

NATIONAL EMS FOR CHILDREN PROGRAM

PEDIATRIC READINESS ASSESSMENT AND SCORING

A Resource Document

Prepared by the National EMS for Children Data Analysis Resource Center



About the Project

The National Pediatric Readiness Project is a national multi-phase quality improvement initiative to ensure all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children¹. The support for this project is provided by the EMS for Children Program, the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association.

In January 2013, the first phase of this project was launched and consisted of an electronic assessment sent to all emergency departments (EDs) across the nation. A total of 5,017 hospitals with EDs were assessed with 4,150 hospitals responding— an 82.7% response rate². Upon completion of the assessment, respondents received a score based on a 100-point scale representing their readiness to care for pediatric patients.

Based on the success of the initial assessment conducted in 2013-14, the web-based assessment is once again open for local facilities and regions engaged in quality improvement efforts to assess their score and their readiness to care for children! The assessment “portal” will be open from November 2015 through approximately August 2016.

The Assessment and the Score

This document includes a copy of the assessment as well as the scoring matrix that was used to generate an overall pediatric readiness score for each participating hospital. This information can be helpful for hospitals as they launch quality improvement efforts and want to track changes in their score over time.

The total number of points possible was 100. A score of 100 represents the essential components needed to establish a foundation for pediatric readiness, but is in no way inclusive of all the components recommended for pediatric readiness. Hospitals are encouraged to carefully review the Guidelines for Care of Children in the Emergency Department, which served as the basis for the assessment, to develop a comprehensive pediatric readiness program for a hospital^{3,4}.

Determining which of the assessment questions would be scored and how heavily they would be scored was done by a group of clinical experts through a modified Delphi approach⁵. In developing the scoring criteria, the experts were asked to consider results of two recently published assessments on pediatric readiness of emergency departments^{6,7}, as well as recommendations from the Institute of Medicine report on the Future of Emergency Care in the United States⁸.

How to Read This Document

This document contains all the questions from the pediatric readiness assessment. If a question in the assessment was used in the scoring, it will be followed by the number of points allotted to that question as shown in red in the example below:

11. **[9.5 points]** Does your hospital have a physician coordinator who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., oversees quality improvement, collaborates with nursing, ensures pediatric skills of staff, develops and periodically reviews policies)?

Questions about the Document or the Project

If you have questions about this document, you are invited to contact the National EMS for Children Data Analysis Resource Center at 801-585-9158.

For additional information about this project including state and national results, please consult the project website located at www.pediatricreadiness.org.

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1. www.pediatricreadiness.org/About_PRP
 2. www.pedsready.org/nationalResponseRate.aspx
 3. Krug S, Gausche-Hill M. Guidelines for care of children in emergency departments. *Pediatrics* 2009;124:1233-1243.
 4. Krug S, Gausche-Hill M. Guidelines for care of children in emergency departments. *Ann Emerg Med* 2009; 54:543-52.
 5. Lindsay P, Schull M, Bronskill, Anderson G. The development of indicators to measure the quality of clinical care in emergency departments following a modified Delphi approach. *Acad Emerg Med* 2002;9:1131-1139.
 6. Middleton KR, Burt CW. Availability of Pediatric Services and Equipment in Emergency Departments: United States, 2002-03. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. *Advance Data* 2006; 367:1-16.
 7. Gausche-Hill M, Schmitz C, Lewis RJ: Pediatric preparedness of emergency departments: A 2003 survey of the United States. *Pediatrics* 2007;120:1229-1237.
 8. Institute of Medicine. Committee of the Future of Emergency Care in the U.S. Health System. Emergency Care for Children: Growing Pains. Washington, DC: National Academy Press, 2006.

Please provide us with the following information, in case we need to contact you to clarify any of your responses:

Name: _____

Title/Position: _____

Phone number: _____

Email: _____

These first few questions will tell us about the infrastructure of your hospital and emergency department.

1. What is the name of your hospital? _____

2. In what city is your hospital located? _____

3. Zip code of your hospital: _____

4. Does your hospital have an emergency department (ED) that is open 24/7?

Yes
 No → (You do not need to complete the assessment...thanks for your time.)

