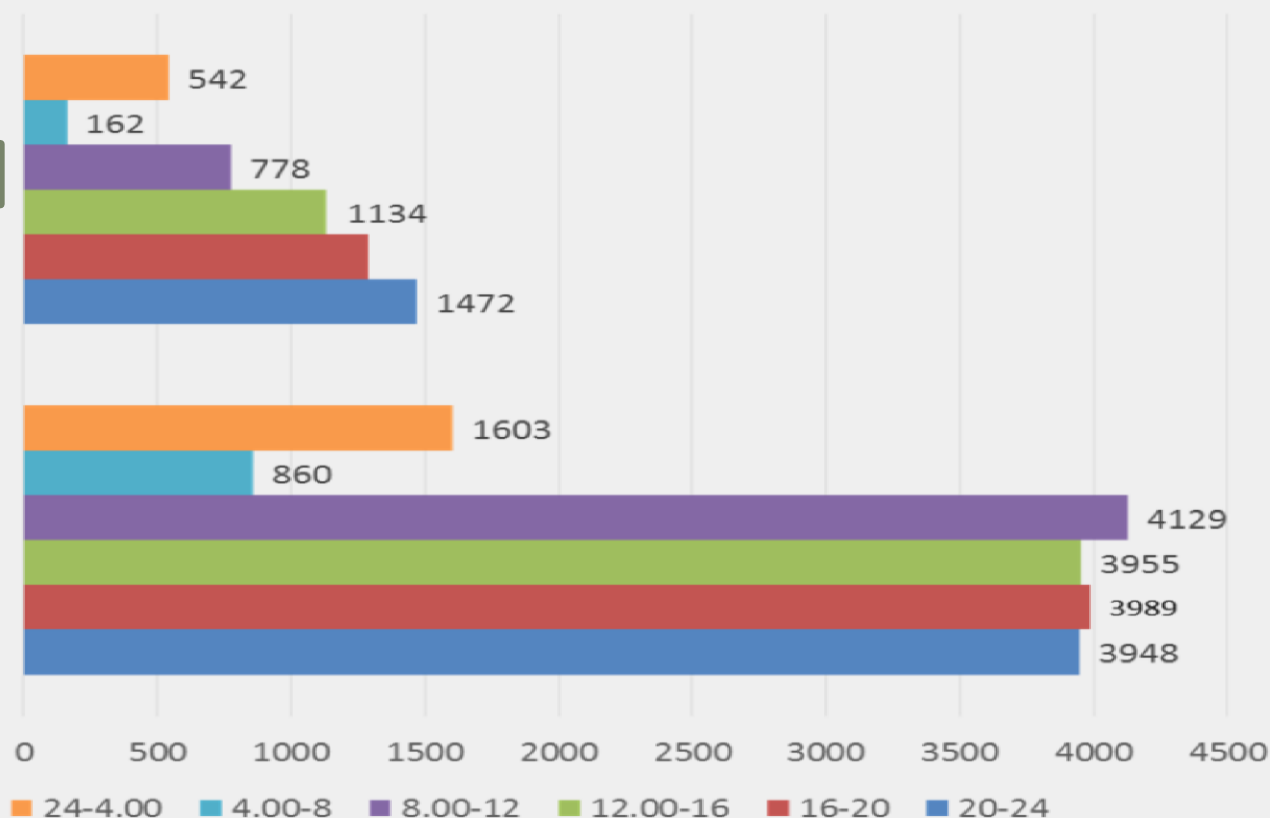


ACCESS FOR CODE AND HOURLY BAND

yellow

S

green





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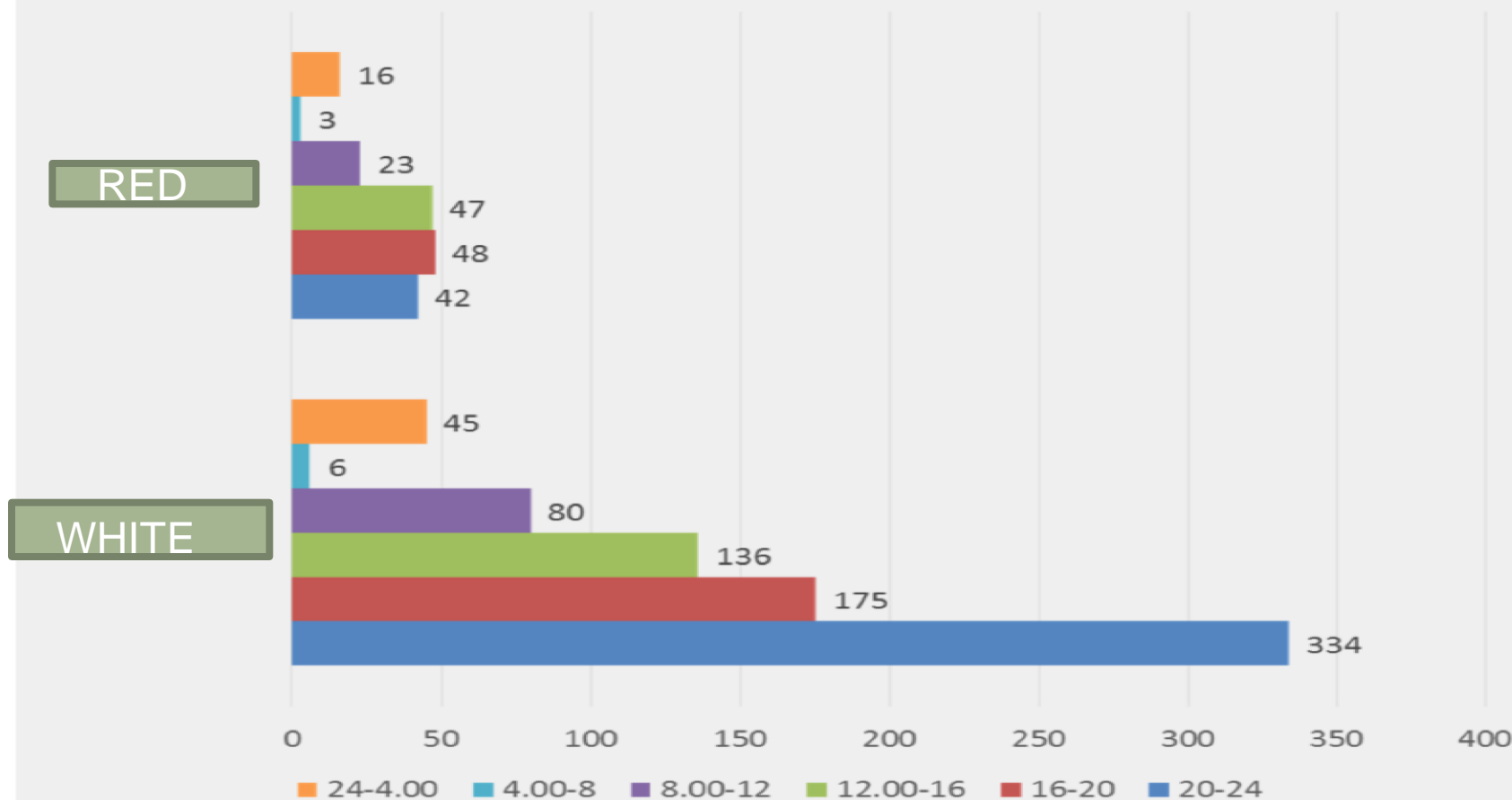
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ACCESS FOR CODE AND HOURLY BAND





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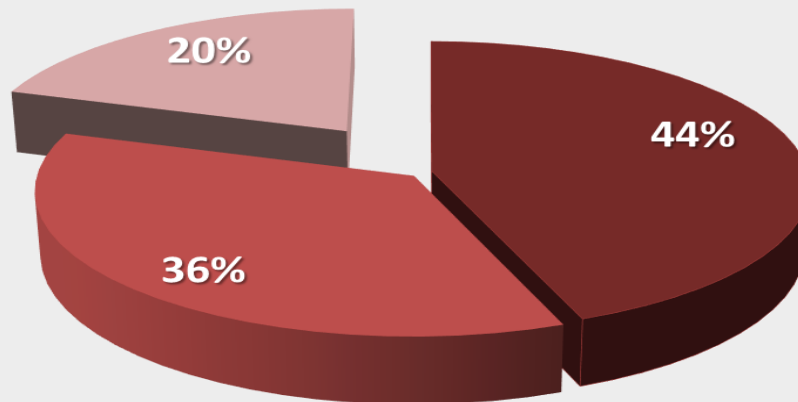
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OUTCOMES CODE RED GRAVITY



