SOUTH CAROLINA EMS FOR CHILDREN

PEDS READY EMERGENCY DEPARTMENT GUIDEBOOK

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H33MC06719 EMSC Partnership Grants for $130,000 annually. 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."

SC EMS for Children Peds Ready ED Guidebook

CONTENTS

INTRODUCTION 2

RECOGNITION PROCESS 3

CRITERIA DEFINITIONS 4

ALL LEVELS CRITERIA 5

SITE REVIEW AGENDA 13

DOCUMENTS REQURIED 14

FAQ 15

RESOURCES 17

Guidebook Introduction

Pediatric Ready ED Program

The South Carolina Department of Public Health, Emergency Medical Services program (EMSC) is proud to offer the South Carolina Pediatric Readiness Recognition Program for Emergency Departments. The goal of this program is to improve the pediatric readiness in facilities across South Carolina and provide better health outcomes for our pediatric patients.

The South Carolina Pediatric Readiness ED Recognition program was designed based on measures from the National Pediatric Readiness Project (NPRP), American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA).

This recognition program is voluntary and there is no cost to participate. The South Carolina EMSC program supports any facility looking to participate and stands ready to assist reaching the standards laid out in this guidebook.

Recognition Process

To begin your Pediatric Readiness journey, review the contents of this guidebook. It is best to garner support from your team at this time and share these materials with appropriate faculty.

The program has three levels of recognition: basic, advanced, and comprehensive. All levels vary in desired, expected, and required criteria. Reviewing the standards will help you determine which level of recognition best fits your facilities capabilities.

Preparing for the application and survey process can take time, depending on the current state of your facilities readiness. The South Carolina EMSC program can assist throughout the preparation process and set up a mentor facility, if desired.

Once you have assured your facility meets the criteria of your desired level and is prepared for a site visit, fill out the application found on the South Carolina EMS for Children website. Once the application is complete; you will send the completed application to the information below.

After the application is submitted, the program manager will coordinate a survey team for your desired date. Survey dates are typically a month to three months from application submission.

Once the site visit is complete, surveyor findings will be reported to the EMSC Advisory Committee, who will determine recognition disposition. The EMSC Advisory Committee meets quarterly in January, April, July and October. Recognition will be announced at the corresponding meeting after your facilities site survey.

The South Carolina Peds Ready ED Recognition is valid for three years. Facilities must reapply and follow the recognition process to renew.

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Criteria Definitions

Desired, Expected, Required

Each recognition level has differing criteria expectations. These expectations are defined by Desired (D), Expected (E), and Required (E).

Desired	This criterion would be beneficial to have but is not completely necessary to provide appropriate care. If criterion is not met, it may be listed as an opportunity for improvement.
Expected	This criterion should be implemented at your facility. If the criterion is not met, it may be listed as a weakness. No more than 5% of expected items may be missed without a follow up. 5% varies per level of recognition due to variation in expected criteria: Basic: four to five expected items, advanced: five expected items, and comprehensive: three to four expected items.
Required	This criterion must be implemented at your facility. If the criterion is not met, it may be listed as a deficiency and require a follow-up.

Peds Ready Recognition Criteria	Peds Ready Basic	Peds Ready Advanced	Peds Ready Comprehensive
D-Desired E-Expected R-Required			
Personnel			
Admin			
Nurse Coordinator of Pediatric Emergency Care; role exists with job description, PALS current, ENPC current, 4 CEUs annually, engaged in regional activities	Expected	Expected	Expected *Should have national board certification
Physician Champion of Pediatric Emergency Care; role exists with job description, EM or PEM boarded (alternative criteria available)	Expected	Expected	Expected *Should be PEM board certified or eligible
Although the nurse coordinator and physician champion are expected, you must at least have one in place	Required	Required	Required
Bedside Staff			
Physicians who staff the ED have the necessary skills, knowledge, and training in the emergency evaluation and treatment of children of all ages who may be brought to the ED, consistent with the services offered by the hospital. Non EM/PEM boarded physicians must be current in PALS	Expected	Expected	Expected *ED should be staffed by EM or PEM board certified or eligible physicians
Nurses staffing the ED must have skill, knowledge and training in providing emergency care to children of all ages consistent with services provided by hospital; PALS current within 12 months of hire	Expected	Expected	Expected
RNs who routinely work where pediatrics are treated within the emergency department must be current in ENPC within 24 months of hire (80%)	Desired	Expected	Expected

