PEDIATRIC NURSING IN THE PANDEMIC: WHAT IS BEYOND OUR SCOPE OF PRACTICE?
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Objectives
- Examine the changing landscape of pediatric hospital admissions during the pandemic
- Identify ethical challenges faced by pediatric nurses caring for children in sub-optimal therapeutic conditions stemming from the COVID-19 pandemic
- Develop insights into how effects from the pandemic might influence or change pediatric nursing

Roadmap
- Intro
  - Expected challenges and what happened
- Part 1: Challenges made worse by the pandemic
- Part 2: Challenges that were improved by the pandemic
- Part 3: What this means for pediatric nursing

Caring for Critically Ill Adults With Coronavirus Disease 2019 in a PICU: Recommendations by Dual Trained Intensivists
Kenneth J. Gurnett, MD, MPH; John D. Hyslop, MD, FACP, FCCM; A. A. Rohde, MD, FACP
Children’s Hospital ICU Resource Allocation in an Adult Pandemic

The Ethics of Creating a Resource Allocation Strategy During the COVID-19 Pandemic
Ninojana C. L. D. de Silva, MD, MS; Emily G. Rice, MD, GME, MPH
Should Pediatric Patients Be Prioritized When Rationing Life-Saving Treatments During COVID-19 Pandemic

Regional Planning for Extracorporeal Membrane Oxygenation Allocation During Coronavirus Disease 2019
Matthew J. Pollack, MD, MPh; Monica E. Blackwood, MD; J. Kyle Bledsoe, MD; Carlyne Fischer, MD; Amanda C. Green, MD; John M. O’Neill, MD; Kenneth M. Kaysen, MD;

The New England Journal of Medicine

Corespondence
To rapidly communicate short reports of innovative responses to COVID-19 around the world, along with a range of current thinking on policy and strategy relevant to the pandemic, NEJM has introduced the Corespondence section.
So what did happen?

![Graph showing monthly visits with a line of best fit]

Change in ED visits
- 27 US EDs, 2020 compared with 2017-2019
- 36-70% decline in volumes across sites
- Demographic changes:
  - 15-19 y/o increased 2.6%
  - >19 y/o increased 2.2%
  - CCC increased 4.1%
- Low resource intensity visits declined - delayed care?
- Visits for otitis media and URI decreased 75.1% and 69.6%, while visits for suicidal ideation or attempts only decline 4%, diabetes mellitus with complication only decreased 11.1%.

Visitation polices
- n=211
  - Two adult visitors= 5%
  - Two parents or caregivers= 36%
  - One parent or caregiver at a time= 49%
  - One designated parent or caregiver= 5%
  - No visitation= 3%

The free labor of hospitals

Impact to bedside care
- 20-27.7% reduction in charges
- Reduced finances led to furloughs, layoffs, reduced services
- Reduction of in-person rounds
- Complex patients must be managed with less
Jason: pre-COVID
- 8 y/o with heart failure r/t myocarditis, on BIVAD, listed for transplant, 1A
- Also with some mobility needs related to stroke
- Single mother with limited other family availability
- Daily schedule with many different psychosocial services (teacher, music therapy, volunteers, etc)
- Even getting outside!

Jason: during COVID
- Visitor restrictions, no volunteers
- Reduced multidisciplinary presence
- Often a paired assignment
- Nursing assistants tied up with 1:1s
- Jason sits alone in between nursing care
- Online school provides some outlet
- New behavioral problems emerge
- When is it harmful to limit developmental/psychosocial care?

Jamal: pre-COVID
- 15 m/o born at 22 weeks gestation, lung disease r/t prematurity, trach/vent dependent, several other chronic conditions
- 15 specialists involved in care
- Parents with work during daytime
- Volunteers during the day to hold and interact with
- Up in exersaucer and tumbleform throughout the day
- Music therapy with OT and PT

Jamal: during COVID
- No volunteers, psychosocial supports
- Less interaction
- No music therapy
- Spends most of day in bed
- Nurse has other patients with high needs as well
- Less in person coordination and communication between specialties
- More medical device issues – vent disconnects, decannulations.....
- Miscommunications between teams lead to set backs
- This is sub-optimal, but when is it harmful?