- Resignation within 24
- Hospitalized and transferred
- Resigned



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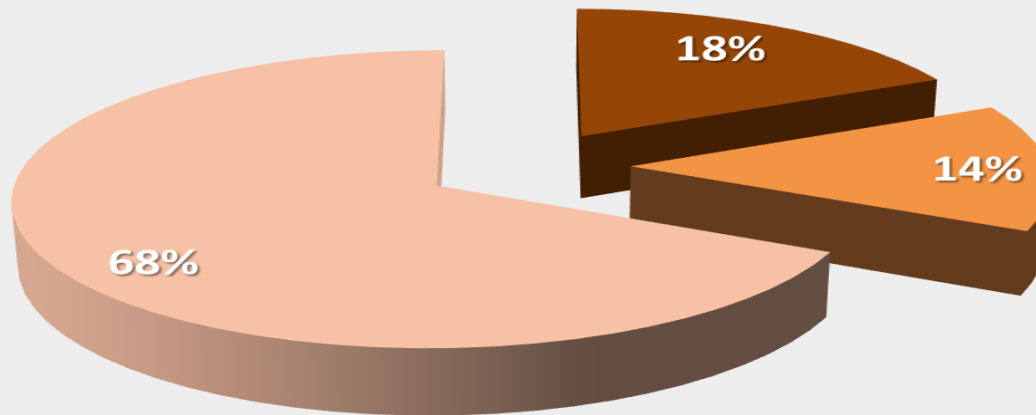
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OUTCOME CODE YELLOW GRAVITY



Resignation within 24

Hospitalized and transferred

Resigned



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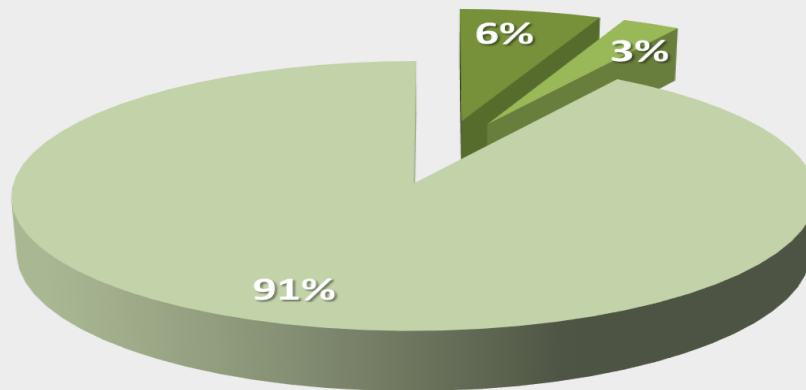
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OUTCOME CODE GREEN GRAVITY



- resignation within 24 hours
- hospitalized and transferred
- resigned



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Green code health services not followed by hospitalization

- Blood sample: **3766**
- Urine test: **4541**
- Pharmacological therapies: **3617**
- Electrocardiogram: **274**
- Specialist consultations: **8645**
- Instrumental examination : **5151**
- Medical benefits: **6634**
- Medical visits: **18030** ; control: **6735**

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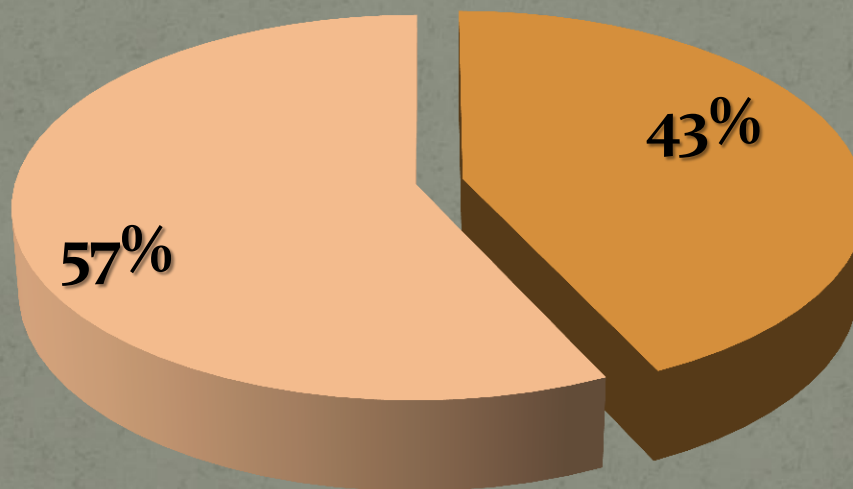
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ICD9 diagnosis of gravity codes RED



