18th ANNUAL CONFERENCE
RIVER of DREAMS
envisioning best practices in trauma care
In the Beginning: Ensuring Optimal Pediatric Trauma Resuscitation

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Learning Objectives

I. Discuss evidence based emergency department guidelines for the care of pediatric emergency/trauma patients.

II. Describe the 2013 National Pediatric Readiness Project (NPRP) assessment and emergency department pediatric readiness and ED capabilities for providing care for children entering America’s EDs for emergency/trauma care.

III. Discuss national assessment aggregate findings and implications for enhancing the care of injured children.

IV. Identify low cost/high value opportunities for improving pediatric emergency/trauma resuscitation in both trauma and non-trauma facilities.
Disclosure Statement

Faculty/Presenters/Authors/Content Reviewers/Planners disclose no conflict of interest relative to this educational activity.
Successful Completion

- To successfully complete this course, participants must attend the entire event and complete/submit the evaluation at the end of the session.
- The Society of Trauma Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
Acknowledgement of Funding

The Emergency Medical Resource Center (NRC) is funded by a National Emergency Medical Services for Children (EMSC) Resource Centers Demonstration Cooperative Agreement for $1.5 million, grant number U07MC09174. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Emergency Medical Services For Children (EMSC) Mission

To ensure that all children and adolescents regardless of where they live, attend school or travel receive appropriate emergency health care when it is needed.
Program Priorities
EMSC, a system approach to providing pediatric emergency care - Guideline for the care of children in Emergency Departments

Trauma Care, a system approach for providing optimal care for the Injured - Orange book
Setting the Scene: Once Upon a Time

- 20,000 EMS agencies nationally
- 2010 - 28 million+ runs annually
- 1/3 volunteer services *
- 826,000 providers nationally
  - EMT-P – 25%
  - EMT-I - 7%
  - EMT – 68% *
  - 30% PALS*
  - 10% PEPP*
- # transports annually
  - 55% ALS*
  - 26% BLS
Hospitals and Children

- 5700+ hospitals exist in the U.S.
- AHA identifies 5000 as community hospitals
- 1331 of community hospitals are CAH facilities
- Trauma Centers (tiered) Level I - 190
  - Level II – 255
  - Level III – 258
  - Level IV – NA
  - Pediatric Trauma Centers - 170 *
- Less than 5% of all hospitals are recognized as pediatric or children’s hospitals. (250) *
Kids and Emergency Care

- 31 million plus children are seen in emergency departments each year.
- 92% are treated at local community hospitals.*
- 75% of emergency departments see < 20 children a day.
- 50% of emergency departments see < 10 children a day.
- 25% of children seen in ED are admitted.

Institute of Medicine, Emergency Care for Children, Growing Pains, 2006.
Gausche-Hill M. Pediatrics 2007; 120:1229-37
Little People with Big Care Challenges

Who do you transfer and to which facility?

What resources will Dorothy need?

Which facilities have the right resources?

When and how do you transfer?

How do you plan for the transfer?
Pediatric Resource Availability – A Gap or Chasm in the Emergency Continuum of Care for Children?
Injured Children often need Specialists

- Pediatric Specific Hospitals – 250
- Pediatric Trauma Centers – 170
- PICUs – 337 hospitals have, 254 in children’s hospitals, 94% have pediatric intensivists available 24/7
- Pediatric Specialists:
  - Pediatricians - 970,000 children in 47 states have none
  - Pediatric Specific Radiologists - 285
  - Pediatric Surgeons - 313
  - Pediatric Specific Rehab Physiatrists - 167

Getting Kids to the Right Resources

- Physiological and anatomical criteria of injured pediatric patients to be considered for identifying children in need of transfer
- Transferring facility responsibilities
- Early collaboration with receiving trauma surgeons
- Need for collaborative transfer modes and patient preparation discussions
- Recommends limited diagnostic testing, including diagnostics
Pediatric Transfer — the Norm?

- **2007**  
  Inter facility transfer guidelines with all components: 13%  
  Inter facility transfer agreements: 43%

- **2010**  
  Inter facility transfer guidelines with all components: 38%  
  Inter facility transfer agreements: 59.4%

- **2013**  
  Inter facility transfer guidelines with all components: 50%  
  Established transfer guidelines: 69.3%  
  Inter facility transfer agreements: 66.4%
So What’s Missing in Those Guidelines?

