

Checklist and Available Resources

July 20, 2020

The <u>National Pediatric Readiness Project</u> is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children. In late 2019, the <u>National Pediatric Readiness Project Steering Committee</u> underwent an extensive revision of the <u>assessment</u>, <u>checklist</u> and accompanying <u>Readiness Toolkit</u> in order to align with the 2018 joint policy statement "Pediatric Readiness in the Emergency Department," which can be accessed online at: https://pediatrics.aappublications.org/content/pediatrics/142/5/e20182459.full.pdf.

The updated checklist—which was reviewed and endorsed by the boards of the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA)—is intended to be a concise enough to be printed and used by a hospital care team to take inventory of the emergency department. The checklist is supported by a comprehensive online Readiness Toolkit that mirrors of the structure of the checklist and offers additional resources.

In an effort to connect the <u>checklist</u> with the most relevant resources found in the <u>Readiness</u> <u>Tooklit</u>, the EMSC Innovation and Improvement Center together with the two <u>Pediatric Disaster Care</u> <u>Centers of Excellence</u>—the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) and the Eastern Great Lakes Pediatric Consortium for Disaster Response (EGLPCDR) developed the following document for use by hospital emergency departments.









definition of the role(s).

Pediatric Readiness 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) 2018 joint policy statement "Pediatric Readiness in the Emergency Department," which can be found online at: https://pediatrics.aappublications.org/content/pediatrics/142/5/e20182459.full.pdf. Use this tool to check if your hospital emergency department (ED) has the most critical components listed in this joint policy statement.

Administration and Coordination of the ED for the Care of Children		
□Physician Coordinator for Pediatric Emergency Care (PECC)*	https://emscimprovement.center/domains/hospital- based-care/pediatric-readiness-project/readiness-toolkit/ https://emscproduction-NPRP Checklist	
	Importance of the Pediatric Care Coordinator	
Board certified/eligible in EM or PEM (preferred but not required for resource limited hospitals)	Role Responsibilities of an MD ED Coordinator	
The Physician PECC is not board certified in EM or PEM but meets the qualifications for credentialing by the hospital as an emergency clinician specialist with special training and experience in the evaluation and management of the critically ill child.	Is Your ED Ready for Children	
□Nurse Coordinator for Pediatric Emergency Care (PECC)*	Role Responsibilities of a Nursing ED Coordinator	
CPEN/CEN (preferred)	https://bcen.org/cen/ https://bcen.org/cpen/	
Other credentials (e.g. CPN, CCRN)	https://www.aacn.org/certification/get-certified/ccrn- peds	
*An Advanced Practice Provider may serve in either o	f these roles. Please see the guidelines/ toolkit for further	

Physicians, Advanced Practice Providers (APPs), Nurses, and Other ED Healthcare Providers	
Healthcare providers who staff the ED have periodic	Te i Tovideis
pediatric-specific competency evaluations for	Nursing -Equipment Competency Validation Record
children of all ages. Areas of pediatric competencies include any/all of the following:	Orientation Knowledge and Skills Checklist for the RN
	Officiation Knowledge and Skins Checklist for the Kit
Assessment and treatment (e.g. triage)	Physical Assessment Pediatric Checklist

Medication administration	
Device/equipment safety	Equipment Competency Validation Record
Critical procedures	Clinical Pathways
Resuscitation	
Trauma resuscitation and stabilization	
Disaster drills that include children	
Patient and family-centered care	
Team training and effective communication	

Guidelines for QI/PI in the ED	
The QI/PI plan includes pediatric-specific indicators	Check Your Pediatric Preparedness
	Example QI Plan: Illinois EMSC Pediatric Mile Traumatic Head Injury Quality Improvement Resources
Data are collected and analyzed	HCA Pediatric Readiness Gap Analysis (Example)
System changes are implemented based on performance	Rapid-Cycle Improvement Controlling Change
System performance is monitored over time	Pediatric Readiness Data: An Opportunity to Improve Quality of Care in Your ED
Please see the guidelines	/ toolkit for additional details

