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Strategies for providing optimal care for children with special health care needs

Melissa Geist[1], Valerie Griffin[2], Kathryn Schertz[3] and Bedelia Russell[1]
[1]Tennessee Tech University, USA
[2]Southern Illinois University Edwardsville, USA
[3]Mercy Hospital and Clinics in Kansas City, USA

Children with special health care needs (CSHCN) are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally (Maternal and Child Health Bureau, US Department of Health and Human Services, 2006). In 2005, the National Survey of Children with Special Health Care Needs revealed that 13.9 percent of U.S. children have special health care needs and 21.8 percent of households with children have at least one child with a special health care need.

Children in this population require services from multiple specialists and health care agencies, are often dependent on medical technology and medications, require more urgent care and emergency department visits, and use many community service agencies. While most CSHCN have a usual provider for sick and well care, 6.5 percent do not have a personal provider and 5.7 percent do not have a regular source of care when they are sick.

Children in this population see multiple specialists and require a larger than usual number of medications, prescribed by various specialists. They are at risk for many complications associated with polypharmacy, often because no one is coordinating their care and ensuring that medications are not duplicated or interacting in adverse ways. As with many patients, families often do not have a complete and accurate list of medications when they arrive in an emergency department.

The American Academy of Pediatrics Committee on Pediatric Emergency Medicine (1999) has noted a negative effect on emergency hospital and pre-hospital care when accurate and timely information about the child's history and special needs is not available. The committee developed an Emergency Information Form (EIF) to help families summarize important information, but this form has not been widely implemented. This panel presentation facilitated by four pediatric nurse practitioners addresses the preceding issues. The panel will provide strategies for:

a. Increasing ED staff awareness of the complex problems experienced by CSHCN and their families
b. Optimal communication among ED personnel, primary care practitioners, and families when transitioning care
c. Providing education for CSHCN and their families to ensure safe and effective ED visits

Biography

Melissa Geist is an associate Professor of Nursing and maintains dual certification as a Family, as well as a Pediatric Nurse Practitioner. She received her Eddy at Peabody College of Vanderbilt University. She completed a post-doctoral fellowship with the NSF funded Vent Engineering Research Center (a collaboration between Vanderbilt University, Northwestern University, The University of Texas and Harvard University) where she developed and implemented Legacy Cycles as part of a curricular change in Biomedical Engineering aimed at increasing flexible knowledge and adaptive expertise of students. She currently works at a regional medical center which experiences approximately 50,000 visits per year.

MGeist@tntech.edu