

Update Bundle No. 5 (January 2021)

Spotting the Sick Child

Spotting the Sick Child is an interactive tool commissioned by the Department of Health and Health Education England to support health professionals in the assessment of the acutely sick child.

A link to this resource is being added to the **Medical Emergencies in Children – Overview** guideline, and will also be added to the **Further Resources** section on JRCALC Plus at a later date.

Guideline	Update
Medical Emergencies in Adults	<p>New wording around how to recognise cyanosis and anaemia in people with darker skin colour has been added to the assessment and management table. Images have also been added:</p> <ul style="list-style-type: none"> • Cyanosis (which may appear pale grey/blue), anaemia or pallor is more difficult to detect in people with darker skin tones. Look for central cyanosis around the lips, inside the mouth, in the oral mucous membranes (buccal or sublingual). Peripheral cyanosis is usually seen in the hands or feet, and may occur with or without central cyanosis. • In anaemia the conjunctiva may appear to be pale pink or white, regardless of the patient’s skin colour. In patients with darker skin tones there may be reduced darkness in the palmar creases although this sign cannot be used on its own. The patient’s palms can be compared to that of a family member with the same skin tone.
Pain Management in Adults	<p>New wording around individualised pain management added:</p> <ul style="list-style-type: none"> • When managing pain for any patient, clinicians should provide pain control interventions or administer analgesia and other treatments based on the needs of the individual patient. Clinicians should be aware of the risks of unconscious bias and should not manage any patient based on a stereotype based on age, gender, sexuality, race or any other characteristic. There are a wide range of expressed emotions in patients from all races. Care must be taken not to treat an individual in

	<p>pain as 'stoical' or 'highly expressive' based on their perceived racial or other characteristic / grouping as this may lead to either ineffective or excessive pain relief.</p> <ul style="list-style-type: none"> • Research indicates patients from BME backgrounds are less likely to be offered pain relief and this may lead to patient harm. • Where there is a communication barrier of any kind, please use the locally available translation service or pre-hospital communication guide/app, and/or refer to JRCALC Patients with Communication Difficulties guideline. • Treat the individual in front of you using a structured approach using a focussed history and clinical examination, irrespective of your perception of their patient group. • To ensure every patient receives appropriate pain relief, explore pain descriptors carefully, giving extra time to consider individual patient needs.
Left Ventricular Assist Device (LVAD)	Emergency contact numbers have been updated.
Acute Behavioural Disturbance	Additional wording has been added to emphasise the need for close monitoring of a patient when restraint is used and that the clinician is clinically responsible for the patient.
Mental Health Presentation: Crisis, distress and disordered behaviour	Removal of risk levels mild, moderate, severe, extreme from the IPAP suicide risk levels Table 3.75. The NICE guideline on self-harm does not advise using risk assessment tools and scales for suicide and self-harm. A further review of this guideline will take place in 2021.
Salbutamol	<p>A new caution has been added:</p> <ul style="list-style-type: none"> • Bronchomalacia/laryngomalacia/tracheomalacia (abnormal softening of the bronchial tubes, larynx and trachea)
Morphine	<p>The two Morphine guidelines in the Medicines tab have been merged into one. This is to reinforce that morphine can be administered via a number of routes and for more than one indication, including smaller doses for patients at end of life. Cautions have been added for morphine in low weight (under 50kg) and in patients over age 75.</p> <p>Breathlessness at end of life is now included as a new indication, this is following review of its use during the COVID-19 pandemic and as per the NASMeD guidance that was issued on the JRCALC App in April 2020.</p>
Oxygen Masks and carbon monoxide (Table 7.5)	Clarification in the oxygen table that patients with carbon monoxide poisoning should receive high concentration until fully recovered and not to reduce the flow to achieve SpO2 of 94–98%.

	All references to 'reservoir masks' are changed to 'high concentration oxygen mask'.
Intravascular Fluid Therapy in Adults Anaphylaxis	Figure 7.2 in IV Fluid Therapy has been amended to be in line with Table 7.19: 'In adults, give 500–1000ml.'
Diazepam and Midazolam	Wording added to clarify and standardise indications: <ul style="list-style-type: none"> • Patients who have prolonged convulsions (lasting 5 minutes or more), OR repeated convulsions (three or more in an hour), and are CURRENTLY CONVULSING – not secondary to an uncorrected hypoxic or hypoglycaemic episode.