	ED Policies, Procedures, and Protocols		
care of into ov	s, procedures, and protocols for the emergency children. (<i>These policies may be integrated</i> erall ED policies as long as pediatric-specific are addressed)		
	Illness and injury triage	Illness and Injury Triage	
	Pediatric patient assessment and reassessment	Pediatric Assessment and Reassessment	
	Identification and notification of the responsible provider of abnormal pediatric vital signs	Documentation of Vital Signs	
	Immunization assessment and management of the under- immunized patient	Immunization Assessment	
	Sedation and analgesia, for procedures including medical imaging	Sedation and Analgesia	
	Consent, including when parent or legal guardian is not immediately available	Consent Template Consent Template	
	Social and behavioral health issues	Social and Mental Health Issues	

	Behavioral Health
Physical or chemical restraint of patients	Physical or Chemical Restraint of Patients
Child maltreatment reporting and assessment	<u>Child Maltreatment</u>
Death of the child in the ED	Death of the Child in the ED Death of a Child Template
Do not resuscitate (DNR) orders	Do Not Resuscitate Orders
Children with special health care needs	<u>Children with Special Healthcare Needs</u>
Family and guardian presence during all aspects of emergency care, including resuscitation	Family-Centered Care Family Presence
Patient, family, guardian, and caregiver education	
Discharge planning and instruction	Discharge Planning
Bereavement counseling	Bereavement
Communication with the patient s medical home or primary care provider as needed.	Communication with Primary Care Providers
Telehealth and telecommunications	Telehealth and Telecommunications

All-Hazard Disaster Preparedness		
	zard disaster-preparedness plan c-specific needs within the core g:	Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies Family Resources
	ns, vaccines, equipment, supplies and oviders for children in disasters	
☐ Pediatric s	urge capacity for injured and non- ildren	
	nation, isolation, and quarantine of d children of all ages	
□ Minimizat	ion of parent-child separation	Location for Family Reunification Checklist for Locating Famies
☐ Tracking a	and reunification for children and	<u>Tracking Children</u>

families	Family Sign In and Tracking Form Unaccompanied Minor Tracking Form
Access to specific behavioral health therapies, and social services for children	
Disaster drills include a pediatric mass casualty incident at least every two years	Disaster Planning: Preparing for Pediatric Surges
Care of children with special health care needs	

Evidence-Based Guidelines	
☐ Evidence-based clinical pathways, order sets	PECARN Publications
or decision support available to providers in	<u>TREKK</u>
real time	AHA Pediatric Resuscitation
	AHA Neonatal Resuscitation

Inter-facility Transfers		
Written pediatric inter-facility transfer agreements	Interfacility Transfer Tool	
	Interfacility Template	
Written pediatric inter-facility transfer guidelines. These may include:	Interfacility Transfer Toolkit	
Criteria for transfers (e.g. specialty services)		
• Criteria for selection of appropriate transport service		
 Process for initiation of transfer 		
Plan for transfer of patient information		
Integration of family-centered care		
Integration of telehealth/telecommunications		

Guidelines for Improving Pediatric Patient Safety		
Pediatric patient and medication safety needs are		
addressed in the following ways:		
☐ Children are weighed in kilograms only	EBroselow System	
□ Weights are recorded in kilograms only		

For children who require emergency stabilization, a standard method for estimating weight in kilogramsis used (e.g., a length-based system)	Pediatric Resuscitation and Emergency Medications - Excel Calculator
Infants and children have a full set of vital signs recorded	Quick Reference Code Cards
 A full set of vital signs includes temperature, heart rate, respiratory rate, pulse oximetry, blood pressure, pain, and mental status when indicated in the medical record. 	Vital Sign Assessment
CO2 monitoring for children of all ages	
Process for safe medication delivery that includes:	Key Points on Medication Errors
 Prescribing 	
Administration	
• Disposal	
Pre-calcuated drug dosing and formulation guides	
24/7 access to interpreter services in the ED	
Timely tracking and reporting of patient safety events	

