



NORTHWEST HEALTHCARE  
**Response Network**

# Pediatric Response Planning/Tools

Kay Koelemay, MD, MPH

Affiliate Assistant Professor

University of Washington School of Public Health

Former Clinical Advisor, King County Healthcare Coalition

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# Pediatric Patients in MCI

- Critically ill or injured children may present to any and all hospitals
    - Accessibility issues for emergency responders
    - Transfer to specialized hospital may be impossible
      - Unstable patient
      - Shortage of vehicles
      - Impassable roads or bridges
      - Specialized hospital cannot accommodate
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# Toolkit Contents

- Staffing and training
  - Equipment and supplies
  - Pharmaceutical planning
  - Dietary planning
  - Transportation
  - Inpatient bed planning
  - Security and psychosocial support
  - Decontamination of children
  - Hospital-based triage
  - Infection control guidance
  - Family Information and Support Center
  - Psychological First Aid (PFA)
  - Pediatric transport issues
  - Pediatric surge strategies
  - Job action sheets
  - Pediatric Safe Area checklist
  - Sample menu
  - Tracking protocol
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# EMSC Readiness Toolkit

- ❑ Administration and Coordination
- ❑ Physicians, Nurses and Other ED Staff
- ❑ QI/PI in the ED
- ❑ Pediatric Patient Safety
  - eBroselow System
  - Pediatric Medications – Excel Calculator
  - Quick Reference Code Cards
  - Key Points on Medication Errors
- ❑ Policies, Procedures and Protocols
- ❑ Equipment, Supplies and Medications
- ❑ Library



## 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.aappublications.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.

### Physicians, Nurses and Other Healthcare Providers Who Staff the ED

### 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 children of all ages on the basis of illness and injury severity.
- A process for identifying age-specific abnormal vital signs and notifying the physician of these is present.
- Processes in place for safe medication storage, prescribing

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# “Toolkit” Implementation Plan

- Identify training “package”
    - “Every Kid Every Time”
    - Just-in-time training materials
    - Team training resources
  - Communication plan
    - Pediatric bed tracking
    - Situational awareness
    - WATrac
      - Web-based disaster management tool
  - Surveys to track progress
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# Important 1<sup>st</sup> Steps

Create pediatric leadership positions

- Physician Coordinator
- Nursing Coordinator

**"...Guidelines for Care of Children in the Emergency Department"  
2009 joint policy statement of committees of  
American Academy of Pediatrics  
American College of Emergency Physicians  
& the Emergency Nurses Association**

<http://pediatrics.aappublications.org/cgi/reprint/124/4/1233> .

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# Impact of Pediatric Coordinators

Preparedness Element	More likely with Pediatric Physician Coordinator	More likely with Pediatric Nurse Coordinator
Emergency plan that includes how to evaluate and treat kids	4 times	3 times
Tracking plan for unaccompanied or displaced children	6.5 times	5 times
Plan to house pediatric patients in-place	15 times	11.5 times
Have equipment to meet pediatric medical needs	7 times	6 times

Clancy KA, Kacica MA. Ready for our children? Disaster Medicine and Public Health Preparedness. June 2012; 6 (2): 138-145.

# Pediatric Readiness Survey 2013

N = 4137 (82.7%)

- 83% of pediatric visits: non-children's hospitals
- 69% EDs: see < 14 pediatric patients per day
- 50%: have 90% equipment & supplies
- 53% hospitals have no pediatric ward
- If at least 1 physician/nurse peds coordinator
  - 2X more likely to have peds policies in place
  - 4X more likely to have quality improvement plan

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“Creating the role of PECC  
*[Pediatric Emergency Care Coordinators]*  
is the single **most important**  
process change that  
hospital and ED administrators can  
implement to improve **compliance** with the  
national guidelines.”

# Planning Pointers

- ASPR monies: apply to training, when available
- Pediatric Workshops
  - Triage and color-coding
  - Necessary skills in large-scale event
- Work with EMS
  - Pediatric training and transport curriculum
    - Automotive Safety Program / Riley Hospital for Children
  - EMSC: Pediatric Readiness Project
    - Website: <http://www.pediatricreadiness.org/>



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# Teaching Tools

- Online tools – see Resource List
  - Exercises and games
    - Tot Trivia
    - Mock patients
      - Manikin Triage
        - Manikin clinical and visual inspection
    - Rapid Fire Triage
      - Triage Flash cards
    - Patient scenarios/use of Broselow™ Tape
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# Recommendations for Success

- Identify pediatric “champions”
  - Involve community providers as well as hospitals
  - Plan for pediatrics in Alternate Care Facilities
    - Keep hospitals available for sickest and most injured
  - Make pediatric learning a “standard practice”
    - CME
    - On-line modules
    - Mock codes and disaster drills
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# Potential Challenges

- Participation
  - Cost considerations
    - Planning/training, pediatric supplies and equipment
    - Staff time/ prioritization
    - Reallocation of facility space
  - Leadership “buy-in” and support
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# Additional Resources

- “Children in Disasters: Hospital Guidelines for Pediatric Preparedness,” 3<sup>rd</sup> Edition (2008),  
<http://www.nyc.gov/html/doh/downloads/pdf/bhpp/hepp-peds-childrenindisasters-010709.pdf>
  - Guidelines for Care of Children in the Emergency Department  
<http://www.pediatricreadiness.org/files/PDF/Checklist.pdf>
  - National Commission on Children and Disasters: 2010 Report to the President and Congress <http://www.ahrq.gov/prep/nccdreport/>
  - Northwest Healthcare Response Networks website:  
<http://www.nwhrn.org> → Library → Pediatrics
  - Pediatric Readiness Toolkit:  
[http://www.pediatricreadiness.org/PRP\\_Resources/](http://www.pediatricreadiness.org/PRP_Resources/)
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# Peds Planning – Close the Gaps

