# A study to Develop Criteria for Use Within a Paediatric Triage Tool to be used by Pharmacists to Aid Prioritisation of Patients by Clinical Care Issues

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## Background

The prioritising of patients based upon clinical need is referred to as 'triaging'. Triaging categorises patients into predefined categories dependent on the severity of their clinical needs<sup>1</sup>. This helps to identify those at higher risk who should be attended to first. It is important for pharmacists to be able to identify high-risk patients with the greatest pharmaceutical need to maximise pharmacy skills and reduce the risk of harm to patients<sup>2</sup>. Despite the use of 'Pharmacist Triage Tools' in adults which ensure patients at highest clinical risk are prioritised to receive pharmaceutical care, there is little information on their use in the paediatric setting<sup>3-5</sup>.

### Aim

To gain consensus from an expert paediatric and neonatal clinical pharmacist panel on criteria to be applied in the design of a triage tool for use in paediatric and neonatal settings.

#### Methods

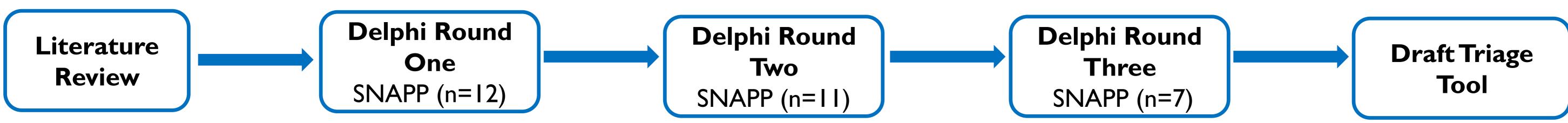


Figure 1. Methods used throughout study

Each Delphi Round was conducted using a questionnaire collecting responses via a Likert scale from Scottish Neonatal and Paediatric Pharmacy Group (SNAPP). Surveys were distributed via online survey platform, Qualtrics<sup>©</sup>. Ten days were given for completion of surveys with 5 days between each round.

### Results

Criteria Deemed Appropriate

- Patients on high risk medicines should be reviewed daily
- Patients with a daily aseptic need should be reviewed daily
- Patients with unstable, chronic renal failure or acute, severe/moderate kidney injury should be reviewed daily
- Patients with stable, chronic renal failure or acute, mild kidney injury should be seen 48 hourly
- Patients should be acute hepatic impairment should be reviewed 24 hourly, those with chronic should be review 48 hourly
- Patients receiving renal replacement, ECMO or plasmapheresis should be reviewed daily
- Stable patients with no acute issues can be seen at 3 days or re-referral
- Patients whose medicine is being withheld due to administration issues should be reviewed daily
- •Patients receiving continuous infusions should be seen daily

Criteria for inclusion	
Survey Response	Recommendation for Inclusion in Triage Tool
Mean Value >4	Criteria appropriate to include
Mean Value 3 - 4	Further exploration is required to determine appropriateness
Mean Value <2.9	Criteria is not appropriate to include. Mean response and comments analysed to confirm if further exploration is appropriate.

Criteria
Which
Require
Further
Exploration

- Patients on psychotropic medicines should be review daily
- Patient with a perceived discharge issue should be seen daily

'If they are an inpatient they should be seen at least twice a week, even if stable'

'Many paediatrics or neonatal medicines are unlicensed which do not need reviewed daily'

Criteria Deemed

**Inappropriat** 

- All paediatric & neonatal patients should be reviewed daily
- Stable patients can be reviewed at 14 days or re-referral
- Patients prescribed unlicensed/off-label medicine should be reviewed daily
- Patients prescribed >5 regular medicines should be review daily
- Patients receiving renal replacement should only be seen daily if they are unstable
  Patients with stable or unstable renal failure should be reviewed daily only if
- changes to their medication have occurred

   Patients with acute, moderate and severe kidney injury should be reviewed
- Patients with acute, moderate and severe kidney injury should be reviewed daily only if changes to their medication have occurred

When dealing with perceived discharge issue 'daily review is only required at time of discharge"

Figure 3. Examples of comments left by participants

Figure 2. Agreement of participants in survey rounds one to three

# Conclusion

A triage tool designed to prioritise the delivery of pharmaceutical care in paediatric and neonatal patients would be beneficial. 18 clinical/pharmaceutical criteria were identified and agreed upon by a group of experts which categorise patients into one of three groups. These are to: review daily, review 48 hourly and review 72 hourly. The triage tool should be piloted for use in clinical practice prior to use across the wider patient group.

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