Process for selecting the appropriate care facility

Poor Toto, Where, Oh Where is Dorothy?
Questions to Ponder:

I. What percentage of your pediatric patients are transferred to your trauma center from a referring facility?

II. What percentage of received pediatric trauma patients are from facilities that are a non-trauma center or a general trauma center?

III. Are referring facilities equipped for everyday pediatric emergency care – are they pediatric ready and if not prepared for general pediatric emergency care will they be ready for the critically injured child coming to their ED?

IV. Quality Improvement – does your center work with referring facilities on a regular basis to improve pediatric trauma resuscitation and transfer?
Guidelines for Care of Children in the ED

Joint Policy Statement—Guidelines for Care of Children in the Emergency Department

AMERICAN ACADEMY OF PEDIATRICS
COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
PEDICATRIC COMMITTEE
EMERGENCY NURSES ASSOCIATION

KEY WORDS
pediatric emergency preparedness
ABREVIATIONS
USA—emergency department
ED—emergency medical services
EMS—emergency medical services for children
QI—quality improvement

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abstract

Children who require emergency care have unique needs, especially when emergencies are serious or life threatening. The majority of ill and injured children are brought to community hospital emergency departments (EDs) by virtue of their geography within communities. Similarly, emergency medical services (EMS) agencies provide the bulk of out-of-hospital emergency care to children. It is imperative, therefore, that all hospital EDs have the appropriate resources (education, equipment, policies, and education) and staff to provide effective emergency care for children. This statement outlines resources necessary to ensure that hospital EDs stand ready to care for children of all ages, from neonates to adolescents. These guidelines are consistent with the recommendations of the Institute of Medicine’s report on the future of emergency care in the United States health system. Although resources within emergency and trauma care systems vary locally, regionally, and nationally, it is essential that hospital ED staff and administrators and EMS systems’ administrators and medical directors seek to meet or exceed these guidelines in efforts to optimize the emergency care of children they serve. This statement has been endorsed by the American Pediatric Association, American Academy of Family Physicians, American Academy of Physician Assistants, American College of Osteopathic Emergency Physicians, American College of Surgeons, American Heart Association, American Medical Association, American Pediatric Surgical Association, Brain Injury Association of America, Child Health Corporation of America, Children’s National Medical Center, Family Voices, National Association of Children’s Hospitals and Related Institutions, National Association of EMS Physicians, National Association of Emergency Medical Technicians, National Association of State EMS Officials, National Committee for Quality Assurance, National PTA, Safe Kids USA, Society of Trauma Nurses, Society for Academic Emergency Medicine, and The Joint Commission. Pediatrics 2009;124:1935–1943

INTRODUCTION

This policy statement delineates guidelines and the resources necessary to prepare hospital emergency departments (EDs) to serve pediatric patients. Adoption of these guidelines should facilitate the delivery of emergency care for children of all ages and, when appropriate, timely transfer to a facility with specialized pediatric services. This policy is an update of previously published guidelines. This statement has been endorsed by the American Pediatric Association, American Academy of Family Physicians, American Academy of Physician Assistants, American College of Osteopathic Emergency Phys...
More Questions to Ponder

III. Do you know if referring facilities are equipped for everyday pediatric emergency care – are they pediatric ready and if not prepared for general pediatric emergency care will they be ready for the critically injured child coming to their ED?

Are they prepared for children?
• Are there pediatric trained staff available to provide care?
• Do they have appropriate pediatric equipment and supplies available?
• Do they have appropriate pediatric medications?
• Do they have pediatric specific policies and procedures?
  *Preplanned transfer processes?
• Do they have a pediatric disaster plan?
• Do they have pediatric quality improvement processes in place?
• Are specific processes in place to ensure safe practices?
For Children Inclusive Systems of Care are Essential (Pediatric Ready) – A National Assessment

- **2010-2011:** Pilot Assessment
  California - 90% response rate

- **November 2012:** Field Test States
  MD: 98% response rate*
  MN: 75% response rate*
  Guam: 100% response rate*

- **January 2013** – roll out nationally

  Ave. response rate: **82.7%**

*Pediatrics*, October 2009 and *Annals of Emergency Medicine*

http://pediatricreadiness.org/
Do you know if facilities transferring children to you are Pediatric Ready and what they are lacking and CAN YOU HELP?

Median Assessment Scores

2003 – 55%
2013 – 69%
Where are the gaps?

