

'Provision of safety netting information during child health consultations; a systematic narrative review of caregivers' perspectives'

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Background

Safety netting (SN) provides specific information to caregivers identifying need to re-consult. SN is often used to bridge diagnostic uncertainty for first-contact healthcare professionals. This systematic narrative review investigated experiences of caregivers' regarding SN information received during acute child health consultations.

Methods

Searches between April and December 2021 of six bibliographic databases (CINAHL, PsycINFO, BNI, EMCARE, MEDLINE and Web of Science) identified 3258 records. No studies were excluded based on quality and nine papers were included; the Mixed Methods Appraisal Tool was used to critically analyse papers and findings were summarised narratively.

"Especially the last page, about when you should call the GP, was the most important for me. I mean, knowing when something is considered minor, and when it is actually necessary to call the GP" (Dekker et al., 2018a; p6)

"Mostly the information is at those general websites, where you're overwhelmed with information. I would like the information to be linked to for example a hospital" (van de Maat et al., 2018; p5)

"What are the experiences of caregivers receiving professional safety netting information from child health consultation(s)?"

"It can be on different forms of media, Internet. Obviously, Internet may not be accessible to many people and if it is accessible, they may not be able to go to the right information, right section so having it in different formats will be quite helpful" (Jones et al., 2014; p6)

"Well half the time when you're taking your child to the doctors they're not very well, are they, so they're clingy, you've had to probably strip them off... so they're crying and they're trying to tell you all this information and getting them back dressed again really quickly...There is pressure to get out quickly, I think, so I think you do forget what the doctor has said." (Jones et al., 2014; p6)

Results

Four themes emerged: Importance of receiving Red-Flag-Symptom information, influences of specific mediums for information transfer to caregivers, key principles of SN as desired by caregivers and contextual influences of information transfer to caregivers. Quality of evidence was fair; review findings could provide underpinning principles to enable first-contact clinicians to enhance their person-centred approach to SN practice.

Conclusion

There was a paucity of evidence generally, with a relatively small number of studies that captured specific SN activity during consultations. More research is also needed to capture the full-breadth of first-contact clinicians, particularly in non-clinical settings such as the home or school.