Other allied health partners in the ED (RT, Rad tech, EMT, Paramedics, nurse techs, APCs, pharmacy) must have skill, knowledge and training in providing emergency care to children of all ages consistent with services provided by hospital	Desired	Expected	Expected
RT current in PALS within 12 months of hire	Desired	Desired	Desired
Baseline and periodic competency evaluations completed for all clinical staff, including physicians, are age specific and include evaluation of skills related to neonates, infants, children, adolescents, and children with special care needs (Competencies are determined by each institution's medical and nursing staff privileges policy; see resource page for examples)	Expected	Expected	Expected
Guidelines			
Safety			
Children must be weighed only in kilograms and recorded in a prominent place in the medical record	Required	Required	Required
For children who are not weighed, a standard method for estimating weight in kg is used (e.g. a length weight based system Broselow)	Required	Required	Required
Infants and children must have temperature, heart rate, respiratory rate, pain level, and mental status captured in the medical record	Required	Required	Required
Blood pressure, pulse oximetry, and end-tidal CO2 monitoring are available for children of all ages, on the basis of illness and injury severity	Expected	Expected	Required
A process for identifying age-specific abnormal VS and notifying the physician of these, if present	Expected	Expected	Required

ED environment is safe for children and supports patient-and family-centered care	Expected	Expected	Required
Policies for the timely reporting and evaluation of patient safety events, medical errors, and unanticipated outcomes are implemented and monitored	Expected	Expected	Required
Difficult airway plan	Desired	Expected	Required
Medication Safety			
Processes in place for safe medication storage, prescribing, and delivery that includes pre-calculated dosing guidelines for children of all ages	Expected	Expected	Required
Create a standard formulary for pediatric high-risk and commonly used medications	Expected	Expected	Required
Standardize concentrations of high-risk medications	Expected	Expected	Required
Reduce the number of available concentrations to the smallest possible number	Expected	Expected	Required
Operating Guidelines			
Illness and Injury triage with standards for timeliness of reassessment	Expected	Expected	Expected
Pediatric patient assessment and reassessment	Expected	Expected	Expected
Documentation of pediatric vital signs and actions to be taken for abnormal vital signs	Expected	Expected	Expected
Mental health screening in triage	Expected	Expected	Expected
Immunization assessment and management of the under immunized patient	Expected	Expected	Expected
Sedation and analgesia, including medical imaging if utilized for pediatric patient procedures	Expected	Expected	Expected
Consent, including when parent or legal guardian is not immediately available	Expected	Expected	Expected
24/7 access to interpreter services	Expected	Expected	Expected
Physical or Chemical restraint of patients	Expected	Expected	Expected

Child maltreatment and domestic violence reporting criteria, requirements, and processes	Expected	Expected	Expected
Policy statement for DNR orders	Expected	Expected	Expected
Death of the child in the ED	Expected	Expected	Expected
Family-centered care to include: Family involvement in patient decision-making and medication safety processes; family presence during all aspects of emergency care; patient, family, and caregiver education; discharge planning and instruction; and bereavement	Expected	Expected	Expected
Logistics			
Communication with the patient's medical home or primary care provider	Expected	Expected	Expected
Medical imaging, specifically guidelines that address pediatric age- or weight-based appropriate dosing for studies that impart radiation consistent with ALARA (as low as reasonably achievable) principles	Expected	Expected	Required
Inter-facility transfer plan	Expected	Expected	Expected
Pediatric pain assessments with developmentally appropriate scale	Expected	Expected	Expected
Guideline or protocol for administration of blood products in pediatric patients (Blood transfusion protocol)	Expected	Expected	Required
Radiology capability must meet the needs of the children in the community served. Specifically: An established process for referring children to appropriate facilities for radiological procedures that exceed the capability of the hospital AND an established process for timely review, interpretation, and reporting of medical imaging by a qualified radiologist	Expected	Expected	Expected