5. Is each of the following organizations used for accreditation of your hospital?
 (Check Yes or No for each)

- | | | |
|---|------------------------------|-----------------------------|
| a. The Joint Commission (TJC) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Centers for Medicare and Medicaid Services (CMS) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. DNV (Det Norske Veritas) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

You marked "Other" to the previous question. Please indicate the organizations used for accreditation of your hospital: _____

6. Which one of the following is the best description of your ED configuration for the care of children (children as defined by your hospital)?
 (Choose one)

- a. Pediatric ED in a Children's hospital (hospital cares ONLY for children)
- b. Separate pediatric ED in a general hospital (adult and children within one hospital)
- c. General ED (pediatric and adult patients seen in same area)
- d. Stand-by ED (physician on call)

- e. Free-standing ED (ED unattached to a hospital with inpatient services)
- f. Other

You marked "Other" to the previous question. Please describe your ED configuration for the care of children: _____

7. Are any children admitted to your inpatient services (NICU, PICU, adult ICU, nursery, pediatric inpatient unit, and/or adult inpatient unit)?

- Yes
 No → **Go to 9**

8. If yes, which of the following inpatient services may admit children?
 (Check Yes or No for each)

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| a. Neonatal intensive care unit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Pediatric intensive care unit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Adult intensive care unit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Newborn nursery | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Pediatric inpatient unit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Adult inpatient unit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. What is the upper age that your ED uses to define a pediatric medical patient?
 (Choose one)

- | | |
|-------------|--------------------------|
| a. 12 years | <input type="checkbox"/> |
| b. 13 years | <input type="checkbox"/> |
| c. 14 years | <input type="checkbox"/> |
| d. 15 years | <input type="checkbox"/> |
| e. 16 years | <input type="checkbox"/> |
| f. 17 years | <input type="checkbox"/> |
| g. 18 years | <input type="checkbox"/> |
| h. 19 years | <input type="checkbox"/> |
| i. 20 years | <input type="checkbox"/> |

- j. 21 years
- k. Other

You marked "Other" to the previous question. Please indicate the age your ED uses to define pediatric medical patients:_____

10. What is the upper age that your ED uses to define a pediatric trauma patient?
(Choose one)

- a. 12 years
- b. 13 years
- c. 14 years
- d. 15 years
- e. 16 years
- f. 17 years
- g. 18 years
- h. 19 years
- i. 20 years
- j. 21 years
- k. Other

You marked "Other" to the previous question. Please indicate the age your ED uses to define pediatric trauma patients:_____

Answers to the following questions will help us to better understand the resources available for the care of children in your ED.

Physician Administration/Coordination

11. **[9.5 points]** Does your hospital have a physician coordinator who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., oversees quality improvement, collaborates with nursing, ensures pediatric skills of staff, develops and periodically reviews policies)?

Note: The physician coordinator for pediatric emergency care may have additional administrative roles in the ED.

- Yes
 No → **Go to 13**

12. If yes, is there a job description or written list of responsibilities for this physician coordinator?

- Yes
 No

Nurse Administration/Coordination

13. **[9.5 points]** Does your hospital have a nurse coordinator who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., facilitates continuing education, facilitates quality improvement activities, ensures pediatric-specific elements are included in orientation of staff)?

Note: The nurse coordinator for pediatric emergency care may have additional administrative roles in the ED.

- Yes
 No → **Go to 15**

14. If yes, is there a job description or written list of responsibilities for this nurse coordinator?

- Yes
 No

The following assessment questions refer to personnel, quality improvement, and patient safety in the ED. If you have a separate pediatric ED, then answer based on resources for that area; if you do not have a separate pediatric ED, then answer based on the overall ED resources.

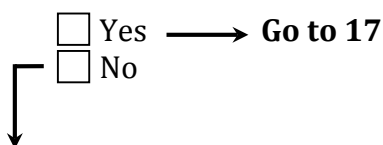
Personnel – Physicians

15. Thinking of the physicians who currently staff your ED and care for children, what types of training are represented?
(Check Yes or No for each)

- | | |
|--|--|
| a. Emergency medicine board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Family medicine board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Pediatrics board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Pediatric emergency medicine board eligible/certified | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Physician with other training | Yes <input type="checkbox"/> No <input type="checkbox"/> |

You marked "Other" to the previous question. Please describe the other levels of training the physicians who currently staff your ED and care for children have: _____

15b. Are **all** of your physicians in the ED who care for children board certified in Pediatric Emergency Medicine or by the American Board of Emergency Medicine/American Osteopathic Board of Emergency Medicine?