- PSYCHOLOGICAL
- TRAUMA
- POISONING
- BURNS
- INTREST OF EXTERNAL BODY

■ DIAGNOSIS ATTRIBUTABLE TO NEGLIGENCE

■ OTHER

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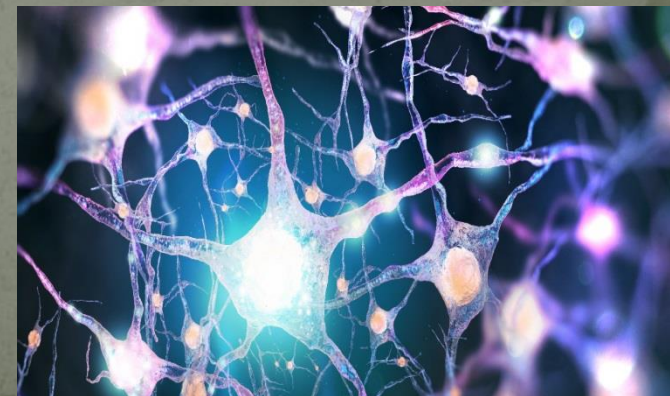
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The context of Pediatric
Emergency Department is an
"urban port with its lookout
tower and search filed"





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Pediatric Emergency Department



To spot

To be intercepted

To be taken on

Child neglect is an
emergency condition
Evolutionary and
Social

because it can give rise
to negative outcomes
Threat to the child
development



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S.I.P.PED. -Italian Society of Paediatric Psychology set up a research/an investigation unit “Neglect, from the Individual to the Community: risk factors and protection factors”



building up and validating an assessment and survey means/instrument that could be used by:

Psychologists, Paediatricians, Social workers, Educationalists/Educators

In order to act precociously to protect children



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The research

PARTICIPANTS

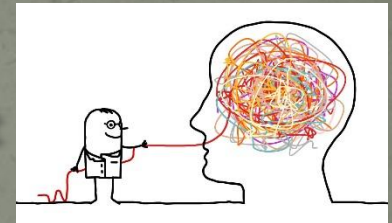
Those taking part in the research: parents and children



Health operators: Paediatricians



Paediatric Psychologist



Choice of the case sample

3/9-aged children, SS supervision, Typical development, parents who are married or living together

Tools:

Risk factors card and Child Neglect survey instrument



Application context:

Paediatric First Aid A.O.O.R. Villa Sofia- Cervello, Palermo



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Assessment tool of Child Neglect- 5 factors

Tool typology: observation grid/ pattern
for 3 years old- 9 years old children



It consists of 4 items, one of them is a
question to be asked the parents.

**Observation tool with 23 items about the
following factors:**

Hypostimulation Standard 1.5

Hyperstimulation Standard 1.5

Treating a child like an adult Standard 3.5

Disregarding Standard 3.5

Negligence (Hypo and Hypercare) Standard 8

Total score standard 18
(half= 9+1)
CUT – OFF SCORE: 10



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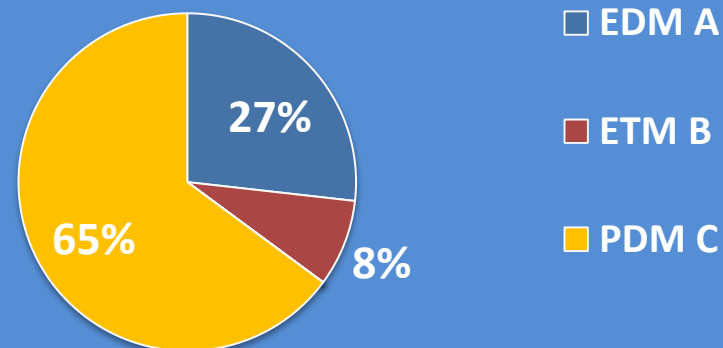


