

FNIHB- OR Nursing Policy and Procedure

Section:	Nursing Practice	Policy Number:	II - 27
Subject:	Acutely Ill Children	Issued:	March 31, 2015
		Revised:	
Distribution:	All Nursing Facilities		

1. POLICY:

- 1.1 The nurse shall assess all children under two (2) years of age in the clinic, whether he/she receives a call about that child during or after regularly scheduled clinic hours.
- 1.2 All children will be weighed at each acute illness visit and plotted on the gender / age appropriate growth chart, in accordance with the FNIHB-OR policy: *Monitoring Growth in Pediatric Population*. Children less than two (2) years of age must be weighed without clothes or diaper.
- 1.3 The nurse shall consult with a physician before administering acetaminophen or a systemic antibiotic to an infant less than 3 months of age. The only exception is giving acetaminophen for injury or post immunization.
- 1.4 All infants under 3 months of age with a rectal temperature $> 38^{\circ}\text{C}$ or display other signs of infection are considered to be septic until proven otherwise. The physician on-call must be contacted immediately in these cases to discuss the management plan.

2. PRINCIPLES:

- 2.1 Current weight measurements are critical for calculating accurate drug dosages and for assessing nutritional and hydration status.
- 2.2 The Canadian Pediatric Society recommends screening for growth at least once a year and at each acute clinic visit.
- 2.3 There is a greater probability of serious bacterial infection in young infants, so a more aggressive approach to the evaluation and management of fever is warranted.
- 2.4 The initial signs of sepsis may be subtle in the infant population and may include temperature instability, tachycardia, poor peripheral perfusion and respiratory distress. The progression of invasive disease can be very rapid and thus any infant with clinical signs suggestive of infection should be treated immediately following a prompt full diagnostic evaluation (Canadian Paediatric Society, 2011)

3. DEFINITIONS:

Nurse: Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

4. PROCEDURE:

4.1 The nurse shall assess and manage the ill child according to current clinical practice guidelines and evidence-based recommendations. The physician is to be consulted, as clinically indicated.

5. RELATED POLICIES:

FNIHB-OR Policy: Telephone Triage

FNIHB-OR Policy: Documentation Standards

FNIHB-OR Policy: Monitoring Growth in Pediatric Population

6. REFERENCES:

Canadian Paediatric Society (2011). Management of the Infant at Increased Risk for Sepsis.

Canadian Paediatric Society (2002). Management of the Febrile One to 36 Month Old Child with No Focus of Infection. *Paediatric Child Health*.

Dietitians of Canada, Canadian Pediatric Society, The College of Family Physicians of Canada, Community Health Nurses of Canada (2010). Promoting Optimal Monitoring of Child Growth in Canada: Using the new WHO growth charts.

Dietitians of Canada and Canadian Paediatric Society (2014). A Health Professional's Guide for using the WHO Growth Charts for Canada.

FNIHB. Clinical Practice Guidelines for Nurses in Primary Care – Pediatric and Adolescent Care.

Harper, M.B. (2004). Update on the Management of the Febrile Infant. *Clinical Paediatric Emergency Medicine*. (5) 5-12.

Ishimine, P. (2006). Fever without Source in Children 0 to 36 Months of Age. *Paediatric Clinics of North America*. 53: 167-194.

Pusic, M. (2007). Clinical Management of Fever in Children Younger than Three Years of Age. *Paediatrics & Child Health*; 12(6): 469-472.

Approved by:		Effective Date: March 31, 2015
Director of Nursing, Ontario Region	Date:	
Regional Executive, Ontario Region	Date	