



Acute care toolkit 13

Acute care for adolescents and young adults October 2015

All staff working in acute medical units (AMUs) will care for adolescents and young adults (AYAs) aged 16–24 years old. They may be aware that these young people are potentially vulnerable and that current provision is suboptimal.

The AMU has a key role in identifying the urgent and important issues which, if addressed accurately and comprehensively, should improve health outcomes for AYAs. Accordingly, acute medical teams need to possess the knowledge and skills, and demonstrate the appropriate behaviours, needed to manage AYAs effectively and compassionately.

Background

AYAs are increasingly accessing acute care in adult settings, including AMUs. Emergency presentations in those aged 16–19 years in England have increased three-fold over the past decade. AYAs account for 36% of emergency department attendances and 20% of those that receive inpatient care.¹

In national surveys, AYAs report lower satisfaction with their care than older adults. Compared with older adults, they report being less likely to feel involved in their care, having less confidence and trust in their doctor, and being less likely to feel that they are treated with respect and dignity. The characteristics of the caregiver correlate most strongly with the overall care rating.^{2,3}

AYAs are vulnerable. All-cause mortality among adolescents (aged 10–19) is now higher than that in other periods of childhood, except

the newborn period. Morbidity due to disability and long-term conditions is higher among adolescents than among children or adults. Five of the 'top 10' risk factors for the total burden of disease in adults are initiated or shaped in adolescence. At any one time, approximately 10% of adolescents suffer from a mental health problem.⁴ The World Health Organization (WHO) has described adolescence as providing 'a second chance in the second decade', recognising the opportunity to intervene positively to influence both short- and long-term health in AYAs.⁵ Despite major national initiatives undertaken between 1999 and 2009 to reduce both inequalities in health and risk in the young, healthcare outcomes for UK AYAs aged 10–24 remain among the worst in Europe.^{2,6}

The Royal College of Physicians' (RCP's) position statement expresses a commitment to 'high-quality, developmentally appropriate care, tailored to reflect the unique needs and preferences of individual patients during adolescence and young adulthood'.⁷ This statement echoes other key national documents including: *You're welcome – quality criteria for young people friendly health services* from the Department of Health (Box 2),⁸ *Improving young people's health and wellbeing: A framework for public health* from Public Health England,⁶ and the recent report of the Children and Young People's Health Outcomes Forum.⁹

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Challenges

AYAs are ‘invisible’ on the AMU

Older acutely deteriorating adults or frail and/or confused older patients may demand a high level of input from AMU nursing and medical staff; by contrast, AYAs are perhaps seen as independent and self-caring, or cared for by their parent or carer. This relative invisibility may lead to fragmented and suboptimal care with missed opportunities to intervene to improve experience, outcome or both.

Clinical assessment of AYAs may be challenging

Building a rapport with an AYA may take additional time and a communication skill set that is different from that appropriate for talking to older adults. Confidentiality and privacy are important to all patients, but are of paramount importance for AYAs. A lack of privacy is often cited by AYAs as a reason to forgo care or to decline to disclose sensitive information. Time and space constraints may make it difficult to see the AYA alone, and staff must sensitively balance the involvement of parents and carers. These challenges may lead to a focus on the immediate presenting complaint, overlooking the wider psychosocial context.

AYAs have different and specific physical and social needs

The physical needs of AYAs differ from those of other age groups. Different management guidelines may exist for paediatric and adult services; for example, the treatment of diabetic ketoacidosis differs in children compared with adults.¹⁰ AYAs may have childhood conditions, for example inherited metabolic disorders, for which the optimal management may be unfamiliar to staff on the AMU.

The social needs of AYAs also differ from those of other age groups. Peer support is very important for AYAs, and the ability to see or make contact with their friends is vital. A lack of communal areas, restricted access to mobile phones, and an absence of WiFi are all problems that are frequently cited by AYAs.

Parents and carers may still be actively involved in supervising and managing the care of an AYA with a long-term condition, but the flexible visiting and opportunity to stay overnight enjoyed in the paediatric unit may not be easily accommodated on an AMU.