- Yes → **Go to 17**
 No
- 

16. Thinking of the physicians who care for children in your ED, but are not board certified in Pediatric Emergency Medicine or by the American Board of Emergency Medicine/American Osteopathic Board of Emergency Medicine, which of the following life support courses are required by your hospital as part of credentialing? (Check Yes or No for each)

- | | |
|--|--|
| a. Basic Life Support (BLS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Advanced Cardiac Life Support (ACLS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Pediatric Basic Life Support (PBLs) (e.g., Healthcare Provider CPR certification or basic life support) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Pediatric Advanced Life Support (PALS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. APLS: The Pediatric Emergency Medicine Resource (APLS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Neonatal Resuscitation Program (NRP) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. International Trauma Life Support (ITLS; formerly Basic Trauma Life Support) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. Advanced Trauma Life Support (ATLS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i. Other | Yes <input type="checkbox"/> No <input type="checkbox"/> |

You marked "Other" to the previous question. Please describe other life support courses your hospital requires of physicians caring for children in the ED: _____

17. **[5 points]** Does your hospital require specific pediatric competency evaluations of physicians staffing the ED (e.g., sedation and analgesia)?

- Yes
 No

Personnel – Nurses

18. Does your institution's staff policy for nurses include requirements for each of the following?

(Check Yes or No for each)

- | | |
|--|--|
| a. Continuing education requirements in pediatric emergency care | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Maintenance of specialty certification for nurses (e.g., CEN, CPEN) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

19. Does your hospital require nurses caring for children in the ED to complete any of the following life support courses as a part of employment?

(Check Yes or No for each)

- | | |
|---|--|
| a. Basic Life Support (BLS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Advanced Cardiac Life Support (ACLS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Pediatric Basic Life Support (PBLIS) (e.g., Healthcare Provider CPR certification or basic life support) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Emergency Nursing Pediatric Course (ENPC) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Pediatric Advanced Life Support (PALS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. APLS: The Pediatric Emergency Medicine Resource (APLS) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Neonatal Resuscitation Program (NRP) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. International Trauma Life Support (ITLS; formerly Basic Trauma Life Support) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i. Trauma Nursing Core Course (TNCC) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| j. Other | Yes <input type="checkbox"/> No <input type="checkbox"/> |

You marked "Other" to the previous question. Please describe other life support courses your hospital requires of nurses caring for children in the ED: _____

20. **[5 points]** Does your hospital require specific pediatric competency evaluations of nurses staffing the ED (e.g., triage, pain assessment)?

- Yes
 No

Personnel – Mid-level Practitioners (Nurse Practitioners, Physician Assistants)

21. Does your hospital have mid-level practitioners (nurse practitioners and/or physician assistants) that provide care for children in the ED?

- Yes
 No → **Go to 25**

22. If yes, does your institution's staff privileges policy for mid-level practitioners include requirements for each of the following?
 (Check Yes or No for each)

- a. Continuing education requirements in pediatric emergency care Yes No
- b. Maintenance of specialty certifications Yes No

23. Does your hospital require mid-level practitioners caring for children in the ED to complete any of the following life support courses as a part of employment?
 (Check Yes or No for each)

- a. Basic Life Support (BLS) Yes No
- b. Advanced Cardiac Life Support (ACLS) Yes No
- c. Pediatric Basic Life Support (PBLs) (e.g., Healthcare Provider CPR certification or basic life support) Yes No
- d. Emergency Nursing Pediatric Course (ENPC) Yes No
- e. Pediatric Advanced Life Support (PALS) Yes No
- f. APLS: The Pediatric Emergency Medicine

- Resource (APLS) Yes No
- g. Neonatal Resuscitation Program (NRP) Yes No
- h. International Trauma Life Support (ITLS; formerly Basic Trauma Life Support) Yes No
- i. Trauma Nursing Core Course (TNCC) Yes No
- j. Other Yes No

You marked "Other" to the previous question. Please describe other life support courses your hospital requires of mid-level practitioners caring for children in the ED: _____

24. Does your hospital require specific pediatric competency evaluations of mid-level practitioners staffing the ED (e.g., triage, pain assessment)?

- Yes
 No

Quality Improvement

25. **[5 points]** Does your ED have a pediatric patient care-review process? (This may be a separate Quality Improvement/Performance Improvement Plan for pediatric patients or integrated into the overall ED Quality Improvement/Performance Improvement Plan.)

