

Tests, treatments and procedures at risk of inappropriateness in Italy
that Health Professionals and Patients should talk about.
**Five Recommendations from FNOPI - the National Federation of Nursing
Professions Orders – Pediatric Nursing Area**

1	<p>Don't run the newborn hearing screening at birth but at least after 48 hours of life in a 1st level birth center.</p> <p>Newborn hearing screening allows an early detection of congenital hearing loss, whose prevalence is 1-3 cases per thousand births in the absence of risk factors. It must be performed in all birth centers, on all newborns before discharge, by trained personnel, in well defined ideal environmental conditions and using appropriate instruments. The screening aims at diagnosing within the first 3 months of life and intervene within 6. The first level neonatal screening provides for the automatic evaluation of transient evoked otoacoustic emissions (TOAEs) in response to acoustic stimuli. They are not always early detectable, due to the persistence of material in the external ear canal or to signal masked by other noises or in born by Caesarean section, with more false positive results than expected and great parents' concerns .</p> <p>Perform routine testing 48 h after birth may facilitate the diagnosing; reduce false positives, relieve parents' anxiety and spare the time and money necessary to repeat the first level screening during the same hospitalization or to undergo a brainstem auditory evoked response (BAER) test in a 2nd level center.</p>
2	<p>Don't replace devices without assessing the skin integrity.</p> <p>The skin breakdown, i.e. the destruction of soft tissues is a disregarded situation. Believing that children are not exposed to tissue damage is wrong. On the contrary, they are at greater risk of prejudices subsequent to the action of forces such as pressure, friction and stretching. Before replacing a feeding, peristomal, ventilation and / or respiration device it is necessary to inspect the skin, optimize nutrition, managing the environmental humidity and verify the integrity of the devices. It is important not to follow the routine or the time expiration.</p> <p>Replacing devices taking into account the assessment of the skin breakdown gives similar results in terms of cost and secondary complications and is less stressing for the child.</p>
3	<p>Don't reheat several times artificial or breast milk before feeding it to the baby.</p> <p>It is common practice to reheat several times both breast and formula milk, using methods that do not guarantee the correct temperature such as pots, bottle warmers, microwave ovens. The preparation of milk before administration can be via baby bottles warmers with a set default temperature. Liquid formula can be warmed in hot water up to 35 °C (95 °F), while the milk powder must be added to water at a temperature of 70 °C (158 °F). Breast milk should be administered at room temperature.</p> <p>At an inadequate temperature many beneficial properties of milk, breast milk especially, vanish. Once heated, milk not consumed within half an hour must be discarded to prevent bacteria proliferation. In the absence of single doses, avoid the entire bottle of milk to cool and then be reheated. Health care providers and parents should be aware of these problems, especially when referring to sick and premature babies.</p>
4	<p>Don't heat the milk to inappropriate temperatures to prevent nutrient decomposition and store it properly.</p> <p>Exposing milk to high temperatures (over 80 °C [176 °F]) may induce changes in the fatty acid profile if compared to fresh breast milk. To avoid the nutrient destruction, the right preparation must be respected. Evidence shows that the major changes in the overheated milk affect amino acids essential for human growth. The right heating of the milk (in particular powder formulas) must be guaranteed at a temperature not lower than 70 °C (158 °F) to prevent the proliferation of bacteria, of which the most common and feared is <i>E. sakazakii</i>, responsible for meningitis, septicemia and necrotizing enterocolitis. Once the packaging is open, an adequate storage of artificial milk (liquid or prepared) is pivotal: the milk must stay in a refrigerator at 4 °C (39,2 °F) until its following use, since it reduces the bacterial growth if compared with temperatures between 5 - 65 °C. (41 - 149 °F)</p>
5	<p>Don't use physical restraint as a first choice during painful procedures in children</p> <p>Often, to perform invasive procedures and/or to position devices, we resort to the physical restraint of the child, with insufficient explanation of what will happen, and without an appropriate analgesic coverage. Missing pain control and anxiety management generate rejection, crying, anguish, stress, non-compliance in the little patient and worry and anxiety in his/her parents. In addition to the well known conventional procedures, there are valid alternative methods, such as: comfortable position of the baby, controlled breathing, distraction and encouragement of mother and child, simulation of a story through puppets and, in particular, audiovisual techniques that better influence the cognitive-emotional component of pain. The use of local anesthetics such as lidocaine cream / patch / powder can be taken into account depending on the duration of the procedures. The pain and associated discomfort control for diagnostic / therapeutic procedures is effective in reducing the child's reactions to painful events that should occur over time and can foster the acceptance of any other type of future care intervention.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

How this list was created

FNOPI- the National Federation of Nursing Professions Orders (IPASVI until 2017) participates in the campaign "Doing more does not mean doing better- Choosing Wisely Italy" through the development of five procedures regarding the pediatric nursing area. They were developed taking into account the damage caused to the patient by the inappropriateness of procedures and the lack of cooperation among colleagues and between nurses and child/family. We aimed at highlighting issues lacking research and clinical trials attention and so with poor scientific evidence. These procedures are intended to support the vocational activities of pediatric nurses as a consulting subsidy for daily practice, to improve the quality and safety of actions that can often be "automatic", without underestimating the equitable use of available resources by avoiding wastefulness. The methodological approach was organized by the Academy of Nursing Sciences (ASI).

Sources

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Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign "**Doing more does not mean doing better- Choosing Wisely Italy**" in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

The National Federation of Nursing Orders (FNOPI) is a non-economic body governed by public law that gathers all the orders of nurses and paediatric nurses of the Italian provinces. To date it counts 102 orders and about 450000 members in the two registers managed: Nurses and Paediatric Nurses.

The definition of the specificities in terms of competence and responsibility of the above mentioned professions is provided respectively in MD 739/94 and MD 70/97: "The pediatric nurse is the healthcare professional, in possession of the qualifying university degree and professional registration, who is responsible for pediatric nursing".

For further information: <http://www.fnopi.it/>