AYAs with complex needs are a particular challenge on the AMU, where unfamiliar equipment, protocols or regimens can lead to potential difficulties. Additionally, there may be a lack of clarity for the parents and carers of those AYAs with complex needs; they may not be empowered or ‘allowed’ to give care or medications as they do at home, or conversely, there may be a perceived over-reliance on them to nurse or care for the AYA, both scenarios leading to frustration and potential conflict.¹¹

These different and specific needs can place AYAs both at risk of suboptimal care on the AMU and (along with their parents and carers) at odds with AMU staff.

Recommendations

- > See every admission of an AYA as an opportunity for a positive intervention that may improve outcomes well into adult life.
- > Do not assume that AYAs have no specific healthcare needs or judge that their admission is somehow of their own making.
- > Identify AYAs who require special consideration and planning to improve outcomes and prevent future admissions (Box 1).

- > Ensure that additional time is available and be aware of the importance of assuring confidentiality (including an explanation of its limits) to build a rapport with AYAs.
- > Identify areas that provide sufficient privacy for consultations.
- > Give AYAs the opportunity to be seen separately from their parents and carers. They still have the right to a chaperone, as in any other age group, but ideally the young person should be offered someone unrelated to them.
- > Ensure that the level of parent and carer involvement is directed by the AYA themselves.
- > Flexible visiting policies for parents and carers of AYAs should be established, including the possibility to stay with the AYA overnight if required.
- > Peer support and contact should be facilitated with the identification of communal areas and access to mobile phone coverage and/or Wi-Fi.
- > For AYAs with complex needs, individual care plans should be available that include access to specialist equipment across both children’s and adult services.



Box 1 AYAs in need of special consideration

- 1 Those with long-term conditions who have drifted away during transition or from adult services. An admission is an opportunity to re-engage them in their care.
- 2 Those with physiology closer to that of a younger adolescent than that of an adult who may require different protocols for management, for example, an AYA with diabetic ketoacidosis.
- 3 Those admitted with complex needs who may have particular requirements or equipment needs that are available largely in paediatric services.
- 4 Those with rare conditions, for example inherited metabolic disorders. Consider individual patient plans and involve clinicians with expertise in their care.
- 5 Those admitted with life-limiting conditions or who are receiving palliative care.
- 6 Those with medically unexplained physical symptoms or frequent admissions who may benefit from a detailed holistic multidisciplinary approach and assessment in an attempt to minimise unnecessary admissions and investigations.
- 7 Those admitted with mental health issues or with substance misuse, as they are at particular risk.
- 8 Those who are currently or previously ‘looked after’, including those who have recently left the care system or those adopted from care, as they are at particular risk.
- 9 Those considered to be at risk of child sexual exploitation (see RCP guidance).¹²
- 10 Those who are a member of a gang.

Whole systems approach

‘Right care, right place, right time’

Joined-up working is needed between acute care providers, for example, emergency departments, ambulatory care, out-of-hours services, ambulance services and AMUs. The care that is provided needs to reach across children’s and adult services to facilitate better, more coordinated care for AYAs in the acute setting. Individuals aged between 16–19 years should not be caught in the middle of discussions about where they should be admitted.

Transition – not just an outpatient phenomenon

The transfer from children’s to adult outpatient services typically occurs between the ages of 16 and 19, and is associated with varying degrees of transition planning. However, less planning is associated with the potential of requiring urgent or emergency care. Accessing adult services acutely can be confusing and disorientating.¹¹ Care may have been provided previously by a stable team who were well known to the AYA and their parents or carers, with access to advice and/or admission via the children’s admissions unit, perhaps bypassing the GP and/or emergency department. In adult services the AYA and their parent or carer may be seen by unfamiliar staff, and emergency department or AMU staff may have limited experience in managing their condition. An admission of an AYA may also be evidence of less-than-successful transition or transfer.¹³

‘No wrong door’

The health of AYAs is a key issue for the public health agenda. A recent document recommends a ‘no wrong door’ approach,⁶ so that AYAs can access or be referred to the service they need regardless of which organisation or service they initially contact. At present, even those AYAs with the greatest needs may not be able to access developmentally appropriate services from the AMU; for example, child and adolescent mental health services (CAMHS) may only be available in the emergency department but not the AMU. Also, when a need is considered to be a lesser priority and not associated with the current acute admission, little is done to facilitate access or referral to other services that can provide support.