- Yes
 No → **Go to 27**

26. If yes, is each of the following components included in the Quality Improvement/Performance Improvement Plan?

(Check Yes or No for each)

- a. **[0.5 points]** Identification of quality indicators for children (e.g., performing lumbar puncture on febrile neonates) Yes No
- b. **[0.5 points]** Collection and analysis of pediatric emergency care data (e.g., admissions, transfers, death in the ED, or return visits) Yes No
- c. **[0.5 points]** Development of a plan for improvement in pediatric

emergency care (e.g., process to ensure that variances in care are addressed through education or training and reassessed for evidence of improvement) Yes No

- d. **[0.5 points]** Re-evaluation of performance using outcomes-based measures (e.g., how often was pain rapidly controlled Or fever properly treated) Yes No

Pediatric Patient Safety in the ED

27. Are all* children seen in the ED weighed in kilograms (without conversion from pounds)?

**Note: This includes critical situations when a child might bypass triage and have his/her weight estimated in kilograms.*

Yes
 No → **Go to 29**

28. **[3.5 points]** Is the weight recorded in the ED medical record in kilograms only?

Yes → **Go to 30**
 No

29. If no, how are children in the ED weighed, and how is the weight recorded in the medical record?
 (Choose one)

- a. Weighed in pounds and converted to kilograms for recording in the medical record
- b. Weighed in either pounds or kilograms with an option to record in either pounds or kilograms in the medical record

30. **[1.4 points]** Are temperature, heart rate, and respiratory rate recorded on all children? Yes No

31. **[1.4 points]** Is blood pressure monitoring available for children of all ages based on severity of illness? Yes No

32. **[1.4 points]** Is pulse oximetry monitoring available for children of all ages based on severity of illness? Yes No
33. **[1.4 points]** Is a written procedure in place for notification of physicians when abnormal vital signs are found in all children? Yes No
34. **[3.5 points]** Is a process in place for the use of pre-calculated drug dosing in all children? Yes No
35. **[1.4 points]** Is a process in place that allows for 24/7 access to interpreter services in the ED? Yes No

Next we wish to know about policies and/or procedures that your ED has to address the needs of children. These pediatric policies may be integrated into the overall ED policy manual or may be listed separately. They should also be written and available to staff in the ED.

Policies and Procedures

36. **[2.12 points]** Does your ED have a triage policy that specifically addresses ill and injured children?

Yes
 No → **Go to 38**

37. If yes, do you use a validated pediatric triage tool? Yes No Unsure

38. Does your ED have each of the following listed policies and procedures?
 (Check Yes or No for each)

- a. **[1.7 points]** Pediatric patient assessment and reassessment Yes No
- b. **[1.7 points]** Immunization assessment and management of the under-immunized child Yes No
- c. **[1.7 points]** Child maltreatment Yes No
- d. **[1.7 points]** Death of the child in the ED Yes No
- e. **[1.7 points]** Reduced-dose radiation for CT and x-ray imaging

based on pediatric age or weight

Yes No

39. **[2.12 points]** Does your ED have a policy for promoting family-centered care? (e.g., family presence, family involvement in clinical decision making, etc.)

Yes
 No

40. **[2.12 points]** Does your hospital disaster plan address issues specific to the care of children?

Yes
 No

41. Does your hospital care for children with social and mental health issues?

Yes
 No

42. Does your hospital have a written guideline for the transfer of children with social and mental health issues out of your facility to an appropriate facility?

Yes
 No

Next we would like to know about your hospital's inter-facility transfer guidelines.

43. **[2.12 points]** Does your hospital or medical facility have written inter-facility **guidelines** that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

Note: Compliance with EMTALA does not constitute having inter-facility transfer guidelines. The guidelines may be a separate document or part of an inter-facility transfer agreement document.

Yes → **Go to 44**
 No → **Go to 45**

We currently do not have written guidelines, but are in the process of developing them.



If you are in the process of developing guidelines, when do you anticipate the guidelines to be ready? Month/Year (mm/yyyy):_____ → **Go to 45**

44. You answered that your facility has written inter-facility transfer **guidelines**. Please indicate whether the guidelines include the information specifically for the transfer of patients for each item below.
(Check Yes or No for each)

- | | |
|--|--|
| a. Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Process for selecting the appropriate care facility | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Process for patient transfer (including obtaining informed consent) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Plan for transfer of copy of patient medical record | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Plan for transfer of copy of signed transport consent | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Plan for transfer of personal belongings of the patient | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. Plan for provision of directions and referral institution information to family | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Next we would like to know about your hospital's inter-facility transfer agreements.