	Guidelines for ED Support Services	
	Medical imaging capabilities and protocols address age- or weight-appropriate dose reductions for children.	
	All efforts made to transfer completed images when a patient is transferred from one facility to another.	
	Collaboration with radiology, laboratory and other ED support services to ensure the needs of children in the community are met.	
Please see the guidelines / toolkit for additional details		

Guidelines for Medication, Equipment and Supplies	
Pediatric equipment, supplies, and medications are	2020 ED Checklist
appropriate for children of all ages and sizes (see list	
below), and are easily accessible, clearly labeled, and	
logically organized.	
☐ ED staff is educated on the location of all items	

Daily method in place to verify the proper location and function of pediatric equipment and supplies	
Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications	
Standardized chart or tool used to estimate weight in kilograms if resuscitation precludes the use of a weight scale (eg, length-based tape)	

Med	ications
Analgesics (oral, intranasal, and parenteral)	
Anesthetics (eutectic mixture of local anesthetics; lidocaine 2.5% and prilocaine 2.5%; lidocaine, epinephrine, and tetracaine; and MX 4.4% lidocaine.)	
Anticonvulsants (benzodiazepines, levetiracetam, valproate, carbamazepine, fosphenytoin, and phenobarbital)	
Antidotes (common antidotes should be accessible to the ED e.g. naloxone)	
Antipyretics (acetaminophen and ibuprofen)	
Antiemetics (ondansetron and prochlorperazine)	
Antihypertensives (labetalol, nicardipine, and sodium nitroprusside)	
Antimicrobials (parenteral and oral)	
Antipsychotics (olanzapine and haloperidol)	
Benzodiazepines (midazolam and lorazepam)	
Bronchodilators	
Calcium chloride and/or calcium gluconate	
Corticosteroids (dexamethasone, methylprednisolone, and hydrocortisone)	
Cardiac medications (adenosine, amiodarone, atropine, procainamide, and lidocaine)	
Hypoglycemic interventions (dextrose, oral glucose)	
Diphenhydramine	
Epinephrine (1mg/m 1M and 0.1 mg/m IV solutions)	
Furosemide	
Glucagon	
Insulin	
Magnesium sulfate	
Intracranial hypertension medications	

(mannitol, 3% hypertonic saline)	
Neuromuscular blockers (rocuronium and succinylcholine)	
Sucrose solutions for pain control in infants	
Sedation medications (midazolam, etomidate and ketamine)	
Sodium bicarbonate (4.2%)	
Vasopressor agents (dopamine, epinephrine and norepinephrine)	
Vaccines (tetanus)	

Equipment/Supplies: General Equipment		
	Patient warming device (infant warmer) IV blood and/or fluid warmer Restraint device	
	Weight scale, in kilograms only (no opportunity to weigh or report in pounds), for infants and children Tool or chart that relies on weight (kilograms) used to assist physicians and nurses in determining equipment size and correct drug dosing (by weight and total volume)	
	Pain scale assessment tools that are appropriate for age Rigid boards for use in CPR	
	Pediatric-specific AED pads	
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Equipment/Supplies: Vascular Access		
Arm boards		
□ Infant		
□ Child		
Atomizer for intranasal administration of medication		

