

COMMENTARY

Be prepared

Policy offers blueprint for care of children in the ED

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The Academy, the American College of Emergency Physicians and the Emergency Nurses Association jointly released a policy statement, *Guidelines for Care of Children in the Emergency Department*, in September (<http://pediatrics.aappublications.org/cgi/reprint/peds.2009-1807v1>). This is the first time that

all three organizations have co-sponsored a policy and an unprecedented 22 other professional organizations have endorsed it.

The message is clear: Emergency departments (EDs) need to have the staffing, equipment and policies in place to care for patients of all ages, from neonates to adults. The overarching themes of the policy statement are “get ready” and “be prepared,” as children of all ages and sizes with complaints from minor issues to dire illness or injury can arrive in any ED at any time, not to mention the potential for surges of pediatric patients from traumatic incidents or influenza outbreaks. This policy statement empowers ED medical and nursing directors to get the resources they need to stand ready for the next child who requires emergency care.

These guidelines provide recommendations in seven key areas:

1. administration and coordination of the ED for the care of children;
2. physician and nurse staffing requirements;
3. quality and performance improvement plans;
4. improving patient safety;
5. policies, procedures and protocols for the care of children, including the integration of children into hospital disaster plans;
6. guidelines for support services, including radiology and the clinical laboratory; and
7. equipment, supplies and medications to be available for the care of children.



A widely endorsed policy urges emergency departments (EDs) to put in place the staffing, equipment and policies to stand ready for the next child who requires emergency care. Only 59% of ED directors even know guidelines exist for the care of children in the ED.

The Institute of Medicine (IOM) Report on the Future of Emergency Care in the United States Health System, *Emergency Care for Children: Growing Pains*, establishes that care for children is “uneven” — meaning emergency care for children varies in quality across the country. We know there are centers of excellence, yet how do we ensure that all EDs have the resources they need to stabilize an ill or injured child?

The first step is building awareness. We know that only 59% of ED medical directors even know that guidelines such as these exist and that key equipment for the care of children, such as pediatric Magill forceps, often are missing. Thus publishing the guidelines is not enough.

The IOM recognized that system planners often overlook pediatric emergency care issues and thus recommended that hospitals appoint two pediatric emergency coordinators, one of whom is a physician, to provide leadership in ensuring high-quality pediatric emergency care. The federal Emergency Medical Services for Children program further supported this recommendation by making it a performance measure requirement for all grantees.

Data from a survey of EDs across the country found that hospitals

that have a physician and/or nursing coordinator for pediatric emergency care are more likely to be prepared to care for children (Gausche-Hill M, et al. *Pediatrics*. 2007;120:1229-1237). In other words, if staff are assigned the task of ensuring pediatric readiness, it will get done. Otherwise, it may not get done.

Thus, this policy statement recommends that all EDs have a physician and nursing coordinator for pediatric emergency care who will ensure that staff has the education and training they need to maintain competency in the care of patients of all ages from neonates to adults.

Furthermore, equipment, medications and policies can be assessed and modified to include pediatric patients. Finally, the policy addresses other key issues, such as patient safety and disaster preparedness plans for children.

The bottom line is that of the 119 million ED visits each year, 24 million are for children and 90% of these visits occur in non-children's hospitals. All EDs must have the staff, policies and equip-

ment in place to care for these children. This policy statement, supported by a large number of major professional organizations caring for U.S. children, is the blueprint for ED managers and hospital administrators.

Pediatricians play a key role in building awareness and ensuring that their patients, when seen in the ED, are in an institution that meets these guidelines. As advocates for children, pediatricians can help by being proactive in promoting these national guidelines to their local hospital administrators, ED medical directors and ED nurse managers.

Dr. Gausche-Hill is a lead author of Guidelines for Care of Children in the Emergency Department. She also is a member of the AAP Section on Emergency Medicine and an editor of the Advanced Pediatric Life Support manual.

Key facts

- 24 million pediatric visits to EDs each year
- 90% of visits occur in community EDs
- 50% of these EDs see less than 10 children a day
- Children have different emergency care needs than adults: unique anatomic, physiologic and developmental features and disease pathophysiology that require specialized skills by providers and essential equipment, medications and supplies.
- Almost 20% of EDs do not have pediatric Magill forceps.
- In 2009, 1 million people had been infected by H1N1 influenza; the majority of the symptomatic patients are children.
- As H1N1 influenza continues to surge, ED preparedness becomes even more essential in providing the best care possible to children.