45. Does your hospital or medical facility have written inter-facility **agreement(s)** with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

- Yes
 No

- We currently do not have written agreements, but are in the process of developing them.
- ↳ If you are in the process of developing agreements, when do you anticipate the agreements to be ready? Month/Year (mm/yyyy): _____

We would like to know about the equipment and supplies for children in your ED and how they are stored and resupplied. If you have not already printed the entire assessment, we recommend printing this portion of the assessment and taking it to your equipment and supply areas to complete to ensure accurate reporting.

Equipment and Supplies

46. **[1 point]** Is the ED staff trained on the location of all pediatric equipment and medications?
- Yes
 No
47. **[1 point]** Is there a daily method used to verify the proper location and function of pediatric equipment and supplies?
- Yes
 No
48. **[1 point]** Is a medication chart, length-based tape, medical software, or other system readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications?
- Yes
 No
49. Is each of the following monitoring equipment items available for immediate use in the ED?
(Check Yes or No for each)
- | | | |
|--|------------------------------|-----------------------------|
| a. [0.55 points] Neonatal blood pressure cuff | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. [0.55 points] Infant blood pressure cuff | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. [0.55 points] Child blood pressure cuff | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. [0.55 points] Defibrillator with pediatric and adult capabilities including pads/paddles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- e. **[0.55 points]** Pulse oximeter with pediatric and adult probes
Yes No
- f. **[0.55 points]** Continuous end-tidal CO2 monitoring device
Yes No
50. Is each of the following fluid resuscitation equipment items available for immediate use in the ED?
(Check Yes or No for each)
- a. **[0.55 points]** 22 gauge catheter-over-the-needle Yes No
- b. **[0.55 points]** 24 gauge catheter-over-the-needle Yes No
- c. **[0.55 points]** Pediatric intra-osseus needles Yes No
- d. **[0.55 points]** IV administration sets with calibrated chambers and extension tubing and/or infusion devices with ability to regulate rate and volume of infusate Yes No
- e. **[0.55 points]** Umbilical vein catheters (3.5F or 5.0F) Yes No
- f. **[0.55 points]** Central venous catheters (any two sizes in range, 4F-7F) Yes No
51. Is each of the following respiratory/airway management equipment items available for immediate use in the ED?
(Check Yes or No for each)
- a. **[0.557 points]** Endotracheal tubes: cuffed or uncuffed 2.5 mm
Yes No
- b. **[0.557 points]** Endotracheal tubes: cuffed or uncuffed 3.0 mm
Yes No
- c. **[0.557 points]** Endotracheal tubes: cuffed or uncuffed 3.5 mm
Yes No
- d. **[0.557 points]** Endotracheal tubes: cuffed or uncuffed 4.0 mm
Yes No
- e. **[0.557 points]** Endotracheal tubes: cuffed or uncuffed 4.5 mm

Yes No

f. **[0.557 points]** Endotracheal tubes: cuffed or uncuffed 5.0 mm

Yes No

g. **[0.557 points]** Endotracheal tubes: cuffed or uncuffed 5.5 mm

Yes No

h. **[0.557 points]** Endotracheal tubes: cuffed 6.0 mm

Yes No

i. **[0.557 points]** Laryngoscope blades: straight, size 00

Yes No

j. **[0.557 points]** Laryngoscope blades: straight, size 0

Yes No

k. **[0.557 points]** Laryngoscope blades: straight, size 1

Yes No

l. **[0.557 points]** Laryngoscope blades: straight, size 2

Yes No

m. **[0.557 points]** Laryngoscope blades: curved, size 2

Yes No

n. **[0.557 points]** Pediatric-sized Magill forceps

Yes No

o. **[0.557 points]** Nasopharyngeal airways: infant-sized

Yes No

p. **[0.557 points]** Nasopharyngeal airways: child-sized

Yes No

q. **[0.557 points]** Oropharyngeal airways: size 0 (50mm)

Yes No

r. **[0.557 points]** Oropharyngeal airways: size 1 (60mm)