Cathete	er-over-the-needle device	
	22 gauge	
	24 gauge	
Intraos	seous needles or device	
	Pediatric	
	IV administration sets with calibrated chambers and extension tubing and/or infusion devices with the ability to regulate the rate and volume of infusate (including low volumes)	
IV solu		
	Normal saline	
	Dextrose 5% in 0.45% normal saline	
	Actated Ringer's solution	
	Dextrose 10% in water	
	Equipment/Supplies: Fra	acture-Management Devices
Extrem	uity splints (including femur splints)	
	Pediatric	
Cervica	al Collar	
	Infant	
	Child	
	Equipment/Supplies:	Monitoring Equipment
Blood	pressure cuffs	
	 Neonatal 	
	• Infant	
	• Child	
	Doppler ultrasonography devices	
	ECG monitor and/or defibrillator with pediatric and adult capabilities, including pediatric-sized pads and/or paddles	
	Pulse oximeter with pediatric and adult probes	
	Continuous end-tidal CO2 monitoring	
	Equipment/Supplie	es: Respiratory
<u>End</u> otra	acheal Tubes	
	Uncuffed 2.5 mm	
	Uncuffed 3.0 mm	
	Cuffed or uncuffed 3.5 mm	
	Cuffed or uncuffed 4.0 mm	

	Cuffed or uncuffed 4.5 mm		
	Cuffed or uncuffed 5.0 mm		
	Cuffed or uncuffed 5.5 mm		
	Cuffed 6.0 mm		
Feedin	g Tubes		
	5F		
	8F		
Aryn	goscope Blades		
	Straight: 0		
	Straight: 1		
	Straight: 2		
	Curved: 2		
Magill	<u>Forceps</u>		
	Pediatric		
Nasoph	naryngeal Airways		
	Infant		
	Child		
Oropha	aryngeal Airways		
	size 0		
	size 1		
	size 2		
	size 3		
Stylets	for endotracheal tubes		
	Pediatric		
	Infant		
Suction	<u>n Catheters</u>		
	Infant (6-8F)		
	Child (10-12F)		
Rigid S	Suction Device		
	Pediatric		
	Equipment/Supplies: Respiratory (cont.)		

Equipment/Supplies: Respiratory (cont.)	
Bag-mask device, self-inflating	
□ Infant (250 ml)	
□ Child (450-500 ml)	
Non-rebreather masks	

	Infant	
	Child	
Clear (Oxygen masks	
	Infant	
	Child	
Masks	to fit bag-mask device adaptor	
	Neonatal	
	Infant	
	Child	
Nasal o	cannula_	
	Infant	
	Child	
Gastric		
	Infant (8F)	
	Child (10F)	<u> </u>
		1. 1D 1
	Equipment/Supplies: Speci	alized Pediatric Trays or Kits
	alt airway supplies and/or kit	
	nts to be based on pediatric patients served at the	
	al and may include some or all of the following:	
	Supraglottic airways of all sizes	
	Needle cricothyrotomy supplies	
	Surgical cricothyrotomy kit	
	Video laryngoscopy	
	orn delivery kit (including equipment for initial	
	itation of a newborn infant:	
	Umbilical clamp	
	Scissors	
	Bulb syringe	
	Towel	
	y catheterization kits and urinary (indwelling)	
cathete		
	Infant	
	Child	
Ac		h-Volume EDs (>10000 Pediatric Patient per Year)
Alpros		JOI 1041)
Aipros	stadil (prostaglandin E1)	
Contro	1 vanous authotors	
	1 venous catheters	
	4.0F	

	5.0F	
	6.0F	
	7.0F	
Chest	tubes	
	Infant (8-12F catheter)	
	Child (child: 14-22F catheter)	
	Adult (24-40F catheter) or	
	Pigtail catheter kit (8.5-14F catheter)	
Hypot	nermia thermometer	
Inotro	oic agents (eg, digoxin and milrinone)	
Aryng	oscope blade	
	Size 00	
	Umbar puncture tray, spinal needles:	
	Infant	
	Child	
Nonin	vasive ventilation	
	Continuous positive airway pressure or	
	High-flow nasal cannula	
	Self-inflating bag-mask device	
	Pediatric	
Tube t	horacostomy tray	
Trache	eostomy tubes	
	Size 0	
	Size 1	
	Size 2	
	Size 3	
	Size 4	
	Size 5	
	Size 6	
<u>Umbil</u>	ical vein catheters	
	3.5F	
	5.0F	
Video	laryngoscopy	

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