Laboratory capability must meet the needs of the children in the community served, including techniques for small sample sizes. Specifically: An established process for referring children or their specimens to appropriate facilities for laboratory studies that exceed the capability of the hospital	Expected	Expected	Expected
Hazards and Disaster Preparedness Plan			
A plan to secure appropriate medications, vaccines, equipment, and trained providers for disaster situations involving children	Expected	Expected	Expected
Pediatric surge plan identifying the capacity for injured and non-injured children	Expected	Expected	Expected
Plans to include decontamination, isolation, and quarantine of families and children	Expected	Expected	Expected
Plan for pediatric patient tracking and timely reunification of separated children with their families	Expected	Expected	Expected
Access or referral to specific medical and mental health therapies, and social services for children	Desired	Expected	Expected
Disaster exercises which include a pediatric mass casualty incident at least every two years to include nonverbal and nonambulatory children	Desired	Expected	Expected
A plan for evacuation of pediatric units and pediatric subspecialty units (if applicable)	N/A	Expected	Expected
Quality or Performance Improvement			
Take the National Pediatric Readiness Project Assessment within 3 years of application and create an action plan to address gaps found in gap report	Required	Required	Required
The ED QI/PI plan must include pediatric specific indicators	Expected	Expected	Required

One indicator must be all deaths and cardiac/respiratory arrest cases	Expected	Expected	Required
The pediatric patient care-review process is integrated into the ED QI/PI plan. Components of the process interface with out-of-hospital, ED, trauma, inpatient pediatric, pediatric critical care, and hospital-wide QI or PI activities (if applicable)	Expected	Expected	Required
Primary Review between Physician Champion and Nursing Coordinator. Should be elevated as needed and outlined by facility quality plan	Expected	Expected	Expected
Choose at least 2-3 additional indicators (examples: med errors, transfer out, any critical care event/code, age)	Expected	Expected	Expected
Choose at least 4-5 additional indicators, one must be admission or surgery within 72hr of ED discharge, 1-2 must involve inpatient care	Desired	Expected	Expected
Choose at least 6-8 additional indicators, one must be admission or surgery within 72hr of ED discharge, 3-4 must involve inpatient care	Desired	Desired	Expected
Interfacility Organization			
Pediatric inpatient services are available	Desired	Required	Required
Medical staff who participate in pediatric care inpatient have the necessary skills, knowledge, and training in the inpatient management and treatment of children of all ages, consistent with the services offered by the hospital	Desired	Expected	Required

Nurses staffing the inpatient pediatric areas must have skill, knowledge and training in providing emergency care to children of all ages consistent with services provided by hospital; PALS current within 12 months of hire	Desired	Desired	Expected
Pediatric intensive care services are available	Desired	Desired	Required
Pediatric critical care medicine physicians board certified or eligible, are available	Desired	Desired	Required
Medical staff structure must facilitate a pediatric department, service line, or other paradigm that allows for structure, quality, peer review, growth and development	Desired	Desired	Expected
Telehealth services available for pediatric specialties not available locally	Desired	Desired	Expected
Visitor management and security measures in place	Desired	Desired	Expected
System and Community			
Participate in a pediatric prevention program within the system or community	Desired	Expected	Required
Participate in the regional and state pediatric emergency care organizations or committees	Expected	Expected	Required
Facility ability to accept pediatric patients within the state in the event of large scale disaster or surge events	Desired	Expected	Required
Equipment			
General			
Patient warming method	Expected	Expected	Required
Intravenous blood/fluid warmer	Expected	Expected	Required
Weight scale locked in kilograms (not pounds)	Expected	Expected	Expected
Oral medication syringe	Expected	Expected	Required
Tool or chart that incorporates weight (in kg) and length to determine equipment size and correct drug dosing	Expected	Expected	Required
Age appropriate pain scale-assessment tools	Expected	Expected	Required