- Pediatric emergency care coordinator – 53.2%
- Quality improvement – 41.4%
- Pediatric Policies- 61.8%
  - Inter facility Transfer Processes
  - Triage – 57.6%
  - Disaster Plan integrating the needs of children – 46.8%
- Patient Safety, i.e. weights, length based tapes – 77.1%
- Equipment – 89.1%
Helping America’s ED’s Prepare for Children

What is the Pediatric Readiness Toolkit?

The Pediatric Readiness Resource Toolkit is designed to help your emergency department (ED) understand the Pediatric Readiness assessment score and support your use of the assessment to successfully improve the care of children in your ED. Created by the EMS for Children National Resource Center and the Pediatric Readiness Resource Development Working Group, this toolkit is available for all EDs to use free of charge. The toolkit focuses on the seven main areas of ED readiness to care for children (the Pediatric Readiness Project’s key assessment areas) and can be used by a variety of individuals, including emergency physicians and nurses, ED directors, quality or performance improvement directors, clinical nurse educators, hospital administrators, and state EMS directors.

Contents of the Pediatric Readiness Resource Toolkit:

- Administration and Coordination
- Physicians, Nursing, and Other Health Care Providers Who Staff the ED
- Quality Improvement-Performance Improvement in the ED
- Improving Pediatric Patient Safety
- Policies, Procedures, and Protocols
- Equipment, Supplies, and Medications
- Library
- Resource Toolkit Evaluation

The Pediatric Readiness User Agreement applies not only to the Pediatric Readiness Resource Toolkit but to all resources and materials posted on this website. No contributor or author of the Toolkit or any of the resources or materials posted on this website assumes any liability for your use or modification of such resources or materials. The foregoing is in addition to any terms that are contained in the User Agreement and to any defenses or remedies available under law.

The information contained in this toolkit was last updated November 2012.
Resources to help EDs become Peds Ready:
www.pediatricreadiness.org
A Tour of the Toolkit

What Is the Pediatric Readiness Toolkit?

"I just finished our pediatric readiness assessment and am so excited to be a part of this project! The readiness web page has such great, valuable information... We see pediatric patients, but in a limited number, so I am always looking for ways to determine competency and make staff feel more comfortable treating this fragile population. ... Thanks again for your time and effort in this worthwhile cause."

-- Julie Bydalek, RN, BSN, Chief Nursing Officer
Franklin County Memorial Hospital, Franklin, NE

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Guidelines for Administration and Coordination

Guidelines for Administration and Coordination of the ED for the Care of Children

This section contains resources regarding the qualifications and responsibilities for the physician coordinator and nursing coordinator staffing your emergency department (ED).

- Executive Tactic Evaluation Worksheet (Example)
- Importance of the Pediatric Care Coordinator Role
- Role Responsibilities MD ED Pediatric Coordinator
- Role Responsibilities Nursing ED Pediatric Coordinator
Pediatric Nurse Coordinator
“Champion”

• A registered nurse who possesses special interest, knowledge, and skill in the emergency nursing care of children, as demonstrated by training, clinical experience, or focused continuing nursing education.

• Maintains competency in pediatric emergency nursing care.
Purpose:
The Institute of Medicine (IOM) made a recommendation in 2006 for regionalized systems of care and further recommended that hospitals and EMS systems appoint qualified coordinators for pediatric emergency care. EDs that appoint these positions tend to be more prepared as measured by compliance with guidelines on the care of children in the ED published by the American College of Emergency Physicians and American Academy of Pediatrics and the Emergency Nurses Association.

Qualifications:
The nursing coordinator has the following qualifications:

- Is a registered nurse (RN) who possesses special interest, knowledge, and skill in
- the emergency medical care of children as demonstrated by training, clinical experience, or focused continuing nursing education.
- Maintains competency in pediatric emergency care.
- Is credentialed and has competency verification per the hospital policies and guidelines to provide care to children of all ages.
- May be a staff nurse who is currently assigned other roles in the ED, such as clinical nurse specialist or may be shared through formal consultation agreements with professional resources from a hospital that is capable of providing definitive pediatric care.

