Pediatric Ready Recognition Criteria	Peds Ready ED	Peds Ready Advanced	Peds Ready Comprehensive
D-Desired E-Expected R-Required			
Personnel			
Administrative			
Nurse Coordinator of Pediatric Emergency Care; role exists with job description, PALS current, ENPC current, 4 CEUs annually, engaged in regional activities.	E	E	*E* **Coordinator should have national board certification*
Physician Champion of Pediatric Emergency Care; role exists with job description, EM or PEM boarded (alternative criteria available)	E	E	*E* **Champion should be PEM board certified or eligible*
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.	E	E	*E* **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	E	E	E
RNs who routinely work where pediatrics are treated within the emergency department must be current in ENPC within 24 months of hire (80%)	D	E	E
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	D	E	E
RT and PharmD current in PALS within 12 months of hire	D	D	D

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 readiness PowerPoint for examples)	E	E	E
Guidelines			
Safety			
Children must be weighed only in kilograms and recorded in a prominent place in the medical record.	R	R	R
For children who are not weighed, a standard method for estimating weight in kg is used. eg. a length weight based system Broselow	R	R	R
Infants and children must have temperature, heart rate, and respiratory rate captured in the medical record.	R	R	R
Blood pressure and pulse oximetry monitoring are available for children of all ages, on the basis of illness and injury severity.	E	E	R
A process for identifying age-specific abnormal VS and notifying the physician of these, if present.	E	E	R
ED environment is safe for children and supports patient-and-family-centered care.	E	E	R
Policies for the timely reporting and evaluation of patient safety events, medical errors, and unanticipated outcomes are implemented and monitored.	E	E	R
Difficult airway plan	D	E	R
Medication Safety			
Processes in place for safe medication storage, prescribing, and delivery that includes pre-calculated dosing guidelines for children of all ages.	E	E	R
Create a standard formulary for pediatric high-risk and commonly used medications	E	E	R

Standardize concentrations of high-risk medications	E	E	R
Reduce the number of available concentrations to the smallest possible number	E	E	R
Operating Guidelines			
Illness and Injury triage with standards for timeliness of reassessment.	E	E	E
Pediatric patient assessment and reassessment.	E	E	E
Documentation of pediatric vital signs and actions to be taken for abnormal vital signs.	E	E	E
Immunization assessment and management of the under-immunized patient.	E	E	E
Sedation and analgesia, including medical imaging if utilized for pediatric patient procedures.	E	E	E
Consent, including when parent or legal guardian is not immediately available.	E	E	E
Physical or Chemical restraint of patients.	E	E	E
Child maltreatment and domestic violence reporting criteria, requirements, and processes.	E	E	E
Death of the child in the ED.	E	E	E
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 counseling.	E	E	E
Logistics			
Communication with the patient's medical home or primary care provider.	E	E	E
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.	E	E	R
Inter-facility transfer plan.	E	E	E
Pediatric pain assessments with developmentally appropriate scale.	E	E	E

Guideline or protocol for administration of blood products in pediatric patients.	D	E	R eg. Mass transfusion protocol
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.	E	E	E
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.	E	E	E
Hazards and Disaster Preparedness Plan			
A plan to secure to secure appropriate medications, vaccines, equipment, and trained providers for disaster situations involving children.	E	E	E
Pediatric surge plan identifying the capacity for injured and non-injured children.	E	E	E
Plans to include decontamination, isolation, and quarantine of families and children.	E	E	E
Plan for pediatric patient tracking and timely reunification of separated children with their families.	E	E	E
Access or referral to specific medical and mental health therapies, and social services for children.	D	E	E
Disaster exercises which include a pediatric mass casualty incident at least every two years to include nonverbal and non-ambulatory children.	D	E	E
A plan for evacuation of pediatric units and pediatric subspecialty units (if applicable).	N/A	E	E
Quality or Performance Improvement			