Specialized			
Lumbar puncture tray (including infant/child), pediatric 22 gauge and adult 18-21 gauge needles	Expected	Expected	Required
Supplies/kit for patients with difficult airway	Expected	Expected	Required
Tube thoracostomy tray	Expected	Expected	Required
Chest tubes: Infant (18-12F Cath), Child (14-22F), Adult (24-40F or pigtail kit 8.5F-14F)	Expected	Expected	Required
Newborn delivery kit, including equipment for resuscitation of an infant (umbilical clamp, scissors, bulb syringe, and towel)	Expected	Expected	Required
Extremity splints: Femur splints, pediatric sizes; Femur splints, adult sizes; Spine-stabilization devices appropriate for children of all ages	Expected	Expected	Required
Tourniquet	Expected	Expected	Required
Monitoring			
Blood pressure cuffs: Neonatal, Infant, Child, Adult-arm, Adult-thigh	Expected	Expected	Required
Doppler ultrasonography devices	Expected	Expected	Required
Electrocardiography monitor/defibrillator with pediatric and adult capabilities including pads/paddles	Expected	Expected	Required
Hypothermia monitoring	Expected	Expected	Required
Pulse oximetry with pediatric and adult probes	Expected	Expected	Required
Continuous end-tidal CO2 monitoring device	Expected	Expected	Required
Operations			
Equipment, supplies accessible, organized	Expected	Expected	Expected
Daily verification checks	Expected	Expected	Expected
Medication chart tape or software for dosing	Expected	Expected	Expected
Airway			
ET Tubes sizes 2.5-8.0	Expected	Expected	Required
OPA size 0-5	Expected	Expected	Expected
Tracheostomy tubes size 3.5-5.5	Expected	Expected	Expected
NPA sized infant, child, adult	Expected	Expected	Expected
Bag-mask device, infant, child, adult (450-500ml)	Expected	Expected	Required

Masks to fit bag-mask device, neonatal, infant, child, adult	Expected	Expected	Required
Difficult airway equipment in an organized location	Expected	Expected	Required
Medications			
Atropine	Expected	Expected	Expected
Adenosine	Expected	Expected	Expected
Amiodarone	Expected	Expected	Expected
Antiemetic agents	Expected	Expected	Expected
Calcium chloride	Expected	Expected	Expected
Dextrose (D10W, D50W)	Expected	Expected	Expected
Epinephrine (1:1,000 and 1:10,000)	Expected	Expected	Expected
Lidocaine	Expected	Expected	Expected
Magnesium sulfate	Expected	Expected	Expected
Naloxone hydrochloride	Expected	Expected	Expected
Sodium bicarbonate (4.2%, 8.4%)	Expected	Expected	Expected
Topical, oral, and parenteral analgesics	Expected	Expected	Expected
Intranasal analgesics	Desired	Desired	Expected
Antimicrobial agents (parenteral and oral)	Expected	Expected	Expected
Anticonvulsant medications (primary and secondary option)	Expected	Expected	Expected
Antidotes (common antidotes should be accessible to the ED)	Expected	Expected	Expected
Antipyretic drugs	Expected	Expected	Expected
Bronchodilators	Expected	Expected	Expected
Corticosteroids	Expected	Expected	Expected
Inotropic agents	Expected	Expected	Expected
Intracranial hypertension medications	Expected	Expected	Expected
Neuromuscular blockers	Expected	Expected	Expected
Vasopressor agents	Expected	Expected	Expected
Sedatives	Expected	Expected	Expected
Vaccines (Emergently relevant such as tetanus, rabies)	Expected	Expected	Expected
Vaccines in stock or available prior to discharge (any included on CDC recommended childhood schedule)	Desired	Desired	Desired
Plan to assist patients in receiving necessary vaccines if not available	Desired	Expected	Required

SITE REVIEW

Your hospital personnel must carefully prepare for a site visit, as reviewers must obtain a detailed and accurate assessment of a hospital's capabilities, within a short period of time. Thus, all documents and medical records must be carefully organized and accessible, and Wi-Fi/Internet access should be available.

Please follow the sample agenda below for your site visit. The review will last approximately four to six hours.

SAMPLE AGENDA	
8:30am	**Meeting with ED Champions and Review Team**
9:00am	**Facility Tour**
10:00am - 12:00pm	**Case Presentation, Binder and Chart Review**
12:00pm-1:00pm	**Closed Session for Review Team** (Lunch Suggested)
1:00-1:30pm	**Exit Interview**

- Champion Meeting
    - Introductions
- Tour
    - Ambulance Bay
    - Helipad (if onsite)
    - Decontamination/Mass Casualty
    - Emergency Department
        - Review ED facility, resuscitation area, and equipment.
        - Interview emergency physicians and staff.
    - Radiology
        - Interview radiologist and staff.
- Case Presentation
    - Champions to present case of their choosing highlighting process improvement and loop closure.
- Chart Review/Process Improvement and Patient Safety (PIPS)
    - Review performance improvement documents and medical records.
    - Review site recognition binder.
- Closed Session
    - The reviewers will have a closed discussion in preparation for the Exit Interview.
- Exit Interview
    - Hospital Administration
    - ED Administration
    - Physician and Nursing Champions

Documentation Needed for Review

The following materials and documentation should be up to date, printed, and organized in a binder for the review team. Please use the table of contents below as a guide to building your review binder.