Responsibilities:
The nursing coordinator is responsible for the following:

- Facilitating and participating in ED pediatric QI/PI activities.
- Working with the Physician Coordinator, serving as liaison/coordinator to appropriate in-hospital and out-of-hospital pediatric care committees and other providers of pediatric inpatient or emergency care in the community, including EMS and definitive pediatric care hospitals.
- Facilitating, along with physician coordinator, hospital-based educational activities, ED nursing continuing education in pediatrics and ensuring that pediatric-specific elements are included in orientation for new staff members.
- Ensuring that initial and annual competency evaluations completed by the ED nursing staff are pertinent to children of all ages.
- Promoting pediatric disaster preparedness for the ED and participating in hospital disaster-preparedness activities.
- Promoting patient and family education in illness and injury prevention.
- Providing assistance and support for pediatrics education of out-of-hospital providers who are affiliated with
Skills, Knowledge and Competency

Physicians, Nurses, and Other Health Care Providers Who Staff the ED

This section contains resources regarding the necessary skills, knowledge, and training in emergency evaluation and treatment of children of all ages among staff in your emergency department (ED).

- Competency and Ongoing Evaluation of ED Staff
- Education, Training, Quality, and Performance Improvement Activities
- Equipment Competency Validation Record
- Physical Assessment Pediatric Checklist
- Orientation Knowledge and Skills Checklist for the Registered Nurse
- Skills Assessment Workshop Flyer and Grid for Licensed Nursing Staff
## Skills and Knowledge Assessment for Nurses

### Knowledge and Skills

<table>
<thead>
<tr>
<th>Self Evaluation Code</th>
<th>Method of Instruction (Type)</th>
<th>Self Eval</th>
<th>Method of Instruction</th>
<th>Preceptor Evaluation</th>
<th>Comments</th>
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<tbody>
<tr>
<td>0 = No experience</td>
<td>A = Audiovisual</td>
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<tr>
<td>1 = Minimal experience</td>
<td>B = Book review and supervision</td>
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<tr>
<td>2 = Perform independently</td>
<td>C = Computer Assisted Instruction</td>
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<tr>
<td>Preceptor Evaluation Code</td>
<td>D = Demonstration</td>
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<tr>
<td>0 = No opportunity to perform</td>
<td>E = Policy/Procedure Review</td>
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<tr>
<td>1 = Needs review and supervision</td>
<td>F = Written (eg. SLQ)</td>
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<tr>
<td>2 = Performs independently and safely or verbalizes/documents accurately</td>
<td>G = Verbal</td>
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<tr>
<td>0 = Other</td>
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### Patient Assessment and Procedures

Follows current policies and procedures:

1. **Pain Assessment and Management**
   - Assesses patient’s pain by performing a complete pain assessment, including the appropriate pain tool: FLACC
   - Body Faces
   - NRS
   - Pharmacologic interventions
   - Non-pharmacologic interventions
   - Pain reassessment
   - After IV opiate
   - After PO analgesic, non-pharmacologic interventions

2. **Fever Assessment and Management**
   - Assesses temperature
     - Axillary
     - Oral
     - Rectal
   - Discusses temperature cut-off values indicating fever
   - Fever management

3. **Respiratory System**
   - Assesses breath sounds
Nurses must attend clinical competency performance stations for identified skills in their work areas. Please review the Skills Assessment Workshop learning materials before attending. Refer to the back of this flyer for the identification of required skills to be completed.
Guidelines for QI/PI in the ED

This section contains resources regarding the integration of pediatric patient care-review processes into the Quality Improvement (QI)/Performance Improvement (PI) plan of your emergency department (ED).

- Check Your Pediatric Preparedness
- Example QI Plan: Illinois EMSC Pediatric Mild Traumatic Head Injury
- HCA Pediatric Readiness Gap Analysis (Example)
- Rapid-Cycle Improvement: Controlling Change
- Introduction to Quality Improvement: Developing an Initial Assessment and Plan
EMSC QI Tools

The National Pediatric Readiness Project
http://www.PediatricReadiness.org

Introduction to Quality Improvement: Developing an Initial Assessment and Plan

The Emergency Medical Services for Children (EMSC) Program, in collaboration with the Indian Health Service (Accredited Sponsors), Presents,

"Pediatric Readiness Data: An Opportunity to Improve Quality of Care in Your Emergency Department"

Part III of the Webinar Series: EMSC Opportunities for Enhancing Pediatric Emergency Care