The ED QI/PI plan must include pediatric specific indicators.	E	E	R
One indicator must be all deaths and cardiac/respiratory arrest cases	E	E	R
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).	E	E	R
Primary Review between Physician Champion and Nursing Coordinator. Should be elevated as needed and outlined by facility quality plan.	E	E	E
Choose at least 2-3 additional indicators (examples: med errors, transfer out, any critical care event/code, age <2 with injuries, nonaccidental trauma, imaging misreads, any hospital reviewed case, etc.)	E	E	E
Choose at least 4-5 additional indicators, one must be admission or surgery within 72hr of ED discharge, 1-2 must involve inpatient care	D	E	E
Choose at least 6-8 additional indicators, one must be admission or surgery within 72hr of ED discharge, 3-4 must involve inpatient care	D	D	E
Intrafacility Organization			
Pediatric inpatient services are available	D	R	R
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.	D	E **Physicians should be board certified or have pediatric training and skill and pediatric continuing ed. BCBE Peds or BCBE FP/IM with pediatric training.*	R

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	D	D	E
Pediatric intensive care services are available	D	D	R
Pediatric critical care medicine physicians board certified or eligible, are available	D	D	R
Medical staff structure must facilitate a pediatric department, service line, or other paradigm that allows for structure, quality, peer review, growth and development.	D	D	E
Telehealth services available for pediatric specialties not available locally	D	D	E
Visitor management and security measures in place	D	E	E
System and Community			
Participate in a pediatric prevention program within the system or community	D	E	R
Participate in the regional and state pediatric emergency care organizations or committees	E	E	R
Facility ability to accept pediatric patients within the state in the event of large scale disaster or surge events	D	E	R
Equipment			
General			
Patient warming method	E	E	R
Intravenous blood/fluid warmer	E	E	R
Weight scale locked in kilograms (not pounds)	E	E	E
Oral medication syringe	E	E	R
Tool or chart that incorporates weight (in kg) and length to determine equipment size and correct drug dosing	E	E	R
Age appropriate pain scale-assessment tools	E	E	R
Specialized			
Lumbar puncture tray (including infant/	E	E	R
Pediatric 22 gauge and adult 18-21 gauge needles	E	E	R

Supplies/kit for patients with difficult airway	E	E	R
Tube thoracostomy tray	E	E	R
Chest tubes: Infant Child Adult	E	E	R
Newborn delivery kit, including equipment for resuscitation of an infant (umbilical clamp, scissors, bulb syringe, and towel)	E	E	R
Extremity splints: Femur splints, pediatric sizes; Femur splints, adult sizes; Spine-stabilization devices appropriate for children of all ages	E	E	R
Tourniquet	E	E	R
Monitoring			
Blood pressure cuffs: Neonatal, Infant, Child, Adult-arm, Adult-thigh	E	E	R
Doppler ultrasonography devices	E	E	R
Electrocardiography monitor/defibrillator with pediatric and adult capabilities including pads/paddles	E	E	R
Hypothermia monitoring	E	E	R
Pulse oximetry with pediatric and adult probes	E	E	R
Continuous end-tidal CO2 monitoring device	E	E	R
Operations			
Equipment, supplies accessible, organized	E	E	E
Daily verification checks	E	E	E
Medication chart tape or software for dosing	E	E	E
Airway			
ET Tubes sizes 2.5-8.0	E	E	R
OPA size 0-5	E	E	E
Tracheostomy tubes size 2.5-5.5	E	E	E
NPA sized infant, child, adult	E	E	E
Bag-mask device, infant and adult	E	E	R
Masks to fit bag-mask device, neonatal, infant, child, adult	E	E	R
Difficult airway equipment in an organized location	E	E	R
Medications			
Atropine	E	E	E

Adenosine	E	E	E
amiodarone	E	E	E
antiemetic agents	E	E	E
calcium chloride	E	E	E
Dextrose (D10W, D50W)	E	E	E
Epinephrine (1:1000 and 1:10,000)	E	E	E
Lidocaine	E	E	E
Magnesium sulfate	E	E	E
Naloxone hydrochloride	E	E	E
Sodium bicarbonate (4.2%, 8.4%)	E	E	E
Topical, oral, and parenteral analgesics	E	E	E
Antimicrobial agents (parenteral and oral)	E	E	E
Anticonvulsant medications	E	E	E
Antidotes (common antidotes should be accessible to the ED)	E	E	E
Antipyretic drugs	E	E	E
Bronchodilators	E	E	E
Corticosteroids	E	E	E
Inotropic agents	E	E	E
Neuromuscular blockers	E	E	E
Sedatives	E	E	E
Vaccines (Emergently relevant such as tetanus, rabies)	E	E	E
Vasopressor agents	E	E	E
Vaccines in stock or available prior to discharge (any included on CDC recommended childhood schedule)	D	D	D