PERSONNEL

- Physician Champion
  - CV/Resume
  - CME documentation
  - Written job description/duties
  - Hospital credentialing documentation
- Nurse Coordinator
  - CV/Resume
  - CEU documentation
  - Written job description/duties
  - Documentation of ENPC and PALS certifications

BEDSIDE STAFF

- Physicians
  - List of current ED Physicians
  - PALS certs for not board certified
- Nurses
  - List of current ED Nurses
  - List of ENPC trained nurse
- Other allied help professionals
  - Evidence of peds competencies for Rad techs, nurse techs, and RTs
  - Current PALS certifications

PI/QI GUIDELINES

PATIENT SAFETY GUIDELINES

ED POLICIES, PROCEDURES, AND PROTOCOLS

DISASTER/HAZARD PREPAREDNESS

- All policies and procedures

GUIDELINES FOR ED SUPPORT SERVICES

EQUIPMENT, SUPPLIES, AND MEDICATIONS

- Guidelines for pediatric equipment, supplies, and medications
- List of medications in ED Pyxis
- Inventory of pediatric cart

Frequently Asked Questions

The following answers frequently asked questions regarding Pediatric Ready ED Recognition. Please reach out to the SC EMSC Program Manager for any unanswered questions or further information.

WHY SHOULD I BE PEDIATRIC READY?

Pediatric Readiness is important because every child in South Carolina deserves the best care in any emergency department, every time. Recognition ensures that your facility has appropriate education, equipment, and guidelines to give the best care to each child.

WHO IS ELIGIBLE FOR PEDIATRIC READY RECOGNITION?

All DPH licensed Emergency Departments are encouraged to apply for recognition. Physician offices and urgent care centers are not currently eligible.

WHO WILL SURVEY OUR FACILITY?

Surveyor teams will include a physician and a nurse approved by the EMSC advisory council with an expertise in pediatric emergency medicine and a representative from DPH's Time Sensitive Emergencies Division. Specific requirements for site surveyors can be found here.

WHO SHOULD BE PRESENT FROM MY FACILITY DURING THE SURVEY?

The pediatric physician champion and the pediatric nurse coordinator must be present for the duration. Your administrative team and others identified on the recognition application should be available on-site throughout the survey, and present at the exit interview. The survey team will also talk to available front-line staff.

WHO MAKES THE FINAL DECISION THAT A FACILITY IS PEDIATRIC READY?

Surveyor findings will be reported the EMS for Children Advisory Committee, who will determine recognition disposition. Recognition decisions will be announced within 120 days at the corresponding EMSC Advisory meeting that follows.

WHAT HAPPENS IF MY FACILITY IS NOT RECOGNIZED?

This program is meant to be inclusive. If your facility is not recognized, surveyors will compile a report outlining next steps, specific recommendations for improvement of identified deficiencies, and if desired, a mentor facility. Follow ups will be scheduled within 90 days of report.

HOW MUCH DOES A SITE VISIT COST?

There are no application or recognition fees. Travel costs for surveyors are covered by the EMSC program. Food and drink should be provided to surveyors by the facility.

HOW IS PEDIATRIC ADMISSION CAPACITY DEFINED ON THE APPLICATION?

This application question is intended to define how many inpatient beds your facility has available to manage pediatric patients. This county may include designated pediatric beds, flex beds (adult/pediatric), etc.

HOW LONG DOES RECOGNITION LAST?

Pediatric Ready Facility Recognition lasts three years. To renew, facilities must reapply and complete the review process again.

Resources

Feel free to utilize the resources provided here to assist you in achieving Pediatric Readiness at your facility. Please notify the EMSC Program Manager for any additional resources or support.

1. **Inter-facility transfer reference**
2. **Pediatric Imaging Statement**
3. **Physician Champion Job Description**
4. **Nurse Coordinator Job Description**
5. **National Pediatric Readiness Guideline**
6. **National Pediatric Readiness Assessment**
7. **National Pediatric Readiness Toolkit**