

Stellingen behorend bij het proefschrift:

Improvements of paediatric triage at the emergency department

1. Although neonates are more often triaged to non-specific flowcharts and discriminators, there is no need to develop a neonatal flowchart. (*This thesis*)
2. Children with a chronic illness are more often misclassified to a lower urgency category by the Manchester Triage System than previously healthy children. (*This thesis*)
3. Addition of vital signs to the Manchester Triage System does not improve urgency classification. (*This thesis*)
4. The performance of the Manchester Triage System improved after discriminator adaptations for children presenting with infectious symptoms regardless of health care system or patient population. (*This thesis*)
5. Paediatric Early Warning Scores are useful to identify patients at the emergency department who require intensive care admission, but are not useful as triage system. (*This thesis*)
6. Urgent conditions may not necessarily be severe, while severe illness may not necessarily be urgent. (*FitzGerald et al. EMJ 2010, 27(2):86-92*)
7. Child health systems in Europe are not adapting sufficiently to children's evolving health needs, leading to avoidable deaths, suboptimum outcomes, and inefficient use of health services. (*Wolfe et al. Lancet 2013, 381(9873):1224-34*)
8. General emergency department physicians experience difficulties in assessing severity of illness of febrile children visiting the emergency department in comparison to physicians trained in paediatrics resulting into unnecessary diagnostic tests and treatments. (*Maldonado et al. Pediatrics, 2004, 114(2):356-60*)
9. The success of guideline implementation is determined by the need and usefulness in medical practice. (*Grol and Grimshaw, Lancet, 2003; Oct 11;362(9391):1225-30*)
10. De eis van minimale risico's en bezwaren voor het verrichten van medisch-wetenschappelijk onderzoek bij minderjarigen moet komen te vervallen en tevens moet het mogelijk zijn wetenschappelijk onderzoek te verrichten dat geen voordeel heeft voor de proefpersoon zelf, maar wel voor de groep waartoe zij behoren. (*Commissie Doek, Advies medisch-wetenschappelijk onderzoek met kinderen, 2009*)
11. De toename van de intellectuele capaciteit van een vrouw tijdens de zwangerschap biedt een uitgelezen kans om te promoveren. (*Kinsley and Lambert, Sci Am. 2006, Jan;294(1):72-9*) Maar promoveren blijft een bevalling op zich.