Alicia: pre-COVID
- 15 y/o high school student with ongoing mental health issues
- Supportive school with psychosocial support structures
- Parents work during the day but home with her in evening
- In-person therapy

Alicia
- School closes, no in home supports, family essential workers
- Isolation and loneliness
- Mental health declines admitted for suicidal ideation
- Long wait for mental health inpatient
- Concerns for worsening in hospital while on a med/surg floor not equipped to provide adequate psych care
- No in person psychological supports
- Alternate d/c plan to home with grandmothers
- Which is better, hospital or home?
There is a clear association between loneliness and mental health problems in children and adolescents. Hospitalizations at children’s hospitals significantly increased during the pandemic. A 20% increase in suicide attempts and more than 40% in disruptive behavior disorders have been noted. Hospitalizations at children’s hospitals significantly increased during the pandemic. A 20% increase in suicide attempts and more than 40% in disruptive behavior disorders have been noted. 24% increase in the proportion of mental health emergency department visits for kids ages 0 to 11, and 31% increase for kids and teens ages 12 to 17.

Hospital admissions and emergency room visits for suicide attempts doubled at children’s hospitals from 2008 to 2015. A 60% increase in the rate of suicide among ages 10-24 from 2007-2018, second leading cause of death. From April to October 2018, hospitals across the U.S. saw a 24% increase in the proportion of mental health emergency department visits for kids ages 0 to 11, and 31% increase for kids and teens ages 12 to 17.

Increased demand for inpatient psych services. Increase in “boarding” patients waiting for inpatient mental health services. Nursing assistants (and nurses) being utilized for 1:1 safety assistants instead of being available on the floors. Increase in children with severe autism and violent behaviors admitted to the hospital due to lack of community supports.

Chronic illnesses, such as asthma and autism, and comorbid disabilities associated with neonatal illnesses, such as prematurity, are on the rise. Approximately 20% of children younger than 18 years of age now have at least one special healthcare need.

Pre-pandemic increases

Chronic

PART 2: ACUTE CHANGE TO A CHRONIC ISSUE

RESULTS: After March 17, 2020, in-person asthma encounters decreased by 87% (comparison) and 86% (emergency + inpatient). Video telemedicine, which was not previously available, became the most highly used asthma encounter modality (91% of all visits), and telephone encounters increased by 19%. Concurrently, asthma-related systemic steroid prescriptions and frequency of rhinovirus test positivity decreased, although air

Inpatient visits and medication refills


Rhinovirus

Taquechel et al, 2020

98%-99% reduction in RSV and influenza detection


Race and asthma

Among children enrolled in Medicaid, residence in inner-city... was associated with significantly more asthma-related ED visits and hospitalizations among those with asthma in crude analyses (risk ratio, 1.48; 95% CI, 1.24-1.76; and 1.97; 95% CI, 1.50-2.62, respectively). Residence in urban or poor areas and non-Hispanic black race/ethnicity were all independently associated with increased risk of asthma-related ED visits and hospitalizations.


PART 3: WHAT DOES THIS HAVE TO DO WITH PEDIATRIC NURSING?

Barriers to providing “best” care
- Increases in complex care
- Less value in care vs treatment

Social failures
- Lack of supports for children with autism
- Lack of mental health resources

Structural causation of preventable acute needs
- Lack of focus on prevention
- Environmental impacts
- Injustice

Racial Segregation and Intraventricular Hemorrhage in Preterm Infants

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>Black</td>
<td>13.6%</td>
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<tr>
<td>White, non-Hispanic</td>
<td>11.6%</td>
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<tr>
<td>Hispanic</td>
<td>9.0%</td>
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<tr>
<td>American Indian/Alaska</td>
<td>9.1%</td>
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<tr>
<td>Pacific Islander</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

The U.S. is an anomaly in health and social spending patterns

The American Health Care Paradox (US getting us less)

Social dichotomy

A rat done bit my sister Nell. (with Whitey on the moon)
Her face and arms began to swell. (and Whitey's on the moon)
Ten years from now I'll be payin' still. (while Whitey's on the moon)

Gil Scott-Heron, 1970
Bearing Witness

- Moral responsibility that legitimizes and authenticates the experience of others, either through visualization, being with, or receiving testimony. Responsibility to respond.
- It requires critical examination of one’s own values and beliefs and an understanding of how these are produced and sustained in an inequitable social world. Ceci et al. (2020), p. 80


Code of Ethics

- Nursing Code of Ethics Provision 9.3
- “... professional responsibility to address unjust systems and structures, modeling the profession’s commitment to social justice and health through content, clinical and field experiences, and critical thought.”


The larger question

Our Next Pandemic Ethics Challenge?
Allocating “Normal” Health Care Services

by JENNIFER K. GARRETT; LESLIE ANN MCNULTY; VAN D. INGLE; and JENNY CHEN

Future pediatric nursing

- Children’s health is our scope of practice:
  - At the bedside we need to be conscious of when sub optimal may become harmful, when hospital policies are out of balance with what is essential care
  - When we see increases in preventable admissions due to disproportionate social conditions we have a responsibility to advocate
- What are our research priorities in pediatrics?
- Where are our interventions and care focused?