Don’t forget primary care

AYAs have been reported to prefer to access emergency services rather than primary care, and may not even be registered with primary care. This raises concerns about safeguarding due to a lack of data/information sharing.

Recommendations

- > Organisations should work towards achieving the ‘You’re welcome quality criteria’ (Box 2) in areas in which AYAs are cared for; this should extend to ambulatory care.
- > When acute admission is not required but follow-up is recommended, explore the use of remote consultation in the care of AYAs, for example, by telephone or Skype.
- > An admissions standard operating procedure (SOP) should be available on the trust’s intranet (see the RCP website for an example) to inform the appropriate destination for admission of adolescents aged 16–19. The SOP needs to adopt an individualised approach, taking into account the age, maturity and preferences of the AYA, any learning disabilities, and whether the AYA has transferred from children’s services.
- > Acute admission during the transition or transfer between children’s and adult services should be seen as an opportunity for re-engagement with healthcare.
- > Forward planning for use of ambulatory care and acute admissions to the AMU should be part of the transition process for AYAs with long-term conditions or complex needs, along with care plans being available to both emergency department and AMU staff linked electronically to patient records (see the RCP website for an example).
- > AMUs should adopt a ‘no wrong door’ approach and have pathways of referral to specialist developmentally appropriate services (both within the hospital and in the community) in mental health, sexual health and teenage pregnancy, drugs and alcohol (available on the trust’s intranet). There should be links with youth services and across educational institutions and employment agencies.
- > CAMHS and adult mental health services (AMHS) should provide seamless cover on the AMU and throughout the organisation.
- > AYAs should be encouraged to register and use primary care.
- > Primary care should be informed not only about the reason for admission but also the outcome of psychosocial and health screening, to support continuity and improve safeguarding.
- > Commissioning decisions for urgent and emergency care for AYAs should be developed using a collaborative approach involving health and social care partners across the whole system, with involvement from the voluntary and community sector, AYAs, parents and carers.

Domains for psychosocial and health screening

‘If you don’t ask, they won’t tell’

AYAs have high levels of mental and sexual health problems, drug and alcohol misuse, and injuries, which are even higher for those not in employment, education or training (NEETs). Additionally, AYAs with long-term conditions are more likely to exhibit risky health behaviours than their peers. Overlapping risky behaviours are common; for example, early substance use is associated with risky sexual behaviour, antisocial behaviour and academic failure. The use of psychosocial and health screening may identify issues that require intervention and can improve general health in this group. Used since 1988,¹⁴ the HEADSS interview has been adopted by adolescent health professionals worldwide. Adapted to reflect the new challenges facing AYAs in today’s world, it focuses on assessment of the home environment, education or employment, eating, peer-related activities, drug use, sexuality, suicide or depression risk, and safety from injury and violence.¹⁵ It provides a framework within which staff can ask about sensitive areas that they may otherwise feel uncomfortable discussing (Box 3). When the HEADSS assessment has been used, 30% of adolescents were found to have a health need that required intervention. One thing you can be sure of is that ‘if you don’t ask, they won’t tell’, and AYAs form a positive impression of healthcare professionals who do ask.

Recommendations

- > AYAs should have documented psychosocial and health screening as part of acute admission, with evidence of actions being taken if risk is identified.
- > Psychosocial and health screening should be performed with the AYA away from their parents or carers.
- > Written documentation supporting psychosocial and health screening should be included on nursing and medical admissions proformas.
- > Information about health promotion and potential resources and referral pathways should be available on the trust’s intranet.
- > A regular audit of documentation of psychosocial and health screening should be performed.

