

Prehospital Pediatric Readiness Project Ensuring Emergency Care for All Children

Prehospital Pediatric Readiness Checklist

This checklist is based on the 2020 joint policy statement **"Pediatric Readiness in Emergency Medical Services Systems"**, co-authored by the American Academy of Pediatrics (AAP), American College of Emergency Physicians, Emergency Nurses Association, National Association of EMS Physicians, and National Association of EMTs. Additional details can be found in the AAP Technical Report **"Pediatric Readiness in Emergency Medical Services Systems"**.

Use this tool to check if your EMS or fire-rescue agency is ready to care for children as recommended in the policy statement and technical report. Consider using resources compiled by the National Prehospital Pediatric Readiness Project Steering Committee when implementing the recommendations noted here, to include the **Prehospital Pediatric Readiness Toolkit**.



Education & Competencies for Providers	Equipment and Supplies
 Process(es) for ongoing pediatric specific education using one or more of the following modalities: Classroom/in-person didactic sessions Online/distributive education Skills stations with practice using pediatric equipment, medication and protocols Simulated events 	 Utilize national consensus recommendations to guide availability of equipment and supplies to treat all ages Process for determining competency on available equipment and supplies
	Patient and Medication Safety
 Process for evaluating pediatric-specific competencies for the following types of skills: Psychomotor skills, such as, but not limited to: Airway management Fluid therapy Medication administration Vital signs assessment Weight assessment for medication dosing and equipment sizing Specialized medical equipment Cognitive skills, such as, but not limited to: Patient growth and development Scene assessment Pediatric Assessment Triangle (PAT) to perform assessment Recognition of physical findings in children associated with serious illness Behavioral skills, such as, but not limited to: Communication with children of various ages and with special health care needs Patient and family centered care Cultural awareness Health care disparities 	 Utilization of tools to reduce pediatric medication dosing and administration errors, such as, but not limited to: Length based tape Volumetric dosing guide Policy for the safe transport of children Equipment necessary for the safe transport of children
	Patient– and Family–Centered Care in EMS
	 Partner with families to integrate elements of patient- and family-centered care in policies, protocols, and training, including: Using lay terms to communicate with patients and families Having methods for accessing language services to communicate with non-English speaking/nonverbal
	 Communicate with non-English speaking/honverbal patients and family members Narrating actions, and alerting patients and caregivers before interventions are performed Policies and procedures that facilitate: Family presence during resuscitation The practice of cultural or religious customs
	A family member or guardian to accompany a pediatric patient during transport

Interaction with Systems of Care **Policies, Procedures, and Protocols** (to include Medical Oversight) Policies, procedures, protocols, and performance improvement initiatives involve ongoing collaboration with: Prearrival instructions identified in EMS dispatch protocols include pediatric considerations, when Pediatric emergency care relevant, such as, but not limited to: Public health Respiratory distress Family advocates Cardiac arrest Choking Plans and exercises for disasters or mass casualty • Seizure incidents include: Altered consciousness Care of pediatric patients, such as, but not limited to: Policies, procedures, and protocols include pediatric · Pediatric mental health first aid considerations, such as, but not limited to: • Pediatric disaster triage • Policy on pediatric refusals • Pediatric dosing of medications used as antidotes Pediatric assessment • Pediatric mass transport Consent and treatment of minors • Recognition and reporting of child maltreatment Tracking of unaccompanied children Trauma triage Family reunification Children with special health care needs Collaborate with external personnel or have internal staff Direct medical oversight integrates pediatric-specific focused on enhancing pediatric care, such as, but not knowledge limited to: • Pediatric emergency care coordinator (PECC)/champion Protocols (indirect medical oversight) include Regional PECC/pediatric champion pediatric evidence when available Pediatric advisory council(s) Destination policy that integrates pediatric-specific • Medical director with pediatric knowledge and resources experience Understand pediatric capabilities at local and/or regional Quality Improvement (QI)/ emergency departments for children with the following **Performance Improvement (PI)** types of conditions: Medical emergency PI process includes pediatric encounters Traumatic injury Pediatric-specific measures are included in the Behavioral health emergency PI process Policies and/or procedures for transfer of responsibility Submission of EMS agency data to the state's of patient care at destination prehospital patient care database Submitted data is compliant with the current version of NEMSIS (version 3.5 or higher) Process to track pediatric patient centered outcomes across the continuum of care, such as, but not limited to: Transport destination • Secondary transport destination • ED and hospital disposition

- ED and hospital diagnoses
- Survival to hospital admission
- Survival to hospital discharge

To provide feedback on this checklist, please email **pprp@emscimprovement.center** For additional information on the Prehospital Pediatric Readiness Project (PPRP), visit: **https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness**

