

Stellingen behorend bij het proefschrift

PEDIATRIC EMERGENCY MEDICINE

Optimizing risk assessment and safety netting in children with infectious diseases

1. A nurse-guided clinical decision support system on rehydration treatment in children with acute gastroenteritis is feasible, showing high compliance and an increase standardized use of ORS without differences in outcome measures. (*this thesis*)
2. Weight change is not a reliable measure in the assessment of dehydration in children. (*this thesis*)
3. As delayed treatment and its consequences in emergency care are serious, the advice is to include safety measures such as consultations with colleagues, to use guidelines, to make clear agreements on coordination of care and to discuss a safety netting advice with the parents. (*this thesis*)
4. In an emergency care setting, interventions are at higher risk of failure, if not implemented by a dedicated clinical team using a thorough implementation plan. (*this thesis*)
5. Emergency health care revisits in children with infectious diseases should be guided by young age, parental concern and specific alarming signs and symptoms (chest wall retractions, ill appearance, clinical signs of dehydration and tachypnea). (*this thesis*)
6. Because parents of children with medical complexity in need of acute care are in a very vulnerable parental situation, their needs should be met by assistance with relief, sensitivity to the personal needs of the parents and the opportunity for supportive counseling. (*Experiences of parenting a child with medical complexity in need of acute hospital care. Hagvall M, et al. Journal of Child Health Care 2016, Vol 20(1) 68–76.*)

7. The linkage of scientific inquiry with actual medical problems that drive the questions to be investigated during residency training is feasible, rewarding, and a critical part of the effort to foster careers steeped in patient-driven scientific inquiry. *Toward a Culture of Scientific Inquiry — The Role of Medical Teaching Services.* (Armstrong K, et al. *N Engl J Med* 2018; 378:1-3 January 4, 2018D)
8. The management of the long-term co-morbidities in children with anatomical congenital anomalies deserve a multidisciplinary approach, as, besides disease-specific morbidities, these children are at risk for impaired neurodevelopmental problems and school failure, which affect participation in society in later life. *Assessment and significance of long-term outcomes in pediatric surgery.* IJsselstijn H, et al. *Semin Pediatr Surg.* 2017 Oct;26(5):281-285.
9. Not everything that can be counted counts, and not everything that counts can be counted. *Albert Einstein, (attributed) physicist (1879 - 1955)*
10. In children with Somatic Symptom Disorders (SSD) the primary care physician should be in the lead in scheduled and frequent follow-up visits in order to maintain alliance and investment in treatment, address fears of abandonment, and prevent ‘doctor shopping’ and ‘over medicalization’. Adapted to: *Pediatric Somatic Symptom Disorders.* Malas N, et al. *Curr Psychiatry Rep.* 2017 Feb;19(2):11.
11. Het is lastig om kind te zijn in deze maatschappij. *Volkskrant, September 2010*