	IPOSTIMOL.	IPERSTIMOL.	ADULTIZ.	DISCONOSC.	DISCURIA
1 INDIC	5	5	6	6	0
2 INDIC	4	8	1	6	0
3 INDIC	7	2	8	5	9
4 INDIC	16	8	2	12	27
	A	B	C	D	E

Data analysis

Risk Neglect	36	49%
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Risk factors





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A new pilot search



Access motivation

Overcrowding

Neglect





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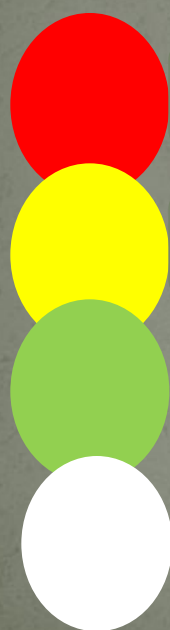
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Overcrowding In Pediatric Emergency Department h.20-24



Red Code



Absolute urgency

life threatening
absolute priority

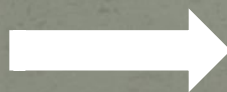
Yellow code



Danger

possible life-
threatening

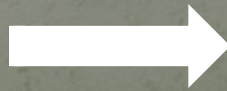
Green code



Deferred
intervention

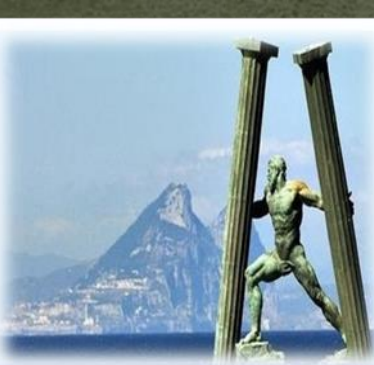
absence of life
threatening

White code



Not urgent

not critical



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IMPROPER ACCESS IN FIRST AID AND ANALYSIS



Control



Delegation



Emotional dysregulation



Carelessness



What is the motivation to come ?



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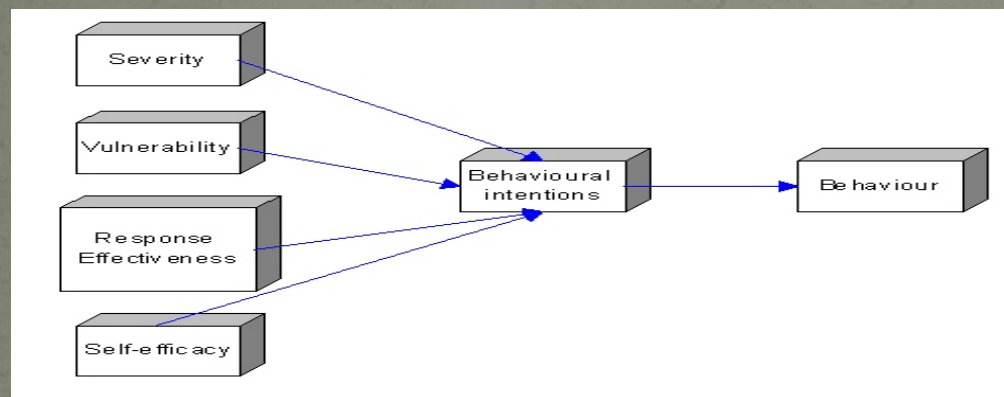
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Protection motivation theory



Rippetoe, Rogers 1987

Pediatric condition

Perricone Briulotta 2012





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Inventory of Access Motivation

**risk assessment of
the child's disease**

**representation of
the child's health**

**representation of
oneself as
vulnerable**

coping strategies

**representation of the
hospital organization
in terms of costs and
benefits**





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Methodologies and procedures



The
Inventory is
currently
being
validated



the inventory includes self-assessment and will be structured in 10 questions for each area and will include closed answers, yes-no.



