

Document Control Report

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1. Introduction

The imaging of children is often challenging. Dependant on age they are often unable to fully co-operate with Radiographers and other Health Professionals during diagnostic imaging. This may be due to age, lack of understanding, pain, distress, or fear of the unknown and the equipment, environment and staff.

According to the Society of Radiographers (2012) "Gentle immobilisation is required to obtain images of sufficient quality and the exact technique may vary in individual cases, **the fact that the child was not cooperative is no excuse for the production of an inferior quality image**".

Radiographers and other health professionals involved in imaging should be clear in their duty of care; acting in the best interests of the child during diagnostic imaging. **The restraint of children, or restricting their movements in order to perform diagnostic imaging should always be very carefully considered by the Radiographer.**

2. Purpose

The Standard Operating Procedure (SOP) has been written to:

- Ensure that the care and treatment given is lawful, reasonable and proportionate, as well as the least restrictive pathway available.
- Clarify the roles and responsibilities of the radiographer.
- Guide the use of explanation, consent and distraction.
- Guide the use of immobilisation.
- Guide the use of sedation.
- Inform education and training

3. Scope

This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the imaging of children for diagnostic purposes:

- Radiographers (Operators)
- Radiologists (Practitioners)
- Play Specialist
- Radiology Nurses
- Assistant Practitioners
- Radiology Department Assistants

4. Location

This Standard Operating Procedure applies to the Radiology Departments at the North Devon District Hospital, Barnstaple; Bideford and District Hospital, Bideford; and Tyrell Hospital, Ilfracombe.

Staff imaging children at these sites must be up to date in their training on child protection and know their responsibilities in undertaking imaging of children for diagnostic, clinical or evidential purposes.

5. Equipment

All Imaging will be performed:

- In the radiology department: Using imaging equipment in one of the General rooms (3 or 4), Fracture Clinic room (6) or the Interventional room (1).
- In the A+E department: the A+E x-ray room (7).
- Other areas of the Hospital: AMX mobile machine as standard.
- CT, MRI and Ultrasound may also be used.

Paediatric equipment available:

- There is a paediatric distraction machine kept in the general department in room 3 that can be used for all procedures (except MRI), and can be easily moved to other areas as necessary.
- Each room has soft positioning pads for positioning and support of patients along with other effective immobilisation devices and distraction aids.

6. Procedure

6.1. Duty of Care

During imaging procedures it is essential that the radiographer ensures that the care and treatment given is lawful, reasonable and proportionate, and the least restrictive pathway available is used.

Consent is often assumed in radiography by the informed patient coming into the room and lying on the bed or standing in position for imaging. However, verbal consent should always be sought and given freely for paediatric procedures from either the patient if legally competent and able to do so, or their accompanying parent/guardian following a full age appropriate explanation of the procedure.

In cases of Non-accidental Injury skeletal surveys written consent should be sought from the parent or guardian consenting to the examination (see Local protocols for NAI skeletal surveys).

6.2. The Roles and Responsibilities of the Radiographer

All radiographers must ensure that they act in the best interests of their patients, this duty of care is essential in undertaking the imaging of children.

The radiographer is responsible for the preparation of children and the undertaking of their diagnostic imaging procedures. It is essential that consent is obtained and that the child, in as much as they are able to, understands what the procedure will entail, how it will be done and what they are expected to do during the procedure. If consent is refused this should be recorded along with the reasons given.

The radiographer must be mindful of the language that s/he uses to describe the examination to the child and ensure that it is age appropriate to ensure clear understanding and co-operation.

Co-operation and Distraction is always preferable to restraint and immobilisation in all cases. The need for restraint may be avoided through clear explanation, active encouragement of the child, gaining the confidence of the child and parent/guardian, through the use of constructive play and the use of distraction techniques that are age appropriate.

It is advisable to enlist the assistance of the Play Specialist (Caroline Thorpe Ward) to provide support when necessary; this is essential for NAI cases.

6.3. The use of Immobilisation

The Society of Radiographers (SOR) (2005) state “Restraining children from moving or restricting their movement in order to carry out a diagnostic examination should be carefully considered by the radiographer. The radiographer should weigh up the situation and anticipate the possible need for the person in attendance [preferably a parent] to hold the child still for the procedure whilst at the same time give consideration of ways to prevent the need to restrain”.

If immobilisation is necessary then “gentle, protective restriction of movement using pads and other devices to maintain position is acceptable” as long as the child and parent/guardian have been adequately informed and prepared in advance (SOR, 2005).

Radiographers should be mindful of the amount of ‘force’ used to restrict movement and be familiar with the legal and ethical implications of restraining children in this manner as well as local trust policy on control and restraint.

It is recognised that any child may show distress when immobilisation is used, however again radiographers should be mindful of immobilising children who may have been physically abused to avoid further psychological damage.

A selection of immobilisation devices are available in all x-ray rooms such as sponge wedges, sand bags, perspex blocks, velcro bands and micropore tape.

The Paediatric Distraction Light Tower is also available to provide distraction through lights, music, visual displays and play as well as a selection of teddies and toys (kept in room 3).

6.4. The use of Sedation

Sedation may be necessary for some examinations where the child has become distressed and is unable to continue (particularly for skeletal surveys). However this should always be decided by the clinical team following careful and appropriate assessment of the child.

If an examination needs to be abandoned due to the distress or lack of co-operation of the child, or withdrawal of consent from the child or their parent/guardian then this should be documented and the child referred back to the referring clinician.

6.5. Education and Training

All staff undertaking imaging of children must be up to date with all mandatory training, particularly child protection modules.

Radiographers must maintain up to date CPD and ensure current knowledge of legislation and medico-legal issues relating to the imaging of children.

7. References

- Society of Radiographers (2005) The Child & the Law: The Roles & Responsibilities of the Radiographer. Available from:
http://www.sor.org/system/files/article/201202/sor_child_law_roles_responsibilities.pdf
- Society of Radiographers (2012) Imaging Children; immobilisation, distraction techniques and use of sedation. Available from:
<http://www.sor.org/learning/document-library/imaging-children-immobilisation-distraction-techniques-and-use-sedation>

8. Associated Documentation

Northern Devon Healthcare NHS Trust Policies for:

- Northern Devon Healthcare NHS Trust Restraint and Restrictive Practices Policy