Wednesday, December 17, 2014 4:00pm to 5:30pm EST

Emergency care is an inherently chaotic environment that generates underlying risk. Furthermore, pediatric emergency care is even more risky due to the infrequency of pediatric patient encounters and provider discomfort in providing pediatric care. The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children. Of the 4,136 hospitals that responded to the 2013 survey, the average readiness score was 69 out of 100 possible points (EMSC National Resource Center, 2014). Although there was modest improvement from the 2003 assessment, opportunities for further improvement in the care of children persist. This program will define quality improvement, highlight key components of the quality improvement process, and discuss how to apply essential quality improvement methodologies to improve pediatric emergency care using the National Pediatric Readiness data. Specifically, Charles Macas, MD, MPH, and Kate Rienczick, MD, will discuss the importance of quality improvement in pediatric emergency care, a key quality improvement framework, and potential for quality improvement projects using the National Pediatric Readiness data. Evelyn Lyons, RN, MPH, will illustrate the real-life application of quality improvement in pediatric emergency care.

Target Audience: This educational event was planned with hospital ED Pediatric Readiness respondents in mind. Content is appropriate for all ED leaders, including ED medical directors, managers, education specialists, quality improvement coordinators, as well as hospital leadership, quality improvement department staff, EMSC program managers, and state departments of health/hospital regulatory staff.

Objectives: As a result of having participated in this webinar, attendees will be able to:
2. Distinguish quality assurance from quality improvement.
3. List critical components of the quality improvement process.
4. Illustrate case representation a pediatric emergency quality improvement opportunity.
5. Identify potential quality improvement initiatives via pediatric readiness data.

Moderator:
Elizabeth Edgerton, MD, MPH, Director, Division of Child, Adolescent and Family Health; Health Resources and Services Administration

Presented By:
Charles Macas, MD, MPH, Chief Clinical Systems Integration Officer, Texas Children’s Hospital
Katherine Rienczick, MD, Associate Medical Director, Austin Travis County EMS System and Pediatric Emergency Medicine Faculty, Pediatric Emergency Medicine Fellowship, UT Southwestern Austin, Dell Children’s Medical Center, Austin, TX
Evelyn Lyons, RN, MPH, Manager and Co-Principal Investigator, Illinois Emergency Medical Services for Children Program, Illinois Department of Public Health
The STN TOPIC course is taught to all members of the trauma system team who participate in the ongoing assessment, evaluation and improvement of trauma care. The Society of Trauma Nurses has developed the "Trauma Outcomes and Performance Improvement Course" in response to the need for education and better understanding of the performance improvement process in trauma care. TOPIC focuses on the ongoing assessment of the continuum of trauma care with a structured review of process and discussions of strategies to monitor trauma patient outcomes.

The TOPIC course is taught in a one day, interactive, modular format, customized to best meet the needs of the individual trauma care provider participants who have varying levels of experience with trauma performance improvement. The course offers practical application for all levels of trauma centers, from entry level to mature phase of program development. The modules are taught with a focus on didactic, operational definitions, sample tools, case study examples and take home points.

TOPIC is offered by the Society of Trauma Nurses several times a year in various rotating locations. If your institution or professional organization are interested in having the STN provide this course, in conjunction with your next conference or commission or as a stand alone
Other STN Resources
## Alphabetic Listing

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Description</th>
<th>Date Updated</th>
<th>Download</th>
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<tr>
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<td>Tertiary Survey/Assessment (Henry Ford Hospital, MI)</td>
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<td>Thoracotomy Setup</td>
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<tr>
<td>Tranexamic Acid Protocol</td>
<td></td>
<td>10 December 2013</td>
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</table>
Guidelines for Improving Pediatric Patient Safety in the ED

This section contains resources regarding the delivery of pediatric care in your emergency department that reflects an awareness of unique pediatric patient safety concerns.

- EBroselow System
- Pediatric Resuscitation and Emergency Medications - Excel Calculator
- Quick Reference Code Cards (Developed by UCLA Harbor Medical Center, these code cards include reference information about pediatric sedation, intubation, vitals, medications, equipment, EKGs, and status epileptics.)
- Key Points on Medication Errors
Guidelines for Policies, Procedures, and Protocols for the ED

The sample policies in this section are based on actual policies currently in use in emergency departments around the country. They provide a good starting point based on the Guidelines and can be used as a template for the development of policies for other emergency departments. You may customize any of the template documents to meet your facility's individual needs.

