

Introduction

Consciousness is the individual’s ability to have perception of themselves and the surrounding environment. Level of consciousness (LOC) can be lowered when the brain has hypoxia, metabolic disorders, exposure to drugs or toxins, increases in intracranial pressure, traumatic brain injury, stroke and intracranial hemorrhage. Infections of the central nervous system, neoplasms can also affect consciousness. A Disturbed Level of Conscious (DLC) can also result from a combination of factors.

In recent years, the use of clinical practice guidelines(CPGs), statements, and best practice have been promulgated for a number of diseases by a variety of medical societies and Health care organizations. Several recent publications suggest that underutilization of DLC guidelines may be a part related to a lack of understanding appears to span the spectrum of physicians working in health maintenance organization.

The Royal College of Paediatrics and Child Health (RCPCH) guideline highlighted the inadequacies that existed in the services, care and treatment for children with DLC, and made great progress in addressing relevant important issues misdiagnosis, inappropriate or inadequate treatment, sudden unexpected death that might have been prevented. Children with DLC remain at the center of this guideline, and the need for services to consider the needs of each individual, to not discriminate in provision and to work in partnership with children with DLC and their carers is underlined.

Aim of the work

- Facilitate standardization and consistency of practice concerning treatment of disturbed Level of Conscious in children attending Emergency room in Alexandria University Children’s Hospital (ER-AUCH).
- To adapt the guidelines in its local context (Emergency room of Alexandria University Children’s Hospital).

Methods

- Data was collected using Self-administered questionnaire designed for the pediatric residents in the department of Pediatrics of AUCH. The questionnaire included questions related to history taking, clinical examination, investigations and management. And also, there was a transfer sheet for collecting information from medical records.
- We utilised the ‘Adapted ADAPTE’ methods, which consists of three phases with modifications in the steps and tools to suit the local general healthcare setting in AUCH.
- RCPCH (Royal College of Paediatrics and Child Health), 2015 (updated 2019) and NSW(New South Wales Guidelines Network), December 2014 (updated 2019) were the included CPGs.

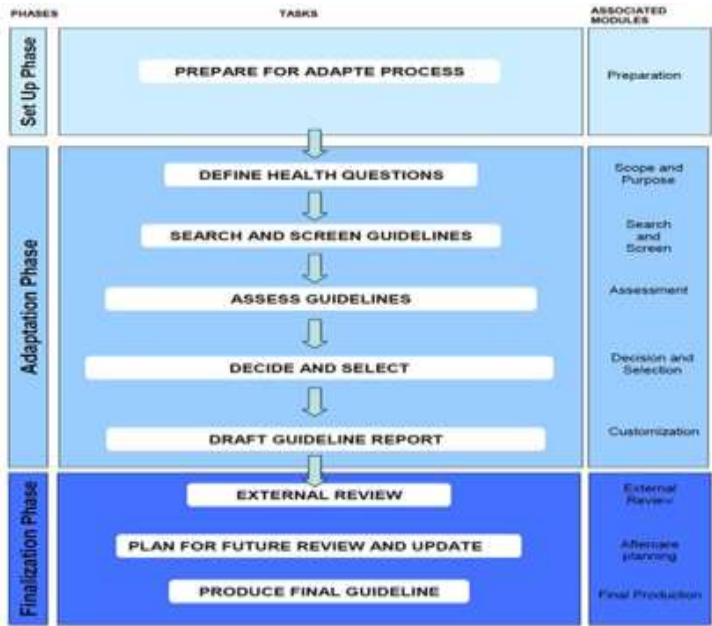


Figure: provides a simplified flowchart of our methods

Results

Table 1: Result of overall assessment of AGREE II SCORE for RCPCH

D1	42
D2	66
D3	179
D4	77
D5	84
D6	46

Table 2: Result of overall assessment of AGREE II SCORE for NSW

D1	70
D2	65
D3	116
D4	68
D5	76
D6	28

D= Domain.

Conclusion

- There is a big variation in practice regarding management protocols of DLC in children in Alexandria.
- The ADAPTE method guideline adaptation is an excellent tool for clinical performance improvement of evidence based practice in healthcare facilities. A final adapted CPG has been produced from the adaptation of the selected international source CPGs to the local context of the AUCH.