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Methodologies and procedures

Control



h.8-14



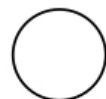
Codice rosso



Codice giallo



Codice verde



Codice bianco

Experimental



h.20-24



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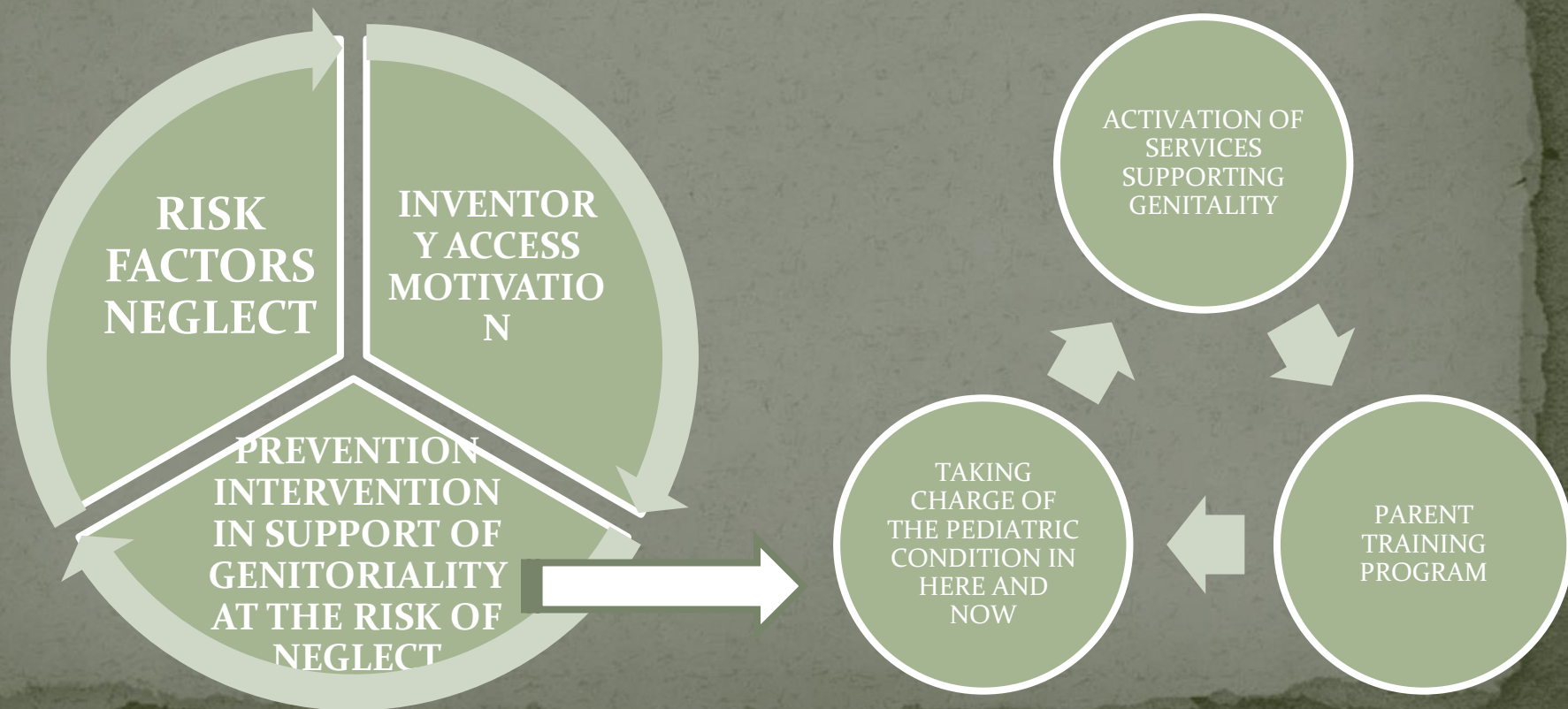
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Future perspectives :





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Dite: è faticoso frequentare i bambini.

Avete ragione.

Poi aggiungete: perché bisogna mettersi
al loro livello, inchinarsi, curvarsi, farsi piccoli.

Ora avete torto.

Non è questo che più stanca.

È piuttosto il fatto di essere obbligati ad
innalzarsi

fino all'altezza dei loro sentimenti.

Tirarsi, allungarsi, alzarsi sulla punta dei piedi.

Per non ferirli.

JANUSZ KORCZAK