

## FIRST AID AND OBI

### Clinical activities

The Institute's Emergency Room provides assistance to all patients who access the service in emergency conditions. As a rule, access is reserved to traumalogical patients within 14 years of age and to patients over 18 already in follow-up in the Institute.

Number of accesses approximately 36.000 per year.

Each patient is taken care through:

- reception and nurse triage
- medical / surgical evaluation
- case management with customized diagnostic-therapeutic plan preparation
- clinical report with results of the performed treatments

Monitoring activities on the appropriateness of the treatments are carried out, moreover development of coordination and update of guidelines and clinical paths in emergency.

The following is active:

- Collaborations with the major National Pediatric Centers for the formulation and the update of the diagnostic-therapeutic paths and shared protocols for the emergency patient.
- Collaboration with the Emergency Room, the paediatric wards of provincial hospitals, 112 service for shared protocols on the emergency patient, transfer management and transport.
- Permanent tutoring for the training of doctors of the Schools of Specialization in Paediatrics; theoretical lectures and theoretical-practical training in the field of emergency and paediatric cardiopulmonary resuscitation
- Periodic tutoring in the training sessions of general practitioners, 112 physicians, medical doctors and nurses from other national hospitals
- The Intensive Short Observation (OBI) is closely related to the Emergency Room activity. The OBI in the paediatric field was tested at the beginning of the nineties. Later it developed with the spread of the Pediatric First Aid (PSP) activity, both in the DEA and Pediatric Hospitals and in the General Paediatric Units, with the availability of dedicated beds.

At the same time, it has developed from a tool for assessing the need for hospitalization, in doubtful cases, to a specific methodology for managing patients with rapid reversible acute diseases of medium severity.

It has many advantages:

- the observation reduces the number of hospitalizations, in particular of the inappropriate ones, and also avoids improper discharge from the E.R.;
- the short stay in hospital, through a rapid diagnostic-therapeutic path, alleviates the discomfort for the child and his family and helps to reduce the costs of assistance;
- improves the quality of care, which is based on codified criteria and guidelines;
- ensures continuity of care.



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Each patient is guaranteed:

- case management with customized diagnostic-therapeutic plan;
- at least 2 medical examinations recorded in the medical record;
- at least 4 nursing evaluations or, according to expected monitoring, noted in the medical record;
- clinical report with the performance results.

### Projects in progress

- Evaluation of pain management in the E.R. in collaboration with the "Pain-free Hospital Team" of the Institute.
- Child Protection through collaboration with the Multidisciplinary Working Group on Mistreatment and Abuse.
- Accident prevention monitoring in collaboration with Higher Institute of Health.

### Directors

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