**Emergency Departments and Pediatrics**

Pediatric Emergency Care Preparation for Professional Staff

All health care professionals caring for pediatric patients should be familiar with the unique and changing physical and psychosocial needs of children. Continuing education should be provided to reinforce these concepts. Nurses and physicians should have current certification in pediatric life support techniques. All should know the location of carts and equipment for cardiopulmonary resuscitation and mock codes should be conducted on a regular basis. Instruction on the use of cardio-respiratory monitors and their alarm settings for pediatric patients should be provided on an ongoing basis. If pediatric patients are provided with monitors that feature electrocardiogram readouts, appropriate training should be provided. Education sessions and routine performance of mock pediatric resuscitations should be documented for review by hospital quality assurance committees and the Joint Commission.

Physicians

1. Twenty-four hour coverage of the emergency department shall be provided by at least one qualified physician responsible for the care of critically ill or injured children OR:

Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. A procedure for consulting pediatric resources as well as a current listing of these resources shall be established by the physician pediatric care coordinator.

1. Continuing Medical Education

All physicians shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) course or the ACEP-AAP Advanced Pediatric Life Support (APLS) or equivalent. ***Instructor status is highly encouraged.***

1. All full- or part-time emergency physicians shall have documentation of completion of a minimum of 8 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics within a 2-year period.
2. It is recommended that all physicians caring for children in the emergency department take part in or facilitate in the presentation of at least two pediatric mock scenarios annually.

Mid-Level Practitioners

A mid-level practitioner is a nurse practitioner or physician assistant working under the supervision of a physician.

1. All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) course, the ACEP-AAP Advanced Pediatric Life Support (APLS) course or the ENA Emergency Nursing Pediatric course (ENPC).
	1. All full- or part-time nurse practitioners shall have documentation of a minimum of 8 hours of approved continuing education units in pediatric emergency topics within a 2-year period.
	2. All full- or part-time physician assistants shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I) in pediatric emergency topics within a 2-year period. Credit for CME shall be approved by the Accreditation Council on Continuing Medical Education (ACCME), American Osteopathic Association Council on Continuing Medical Education (AOCCME), American Academy of Family Physicians (AAFP) or American Academy of Physicians Assistants (AAPA).
	3. It is recommended that all nurse practitioners and physician assistants caring for children in the emergency department take part in at least two pediatric mock scenarios annually.

Nurses

1. At least one registered nurse (RN) on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in the AHA-AAP Pediatric Advanced Life Support (PALS) course. All emergency department nurses shall successfully complete and maintain current recognition in the above educational requirements within 12 months after employment.

It is highly recommended that at least one ED RN per shift be certified in the ENA Emergency Nursing Pediatric Course (ENPC) AND the ENA Trauma Nurse Core Curriculum (TNCC) in addition to the aforementioned PALS requirement.

2.         Continuing Education

1. All nurses assigned to the emergency department shall have documentation of a minimum of 8 hours of pediatric emergency/critical care continuing education hours within a 2-year period.  Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and/or publications. These continuing education hours can be integrated with other existing continuing education requirements, provided that the content is pediatric specific.
2. It is recommended that all staff caring for children in the emergency department take part in at least two pediatric mock scenarios annually.

Participation in Pediatric Evidence Based Practice, Quality and Performance Improvement

1. Multidisciplinary Committee
2. Pediatric emergency medical care shall be included in the emergency department “Dashboard” or quality improvement (QI) program and reported to the hospital QI committee. EMS representation should be considered as an addition to QI committee.
3. Multidisciplinary continuous quality improvement (CQI) activities shall be established with documented CQI monitors addressing pediatric care within the emergency department, with identified clinical indicators and/or outcomes for care.  These activities shall include children from birth up to and including 18 years of age and the Pediatric Dashboard shall consist of, but is not limited to, the review and tracing of all pediatric emergency department deaths, resuscitations, child abuse and neglect cases and interfacility (outbound or incoming) transfers.
4. Multidisciplinary activities focused on the development of evidence based practice (EBP) shall be developed with collaboration between community hospitals, EMS agencies and academic medical centers. A steering committee with representatives from each organization shall oversee the group’s activities and is responsible for identifying, trending and reporting EBP recommendations and guidelines.
5. All nursing, mid-level and physician staff shall participate in no fewer than two mock pediatric scenarios annually. Scenarios ideally should be based upon real cases seen at the facility, and can be developed in conjunction with sister facilities identified as delivering higher or lower levels of care.
6. Pediatric Evidence Based Practice/CQI Liaison

A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated and supported by the hospital as the pediatric CQI liaison.  This individual may be employed in an area other than the emergency department and shall have a minimum of 2 years of pediatric critical care or emergency department experience.  The responsibilities of the pediatric liaison shall include:

1. Working in conjunction with the ED nurse pediatric care coordinator and ED physician pediatric care coordinator to ensure compliance with and documentation of the pediatric continuing education of all emergency department staff.
2. Maintaining a data summary and working in conjunction with the multidisciplinary CQI committee to coordinate criteria-based review and follow-up of sample pediatric emergency department visits.
3. Coordinating a review of pre-hospital provider transported pediatric cases and providing feedback to the EMS System Coordinator.
4. Preparing a written CQI report which is shared with HCA Corporate on request.
5. Facilitating and/or participating in the multidisciplinary Regional Pediatric Evidenced Based Practice Group.

 Adapted from: AAP Clinical Report Facilities and Equipment for the Care of Pediatric Patients in a Community Hospital, May 2003