Illness and Injury Triage

- Emergency Severity Index (ESI): A Triage Tool for Emergency Department Care
- SAMPLE Illness & Injury Triage Policy Template

AAP Related Statements:

- Clinical Report: Physicians Roles in Coordinating Care of Hospitalized Children
- Management of Pediatric Trauma
- Overcrowding Crisis in Our Nations EDs: Is Our Safety Net Unraveling
- Principles of Pediatric Patient Safety: Reducing Harm Due to Medical Care

Pediatric Patient Assessment and Reassessment

AAP Related Statements:

...
Opportunities to Improve Pediatric Trauma Care

Sections include:
• Algorithm for developing transfer processes
• Standards and regulations addressing transfer processes
• Agreements and MOAs
• Guidelines – essential components
• Family considerations
• Case studies
• Quality improvement considerations

Released Feb. 2013, 1600 hits – 8 professional websites
Implementing Change

New Tools developed with those in the know – national experts and Federal partners

To check the boxes in the checklist smaller hospitals could benefit by collaborating/partnering with those in the know –

Could that be you?
Equipment Supplies and Medications

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED

This section contains a checklist of all the pediatric equipment, supplies, and medications necessary to care for children of all ages and sizes. Items on the checklist should be easily accessible, clearly labeled, and safely and logically organized.

- Emergency Department Preparedness Checklist
Can you be a Resource?

- Trauma system – is the system working right if pieces are missing?

- Knowledge and help – acknowledge their strengths, help them be better prepared do a better job in being ready to care for children.
## Guidelines for Care of Children in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2009 joint policy statement “Guidelines for Care of Children in the Emergency Department,” which can be found online at http://aappolicy.aapublications.org/cgi/reprint/pediatrics;124/4/1233.pdf.

Use the checklist to determine if your emergency department (ED) is prepared to care for children.

### Administration and Coordination of the ED for the Care of Children

- **Physician Coordinator for Pediatric Emergency Care.** The pediatric physician coordinator is a specialist in emergency medicine or pediatric emergency medicine; or if these specialties are not available then pediatrics or family medicine, appointed by the ED medical director, who through training, clinical experience, or focused continuing medical education demonstrates competence in the care of children in emergency settings, including resuscitation.

- **Nursing Coordinator for Pediatric Emergency Care.** The pediatric nurse coordinator is a registered nurse (RN), appointed by the ED nursing director, who possesses special interest, knowledge, and skill in the emergency care of children.

### Guidelines for Improving Pediatric Patient Safety

The delivery of pediatric care should reflect an awareness of unique pediatric patient safety concerns and are included in the following policies or practices:

- Children are weighed in kilograms.
- Weights are recorded in a prominent place on the medical record.
- For children who are not weighed, a standard method for estimating weight in kilograms is used (e.g., a length-based system).
- Infants and children have a full set of vital signs recorded (temperature, heart rate, respiratory rate) in medical record.
- Blood pressure and pulse oximetry monitoring are available for...
Library/Resources

Library

| Clinical Care Guidelines | Policy Statements |

Clinical Care Guidelines

- Agency for Healthcare Policy and Research’s National Guidelines Clearinghouse (accessed 2013)

Policy Statements

This section contains policy statements that reflect the position of the American College of Emergency Physicians (ACEP), the American Academy of Pediatrics (AAP), and the Emergency Nurses Association (ENA) on issues related to the care of children. The most current ACEP policy statements can be found at http://www.acep.org. The most current AAP and ENA policies can be found at http://aappolicy.aappublications.org/ and http://www.ena.org, respectively.

AAP and ACEP


AAP

- Consent for Emergency Medical Services for Children and Adolescents (2011)
- Death of a Child in the Emergency Department (2005)
- Dispensing Medications at the Hospital Upon Discharge From an Emergency Department (2012)
- Emergency Information Form for Children with Special Needs (2010)
- Management of Pediatric Trauma (2008)
And the Story Goes on

Level I Pediatric Trauma Center across state boarders 90 minutes away

Transferred via helicopter

Admitted to PICU
What role do we play?
Putting the Pieces Together

- Ask the questions
- Partnerships
- Find the resources
- Make your case
- Show some passion
- Step up to the plate
- Make your enthusiasm contagious!
Children Score Big with Team STN!

There is ALWAYS room to do it BETTER!!!

National Data continues to show there is room for improvement in every ED. We need to get busy!

Children are dependent upon us.

Resources are there to begin the hard work.
Questions/Contact Information

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