



## Ticked the Box or Closed the Loop? Reframing Safety Netting in Paediatric Emergency Departments

### Patient Story\*

Kim, a 5-year-old of Vietnamese background, presented to the Emergency Department (ED) at 9 pm with her father who spoke limited English. Kim's symptoms included runny nose, abdominal pain, decreased appetite, nausea, irritability and feeling feverish. Her observations were within normal limits: HR 112/min, RR 24/min, O<sub>2</sub> Stats 98%, BP 118/72 and Temp 36.7°C. Examination revealed cervical lymphadenopathy and soft abdomen, with mild, generalised central tenderness and no guarding. A urine dipstick was negative for leucocytes and an abdominal ultrasound did not support a diagnosis of appendicitis. A diagnosis of probable mesenteric adenitis on a background of likely viral illness was made. Kim's father requested discharge as he had a long-haul flight to catch. Verbal discharge advice and safety netting were given for mesenteric adenitis. No GP letter or information sheets were provided, and the father's understanding was not checked. When Kim's father arrived home, he shared the diagnosis with her mother, but did not discuss the safety-netting advice. The following day, the formal ultrasound report was available and reviewed by the ED team. It suggested right lower lobe pneumonia. The team tried unsuccessfully to contact Kim's father. No contact details were recorded for her mother or General Practitioner. Kim re-presented a week later, significantly unwell with pneumonia.

### QPQC Review

The QPQC reviewed 21 paediatric SAC1 clinical incidents (2018-23) involving a re-presentation to an emergency facility. In 10 incidents (48%), issues with safety netting advice/discharge planning were identified including:

- Limited safety netting advice provided (verbal only, not comprehensive).
- Limited parental understanding of discharge instructions.
- Communication barriers (language barriers, families lost to follow up).
- Families leaving prior to receiving safety netting/discharge planning advice.
- Poor or absent documentation of safety netting.

Seven of the 10 incidents involved potentially vulnerable families, including families from culturally and linguistically diverse, Aboriginal and/or Torres Strait Islander or socially complex backgrounds.

Safety netting/discharge planning are critical components of safe care. **"Close the loop"** by providing clear advice, confirming understanding and planning follow up.

### Safety netting advice should cover <sup>(1)</sup>:

- The likely diagnosis.
- What conditions have been excluded.
- Points of diagnostic uncertainty.
- Normal symptoms and their progress.
- Symptoms of concern and red flags.
- How, when, and where to seek care.
- Follow up tests and arrangements.

### Lessons learnt

- 1 Sharing diagnostic uncertainty with families at discharge is an important skill.** A number of children are discharged from ED with diagnostic uncertainty or leave with a symptom-based diagnosis. Resources such as the [Uncertainty Communication Checklist](#)<sup>(2)</sup> can assist clinicians to normalise and convey any uncertainty, so families know when to return.
- 2 Safety netting and discharge plans should be documented and shared verbally and in writing.** Verbal advice alone is often insufficient. Written materials can assist families to understand/retain information and to share this with other carers.<sup>(3)</sup> A discharge letter should be sent to the child's general practitioner.
- 3 Discharge plans and safety netting should be family specific, taking into account communication barriers, health literacy, cultural factors, access to care and social disadvantage.** Provide access to interpreters, support services and information in plain English/translated languages as appropriate. Consider if the family's circumstances warrant a longer period of observation or additional support.
- 4 The family's understanding should be checked, not assumed.** Encourage them to share their questions and contribute to decisions. Consider using the teach back method.<sup>(4)</sup> *"Just to make sure I have explained things clearly, can you tell me how you'll manage your child's symptoms at home?"*
- 5 Processes should be in place to follow up with families who leave prior to receiving safety netting/discharge advice.** Record contact details at triage for both the presenting and other primary carers. If phone contact unsuccessful, consider other channels: text, email, mail, primary care providers or support networks.

### Useful links and resources

1. Jones, D., Dunn, L., et al. [Safety Netting for Primary Care: Evidence from a Literature Review](#), British Journal of General Practice 2019; 69 (678): e70-e79 doi: <https://doi.org/10.3399/bjgp18X700193>
2. Rising, K., Powell, R., Cameron, K. et al. [Development of the Uncertainty Communication Checklist: A Patient-Centered Approach to Patient Discharge](#)

[from the Emergency Department](#). Academic Medicine 95(7):

p 1026-1034, July 2020. | doi: 10.1097/acm.0000000000003231

3. Children's Health Queensland "Health A to Z": [www.childrens.health.qld.gov.au/health-a-to-z](http://www.childrens.health.qld.gov.au/health-a-to-z)
4. Clinical Excellence Commission (2020) [Safety Fundamentals for Person Centred Communication: Teach Back](#)

\* Fictional story to illustrate key learnings