



Taking the Ouch out of Children's Emergency

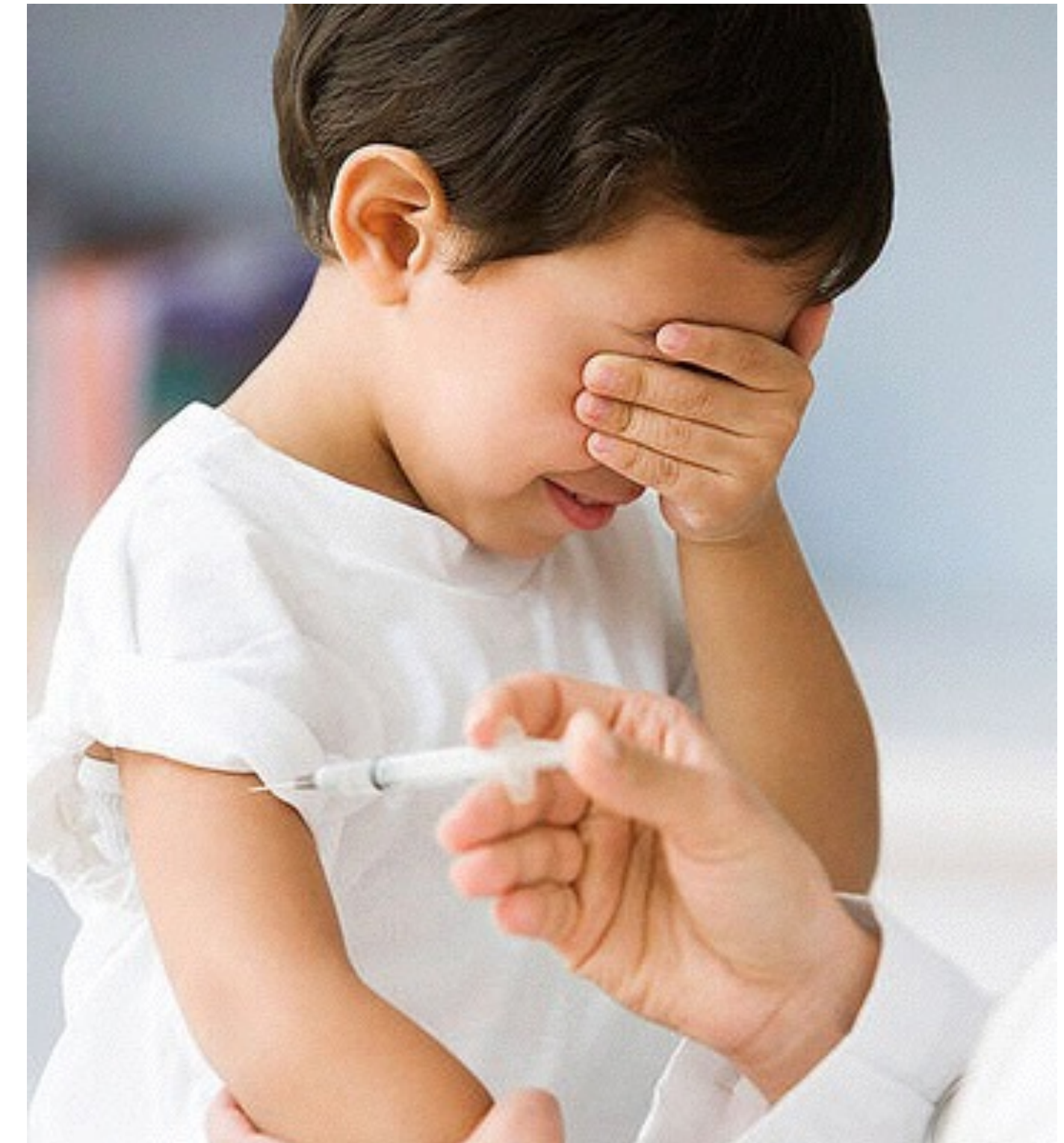
the traditional approach to environment of children's emergency...
fantasy distraction



Picture book



Picture book as immersive environment



Truth



Caroline

Demystify the patient journey to reduce anxiety.

AIM

ART IN SITE'S ROLE

Make this engaging



Demystify the patient journey to reduce anxiety.

AIM



Check in

Assessment

Treatment

Outcome



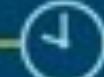
Ambulance



Walk in

Check in

The receptionist will check you in.



You will be seen by a nurse in order of arrival.

Assessment

A nurse will assess the urgency of your injury or illness.



You will be treated in order of urgency.

Tests

We may need to find out more about your injury or illness.

Minor Injuries

For people with less urgent injuries or illnesses.

See & Treat

For people whose injuries can be assessed and treated in one step.

Resuscitation

For people with life-threatening injuries or illnesses.

Major Injuries

For people with very urgent injuries or illnesses.



You may have to wait while we process your test results and decide on the best treatment.

Hospital

People who need further treatment will be admitted to a hospital ward.

Leave A&E

Most people will be able to leave A&E after treatment.

Your journey through A&E



Children's Emergency Waiting Area

How do we prioritise illness or injuries?

It is important for us to assess your child so that we can see the most unwell child first.

Children with a serious illness or injury will always be treated more urgently.

How do we assess pain?

The nurse or doctor will ask you about your pain and can give you medicine to help.



Your child can be given some medicine if they are in pain. Please ask the nurse for more information.

What happens next?

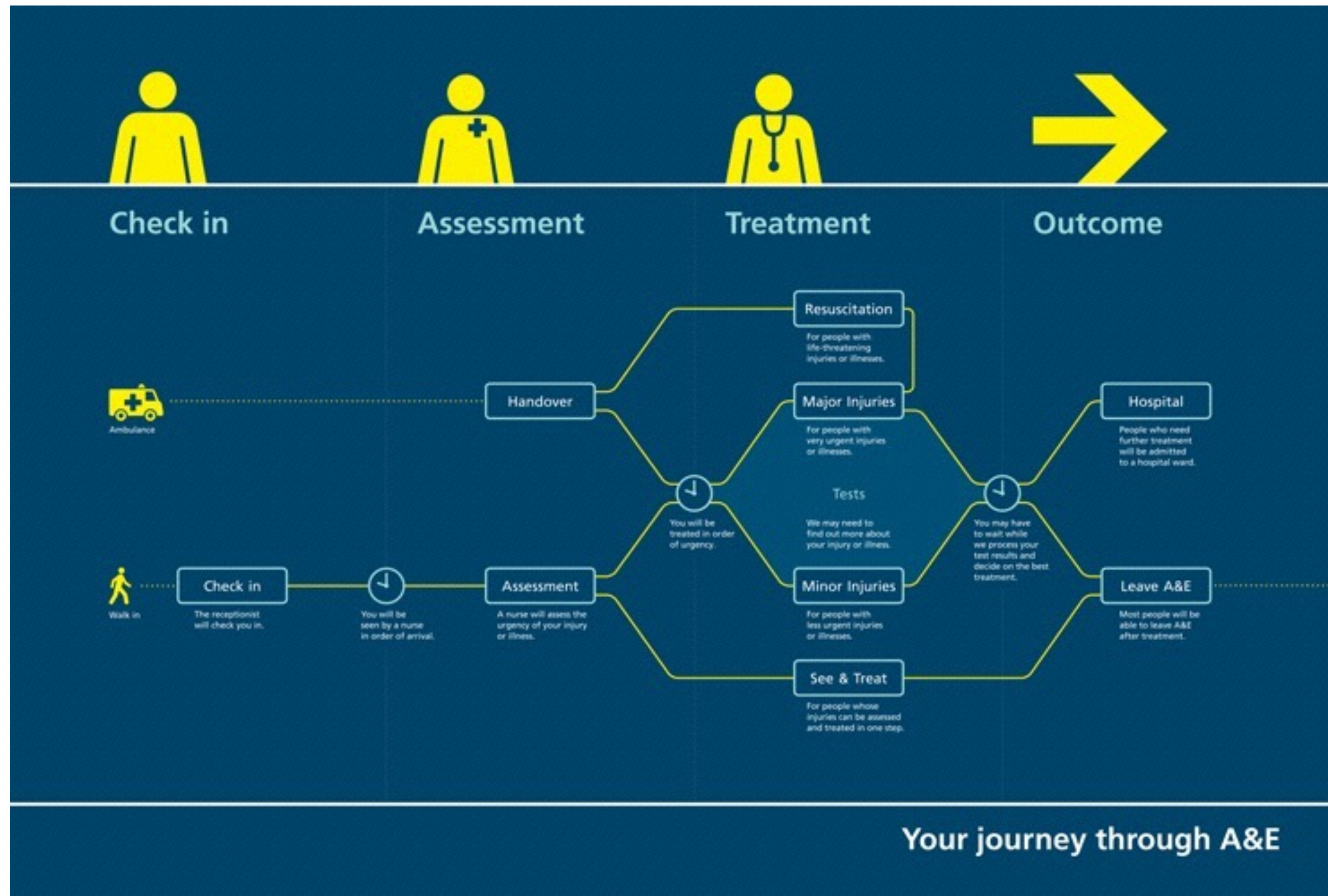
We may arrange for an x-ray or other tests to be started.

After this assessment your child will be seen by a doctor or a specialist nurse.

The department is often very busy, but we aim to see everyone as quickly as possible. Thank you for your patience.

Our staff have the right to carry out their work without fear for their safety. We have a zero tolerance policy on aggressive behaviour towards our staff or other patients. Anyone who is found to be threatening, or causes damage to our property, will be asked to leave and legal action will be taken.

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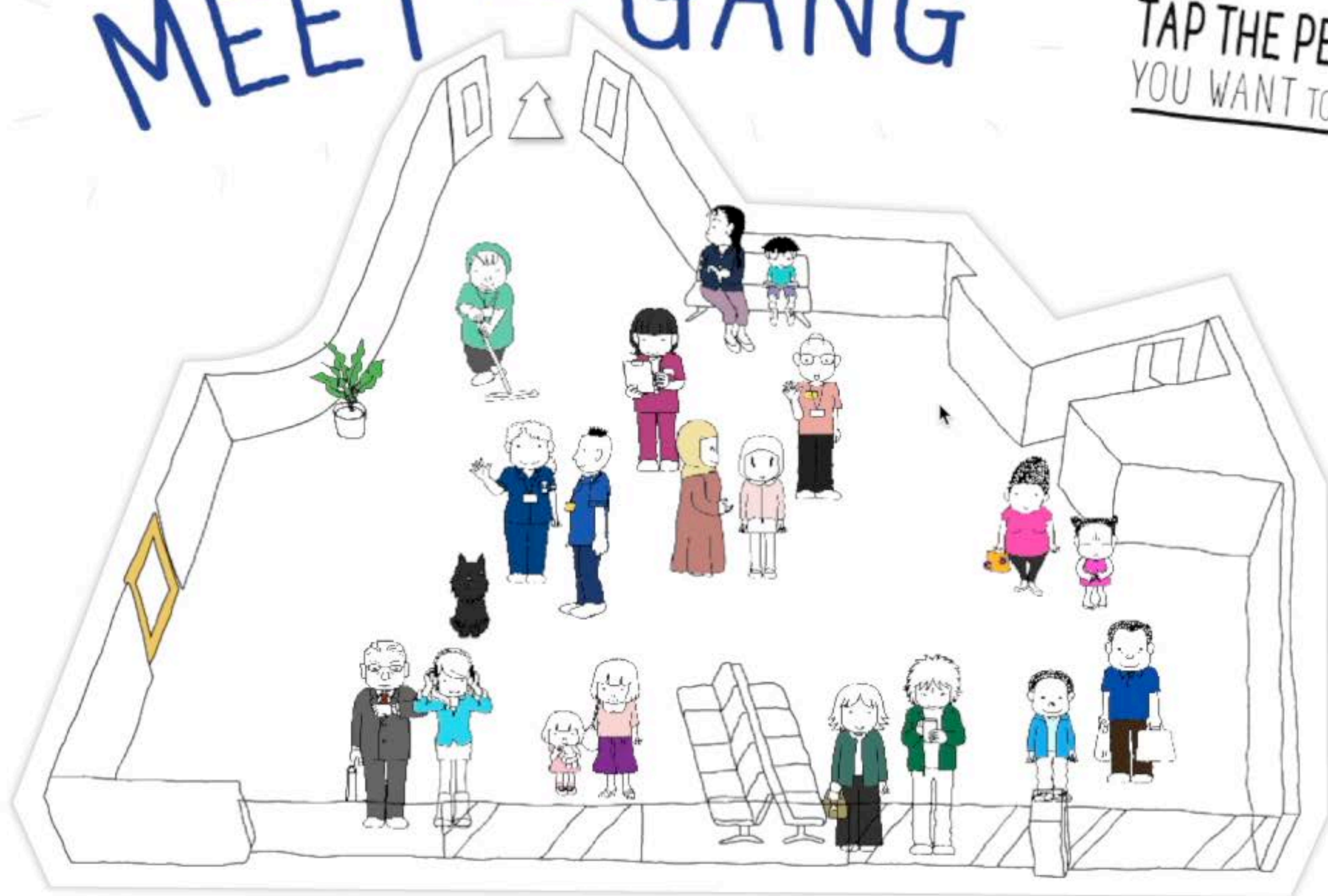






MEET THE GANG

TAP THE PERSON
YOU WANT TO MEET









th





The Children's Emergency Department is often very busy, but we aim to treat everyone as quickly as possible. We will always see the most urgent children first.

Thank you for waiting patiently.

We may observe your child for a period of time before deciding whether they need to be admitted to hospital or can be discharged home.

As part of your child's treatment we may require further tests such as urine tests, blood tests or X-rays. These tests will take some time to process and get a result.

Please check with a nurse before giving your child any food or drink.

How do we assess pain in children and young people?



If your child becomes more unwell, you think they are in pain, or you have any other concerns please speak to one of the nursing staff.







How to:

The Team:



Brings insights together from a diverse set of perspectives.



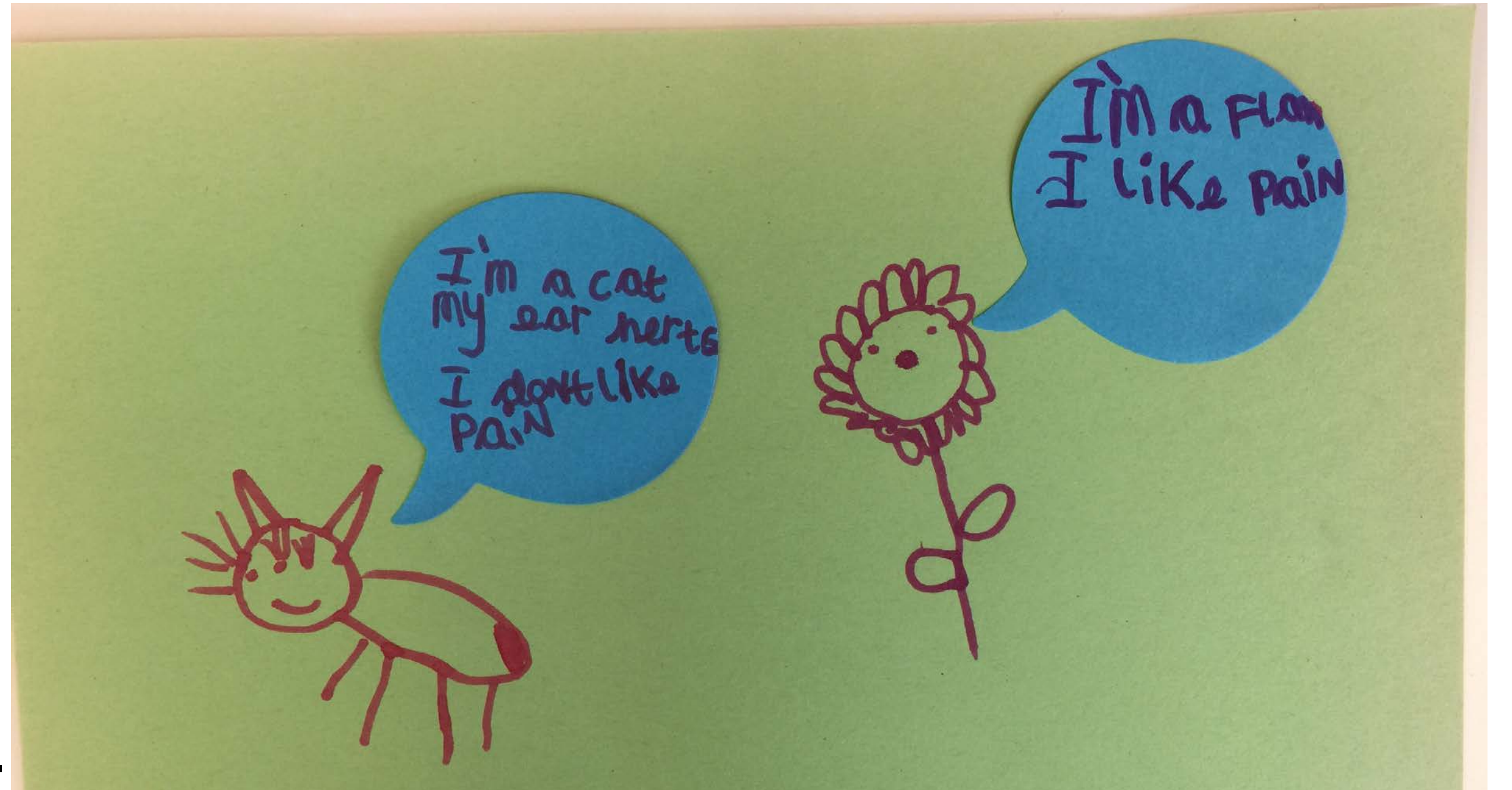




Try things out.



Keep returning to the child's point of view.



Tips:

- Start with insights, not executions
- Try not to rush it. Trust needs to be built in the working process, thinking needs to be aligned as you go along.
- It works best as a creative partnership - work out the skills you need and include them in the team. You may need to add more skills as you go along.



Does it work?

We're about to ask questions in the evaluation.

Can you tell us which questions we should be asking?

- Does body paint help children to be more body positive?
- Does showing children needles make them more or less anxious?
- How would you describe the experience to your friends?