Models of care – one size does not fit all

The concept of developmentally appropriate healthcare for AYAs is much discussed but poorly defined.¹⁶ The 'You're welcome quality criteria'⁸ (Box 2) were developed to provide a framework to help ensure that AYAs are provided with high-quality and developmentally appropriate care, regardless of the model of healthcare delivery. A key criterion is that young people should be involved in the design, delivery, and evaluation or monitoring of such services (Box 2, Theme 7). Several models of care delivery for AYAs in acute settings have been developed, and while there is evidence that developmentally appropriate services improve the experience of care, it remains unclear which model is optimal.¹⁴

Three models are described. Relevant to all models is that all AYAs should have the earliest possible review by a senior decision-maker.

High-quality care for AYAs can occur in a setting in which older adults are also cared for ... sensitive placement of the AYA on the AMU is required ... it might be very distressing for a young person to be near confused patients or those at the end of life.

AYAs receiving care alongside older adults

High-quality care for AYAs can occur in a setting in which older adults are also cared for. Sensible and sensitive placement of the AYA on the AMU is required; for example, it might be very distressing for a young person to be near confused patients or those at the end of life. AYAs should be cared for with other younger patients, or cared for in single rooms when they are available. Single-sex requirements and the lack of side rooms are obvious challenges. An additional issue is that training is required for *all* staff who have contact with AYAs.

Dedicated AYA areas

It has been suggested that in most district general hospitals with a catchment of around 250,000 there are sufficient AYA admissions to support a dedicated adolescent unit of 18 beds, with larger units in larger centres. Dedicated units offer opportunities to focus resources, optimise the physical environment and develop the knowledge, skills and attitudes of dedicated staff. With this model, consideration will need to be given to patient flow, and how to deal with surges in demand.

AYA liaison team

A dedicated AYA liaison team for those admitted anywhere within the hospital setting is an attractive model, and one that could support AYAs on the AMU. Positive outcomes have been reported using this model in geriatrics,¹⁷ learning disabilities and safeguarding. While this model inevitably leads to some duplication, there are synergies. The AMU team provides consistent, non-discriminatory, high-quality acute medical care, and the liaison team provides value-added input, identifying those AYAs who are in need of specific interventions

Box 2 You're welcome – quality criteria for young people friendly health services⁸

Theme 1: Accessibility

Outlines how to ensure that services are accessible to young people:

- > AYAs should be able to express preferences about who is present during consultations
- > opportunities should be offered to talk without parents or carers being present
- > lines of referral to other services should be clear.

Theme 2: Publicity

Highlights the importance of effective publicity in raising awareness of the available services and explaining the extent of confidentiality.

Theme 3: Confidentiality and consent

Addresses confidentiality, consent and safeguarding, and how these are implemented by staff and understood by service users:

- > written policies should be in place with regard to these issues
- > staff should receive training
- > AYAs should receive explicit information.

Theme 4: Environment

Addresses service provision, environment and atmosphere, with the aim of ensuring that they are young people friendly (at the same time as being welcoming to all service users, regardless of age):

- > care should be provided in an appropriate environment
- > pain relief should be optimised
- > provision should be made for parents/ carers.

Theme 5: Staff training, skills, attitudes and values

Addresses the training, skills, attitudes and values that staff need to deliver young people friendly services:

- > all staff should receive appropriate training on understanding and communicating with AYAs
- > appropriate appraisal, supervision and support should be provided to staff who regularly care for AYAs.

Theme 6: Joined-up working

Addresses some of the ways to ensure effective joined-up delivery:

- > relevant services should be co-located where possible

- > pathways for service delivery and referrals should be clear.

Theme 7: Young people's involvement in monitoring and evaluation of patient experience

Addresses the importance of young people's involvement in service development, monitoring and evaluation.

Theme 8: Health issues and transition for young people

Outlines the health needs of young people as they go through the transition into adulthood:

- > consultations should provide opportunities to express concerns about lifestyle issues, such as substance misuse, mental or emotional concerns and sexual health
- > pathways for referral for AYAs with emotional and mental health concerns, including to specialised CAMHS, should be clear
- > care for AYAs should be appropriate to their chronological age and cognitive ability.