Yes No

s. **[0.557 points]** Oropharyngeal airways: size 2 (70mm)

Yes No

t. **[0.557 points]** Oropharyngeal airways: size 3 (80mm)

Yes No

- u. **[0.557 points]** Stylets for pediatric/infant-sized endotracheal tubes
Yes No
- v. **[0.557 points]** Tracheostomy tubes: size 3.0 mm
Yes No
- w. **[0.557 points]** Tracheostomy tubes: size 3.5 mm
Yes No
- x. **[0.557 points]** Tracheostomy tubes: size 4.0 mm
Yes No
- y. **[0.557 points]** Bag-mask device, self inflating: infant, 450 ml
Yes No
- z. **[0.557 points]** Masks to fit bag-mask device adaptor: neonatal
Yes No
- aa. **[0.557 points]** Masks to fit bag-mask device adaptor: infant
Yes No
- bb. **[0.557 points]** Masks to fit bag-mask device adaptor: child
Yes No
- cc. **[0.557 points]** Clear oxygen masks: standard infant
Yes No
- dd. **[0.557 points]** Clear oxygen masks: standard child
Yes No
- ee. **[0.557 points]** Non-rebreather masks: infant-sized
Yes No
- ff. **[0.557 points]** Non-rebreather masks: child-sized
Yes No
- gg. **[0.557 points]** Nasal cannulas: infant
Yes No
- hh. **[0.557 points]** Nasal cannulas: child
Yes No
- ii. **[0.557 points]** Laryngeal mask airways: size 1
Yes No
- jj. **[0.557 points]** Laryngeal mask airways: size: 1.5

Yes No

kk. **[0.557 points]** Laryngeal mask airways: size: 2

Yes No

ll. **[0.557 points]** Laryngeal mask airways: size: 2.5

Yes No

mm. **[0.557 points]** Laryngeal mask airways: size: 3

Yes No

nn. **[0.557 points]** Suction catheters: at least one in range 6-8F

Yes No

oo. **[0.557 points]** Suction catheters: at least one in range 10-12F

Yes No

pp. **[0.557 points]** Supplies/kit for pediatric patients with difficult airways
(supraglottic airways of all sizes, needle

cricothyrotomy supplies, surgical cricothyrotomy kit) Yes No

Answers to the following question will help us to better understand barriers to the care of children in your ED.

Barriers

52. Do you perceive each of the following as a barrier or not a barrier in implementing national guidelines for pediatric readiness in your ED?
(Check Yes or No for each)

- | | | |
|--|------------------------------|-----------------------------|
| a. Cost of personnel | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Cost of training personnel | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Lack of educational resources | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Lack of appropriately trained physicians | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Lack of appropriately trained nurses | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Lack of administrative support | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Lack of policies for pediatric emergency care | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Lack of a Quality Improvement/Performance Improvement Plan for children | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. Lack of a disaster plan for children | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j. Lack of interest in meeting the guidelines | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k. Unaware that national guidelines existed and/or unfamiliar with national guidelines | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| l. Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

You marked "Other" to the previous question. Please describe other barriers in meeting national guidelines for pediatric readiness in your ED: _____

Please provide actual data or estimations of ED patient volume for the following:

53. List the total number of patients (adult and pediatric) seen in your ED in the last year. (Numeric data only, e.g., 5000, not "five thousand")
Number of Total Patients _____

54. Estimate the number of pediatric patients (as defined by your hospital) seen in your ED in the last year.
(Choose one)

- a. Low: <1,800 pediatric patients (average of 5 or fewer a day)
- b. Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)
- c. Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)
- d. High: $\geq 10,000$ pediatric patients (average of 27 or more a day)

55. If you know the actual number or a more precise estimate of pediatric patients seen in your ED in the last year, please record below. (Numeric data only, e.g., 500, not “five hundred”)

Number of Pediatric Patients _____

Finally, please provide information about your hospital's trauma designation.

56. Is your hospital verified or designated as a trauma facility?

- Yes \longrightarrow **Go to 57**
- No \longrightarrow **Go to End of Survey**

57. At what trauma level is your facility designated?
(Choose one)

- Level I
- Level II
- Level III
- Level IV
- Pediatric Level I
- Pediatric Level II
- Combined Level I and Pediatric Level I
- Combined Level I and Pediatric Level II
- Combined Level II and Pediatric Level II
- Other: _____

If you have any comments, please note them here:
