



## AAP releases first guidance on caring for hospitalized teens

January 23, 2023

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Article type: [AAP Policy](#)

Topics: [Adolescent Health/Medicine](#), [Hospital Medicine](#)

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*You are on call and covering one of the inpatient hospital teams over the weekend. A 16-year-old patient with acute abdominal pain was admitted at 2 a.m. for observation. How do you care for her? How do you protect confidentiality and prevent microaggression while ensuring excellent and evidence-based care?*

The AAP has provided timely guidance in a new policy statement and clinical report, the first published statements on the care and management of hospitalized adolescents ages 13-18 years.

The documents titled *The Hospitalized Adolescent* — from the Committees on Adolescence and Hospital Care — provide evidence-based information on the unique aspects required for proper care. They are available at <https://doi.org/10.1542/peds.2022-060646> and <https://doi.org/10.1542/peds.2022-060647> and will be published in the February issue of *Pediatrics*.

### Comprehensive look

The documents include descriptions of adolescent hospital admission demographics, personnel recommendations and hospital design advice, as well as sections on educational services, legal and ethical matters, and transitions to adult facilities. Also included are the possible effects hospitalization may have on the developmental and emotional progress of adolescence; the role of the hospital setting; the importance of confidentiality; issues related to legal/ethical matters; and bias and institutional and systemic racism that may occur during hospitalization.

References to several policies address behavioral and mental health, LGBTQ+ equity, intellectual and developmental disabilities, integrative medicine, reproductive health and substance use confidentiality, and transition to adult facilities.

### Awareness essential

To care for hospitalized adolescents properly, it is essential to be aware of adolescent growth and development as well as legal, ethical, ableism and racism issues. While not all topics described in the clinical report can be evaluated or treated fully during a hospitalization, screening for these conditions and

reporting concerns to the medical home, outpatient primary care provider or specialist are crucial for comprehensive care.

Hospital staff unfamiliar or uncomfortable with adolescents can consult with a pediatrician, adolescent medicine subspecialist or provider experienced in caring for adolescents (e.g., family medicine physician, physician assistant, nurse practitioner or social worker). This can be vital for a successful hospitalization.

Other ancillary staff such as child life specialists also can be consulted. They are experts in child and adolescent development and can guide and promote therapeutic relationships among patients, families and health care team members.

The report covers how to transition adolescents from a children's hospital to an adult facility. Resources are available to aid those reluctant to transition.

## **Recommendations**

- Hospital administrations, along with clinicians experienced in caring for adolescents, should assist in the design of hospital settings and in the development and implementation of policies and guidelines for inpatients.
- Hospitalist training should include modules on adolescent health and wellness.
- Researchers should aggregate demographic data to describe adolescent hospitalization trends and identify how to improve patient care and physician/staff training.
- Care of adolescents in the hospital setting should be centered around confidentiality, including knowledge of state laws regarding adolescents, privacy, dignity and respect for patients and their families.
- Connecting adolescents to their primary care medical homes for follow-up and ongoing care is an essential part of hospital discharge.
- Ongoing anti-racist, anti-microaggression/implicit bias training of physicians and other adolescent hospital caregivers is imperative.
- As much as possible, facilitate typical adolescent activities during hospitalization, including attending to educational needs, recreational interests (age-appropriate reading materials, games, music, arts and electronics) and visitation by family and friends.
- Personnel caring for adolescents, including youths in foster or kinship care and those with intellectual or developmental disabilities, have a responsibility to understand the moral, ethical, legal and developmental framework of adolescent patients' medical decision-making, consent, assent and refusal of treatment.
- When appropriate, transition from pediatric to adult-oriented providers and hospitals.

*Dr. Breuner is a lead author of the policy statement and clinical report. She is a former chair of the AAP Committee on Adolescence.*

## **Resources**

The clinical report at <https://doi.org/10.1542/peds.060647> includes links to resources on the care of hospitalized adolescents.