Box 3 Example screening questions for HEADSS psychosocial and health assessment^{14,15}

Top tips:

- > Remember to optimise the environment and reiterate confidentiality.
- > Interactions should be conversational rather than interrogatory.
- > Consider risks, but consider protective factors as well.
- > Consider a warning question or statement before sensitive topics are raised.
- > Remember that the young person has the right not to answer.

Domain 1: Home and environment

- > Where do you live, who do you live with? Have you lived there long?
- > How are things with your parents/carers?
- > Are there any problems or fights that worry you?
- > Do you feel okay and safe at home?

Domain 2: Education and employment

- > So you're at school/working/looking for work. How's that going?
- > Do you enjoy school/work? What do/don't you like about it?
- > Do you go in every day? If not, how many days have you missed over the past 2 weeks?
- > Have you ever thought that you were being bullied? Was that via the internet/mobile phone/in person?

Domain 3: Eating

- > Do you worry about your body or your weight?
- > Do you try things to manage your weight?
- > Do you restrict food or exercise a lot?
- > Has your weight changed recently and are any of your family or friends worried about it?

Domain 4: Activities

- > What do you like doing?
- > What does a usual day involve for you? Can you describe a normal day to me?
- > Do you have friends that you hang out with?
- > What kinds of things do you like to do together?
- > Do you mainly spend time on your own? Is that okay with you?

Domain 5: Drugs including alcohol

- > Do you drink or smoke, and have you tried or used drugs? What do you like and what don't you like about it?
- > Do you regularly use alcohol or drugs to help you relax, calm down or feel better?
- > Have you had problems with family, friends, police (or courts) because of drinking or drugs?
- > Would your friends or family say that you have a problem with drinking or drugs?

Domain 6: Suicide, anxiety and depression

- > Have you ever felt really anxious all of a sudden – eg for no reason at all?
- > Was your heart racing, were you breathless, were you worried that you would lose control?
- > Do you think you feel more anxious or worry more than your friends?
- > Do you avoid situations because you get too anxious? Does this affect your day-to-day life?
- > Do you feel sad or down more than usual or have you felt that way in the past?
- > Have you lost interest in things that you usually like doing?
- > Are you having trouble sleeping?
- > Do you find yourself spending less and less time with friends or family?
- > Would you rather just be by yourself most of the time? Why?
- > Have you thought of harming or killing yourself? Have you made plans? What stops you?

Domain 7: Sexuality and relationships

- > Are you in a relationship? Have you ever been in one?
- > What's your relationship like?
- > Are you interested in boys or girls? Perhaps you're not sure?
- > Have you ever had any negative experiences about being gay/bisexual/lesbian?

Domain 8: Safety, conduct difficulties and risk-taking

- > Have you deliberately harmed or hurt yourself when you weren't actually suicidal? When did it start? How often? Why do you do it?
- > Have you had to get medical assistance for this?
- > Have you put yourself in unsafe situations (eg unsafe sex, risky driving)?
- > Have you ever wanted to hurt someone else?
- > Do you often feel out of control (with your behaviour)?

and providing continuity if transfer to a medical ward is required. Depending on care arrangements for AYAs who have long-term conditions, the liaison team could work alongside the specialty team.

Keys points for liaison team success:

- > shared understanding of roles, responsibilities and purpose
- > clear referral pathways
- > rapid response time
- > time and space for psychosocial and health screening
- > direct involvement of, or strong connections with, mental and sexual health services
- > ability to access local drug and alcohol services
- > links with safeguarding teams
- > links with learning disabilities teams.

It has been suggested that in most district general hospitals with a catchment of around 250,000 there are sufficient AYA admissions to support a dedicated adolescent unit of 18 beds, with larger units in larger centres.

Box 4 Outcomes framework for AYAs on the AMU – suggestions for metrics to inform the evaluation of service provision and ongoing quality improvement

Enhancing quality of life for AYAs with long-term conditions

- > number of unplanned admissions and readmissions (including those for asthma, diabetes and epilepsy)
- > percentage of AYAs who have a long-term care plan or make reference to using a care plan.

Helping AYAs to recover from episodes of ill health or following injury

- > number of unplanned admissions and readmissions, particularly injury (intentional or unintentional).

Ensuring that AYAs have a positive experience of care

- > number not registered with primary care, compared with older adults
- > proportion of AYAs completing the 'friends and family' test compared with older adults
- > experience of acute care (from 'friends and family') compared with older adults (including complaints)

- > percentage of health and psychosocial assessments during admission and on discharge summaries
- > number of AYAs referred to other services on the basis of psychosocial and health assessment
- > experience of accessing other services.

Treating and caring for AYAs in a safe environment and protecting them from avoidable harm

- > safety incidents reported.

Process and structure for AYAs

- > designated lead on the AMU for service delivery and training in AYA care for medical and nursing staff
- > evidence of achieving the 'You're welcome quality criteria'
- > evidence of a 'no wrong door' approach
- > evidence of training across nursing and medical staff (including in safeguarding).

Recommendations

- > Ensure that, in any setting, AYAs with urgent or emergency care needs receive the earliest possible review by an appropriately experienced senior clinical decision-maker.
- > Identify designated leads from among medical and nursing staff on the AMU for service delivery and training in AYA care, with a similar lead in paediatrics to coordinate care.
- > Involve AYAs and parents/carers in designing and evaluating your chosen model of care (Box 2, Theme 7).
- > Ensure that the model of care for AYAs is able to deliver the 'You're welcome quality criteria'⁸ (Box 2) and the 'no wrong door' approach.⁶ Which model is chosen, who will be involved, and where and when the model will be implemented will depend on local resources and culture.
- > If an integrated model is established, there should be a policy about where AYAs are placed to receive care on the AMU or on other wards. This policy should state that AYAs should be cared for in single rooms when possible or with other AYAs and in a separate area from both older patients with confusion and patients in the last stages of life.
- > If a liaison model is established, ensure that there is a clear understanding of roles, responsibilities and purpose as well as clear referral pathways.

Education and training

Most AMU staff have not been trained in the care of AYAs, yet AMU staff often see AYAs when they are at their most vulnerable. A recent survey of specialist trainees across medical specialities, many of whom will work on AMUs, found that 70% had minimal or non-existent training in AYA issues. Training on the AMU is directed towards generic skills such as patient safety, team working and handover, as well as towards specific skills in managing the acute and deteriorating patient and in the care of older people and those with dementia. Although these are all important skills with generic relevance, they fail to provide staff with the knowledge, skills and attitudes necessary to provide developmentally appropriate care for AYAs.

There is an ideal opportunity to augment training and education in AYA care, with clinicians and senior nursing staff modelling key skills and attitudes, for example:

- > discussing and maintaining confidentiality
- > adopting an open and non-judgemental approach
- > adapting communication style
- > performing psychosocial and health screening, focusing on risk and resilience
- > facilitating AYAs' right to privacy while negotiating parental and carer involvement
- > adopting a multidisciplinary holistic approach.

Recommendations

- > All staff on the AMU who are caring for AYAs should have received training in AYA issues, with a focus on confidentiality, communication, psychosocial and health screening, and safeguarding.
- > The training received should be documented.
- > The E-learning for Healthcare (eLFH) Adolescent Health Programme¹⁸ should be available through the trust's intranet and signposted to all staff on the AMU (see the RCP website for suggested sessions).

Summary

AYAs represent an important patient group accessing acute care. For some AYAs, the AMU may be their first adult experience of healthcare, and thus there is a need to ensure that the environment of the AMU and the training of staff is appropriate. Acute trusts need to develop models to initiate developmentally appropriate healthcare with psychosocial and health screening and joined-up working to deliver the 'no wrong door' level of care that is recommended.

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