PROVINCIAL COUNCIL FOR MATERNAL AND CHILD HEALTH

Emergency Department Paediatric Readiness Checklist

The Emergency Department Paediatric Readiness (EDPR) Initiative gauges an emergency department (ED)'s capability to provide high-quality care for children. To learn more about this initiative, please visit the EDPR website here.

Use this checklist to assess if your hospital ED has the most critical components identified in EDPR.

Coordination of Patient Care

A designated Paediatric Emergency Care Coordinator (PECC) is responsible for coordinating paediatric readiness activities, including policies, education and quality improvement. The role may be assigned within a single hospital or shared across multiple hospital sites.

- ☐ Physician PECC
  - Has special interest, knowledge and skill in the emergency care of children and possesses appropriate training, experience and/or hospital credentialing to provide emergency care to critically ill and injured children.
  - Board certified/eligible in Emergency Medicine (EM) or Paediatric Emergency Medicine (PEM) preferred but not required.
  - Role may be shared with an advanced practice provider who is credentialed to care for patients in the ED.
- ☐ Nurse PECC
  - Has special interest, knowledge and skill in the emergency nursing care of children.
  - ENC(C) or CNCCP(C) is desired; other credentials, including (CpedN(C), CNCC(C)), are acceptable.

ED Staffing and Training

- ☐ Healthcare providers who staff the ED have baseline and interval updates of skills and procedures to maintain paediatric competencies for neonates, infants, children, adolescents and children with special healthcare needs, including developmental and neurodevelopmental concerns. Continuing education may be used to fulfill certain competencies, but interval updates of psychomotor skills and procedures are strongly encouraged.

  Areas of paediatric competencies and professional performance evaluations may include but are not limited to:
  - Assessment and treatment (e.g., triage, illness and injury, pain, mental/behavioral health emergencies)
  - Device/equipment safety (e.g., use of low-volume infusion pumps, age-specific monitor settings and alarm limits, paediatric-specific software safeguards)
  - Critical procedures
  - Resuscitation (neonatal and paediatric)
  - Trauma resuscitation and stabilization
  - Patient- and family-centred care
  - Culturally competent care
  - Team training and effective communication

Support Services

- ☐ There are personnel capable of providing supportive, family-centred, trauma-informed care, including specially trained social workers, nurses, chaplains, mental health professionals, or child life specialists.
- ☐ For paediatric patients presenting with mental health and/or substance use issues, the ED has access to timely mental health consultation and support (e.g., mental health nurse, psychiatrist, social worker with training in child/youth mental health/ substance use, crisis intervention worker/team)
- ☐ Evidence-based imaging and laboratory testing policies and guidelines (e.g., Choosing Wisely) are used.
  - Medical imaging capabilities and protocols address age- or weight-appropriate dose reductions.
  - The laboratory has the skills, personnel and capability to perform laboratory tests for children of all ages, including obtaining samples and the availability of microtechnique for small sample sizes.
- ☐ All efforts are made to transfer completed images and laboratory results when a patient is transferred from one facility to another.
- ☐ There is collaboration with other ED support services to meet the needs of children in the community (e.g., home and community care services, Indigenous health services, children's mental health agencies, child welfare and protection services and regional paediatric specialty services).

Quality Improvement and Performance Improvement

- ☐ A defined quality improvement and performance improvement plan that involves chart review of all paediatric deaths and paediatric-specific indicators where:
  - Data are collected and analyzed.
  - Process improvement strategies are implemented.
  - System changes are implemented based on performance.
  - Performance is monitored over time.

Patient Safety

Safety needs are addressed in the following ways:

- ☐ Weigh in kilograms only
- ☐ Record weights in kilograms only
- ☐ For children who require emergency stabilization, a standard method for estimating weight in kilograms is used (e.g., a length-based system).
- ☐ Obtain and record a full set of vital signs (e.g., temperature, heart rate, respiratory rate, blood pressure and oxygen saturation using age-appropriate paediatric reference ranges), including pain and mental status.
- ☐ End-tidal CO^2 monitoring for sedation and critical illness/injury
- ☐ Process for safe medication delivery that includes prescribing, administration and disposal
- ☐ Independent, two-clinician double check for high-alert medications
- ☐ Promote a culturally and linguistically appropriate environment that supports family-centred care
- ☐ Verifying patient identification
- ☐ Timely tracking, reporting and evaluation of patient safety events
- ☐ Access to an appropriate and quiet space for paediatric patients presenting with mental health and/or substance use issues
- ☐ Access to a safe observation space for paediatric patients at risk of imminent harm, including environmental safety measures (e.g., environmental restraints)

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Policies and Procedures

These policies may be integrated into overall ED policies as long as paediatric-specific issues are addressed.

- Illness and injury triage system that is validated for paediatric patients and includes children/youth with medical and mental health and/or substance use issues (e.g., CTAS)
- Assessment and reassessment, including a complete set of vital signs, pain and mental status, and includes:
  - Documentation of full set of vital signs
  - Weight in kilograms
  - Identification and escalation to the responsible provider of abnormal paediatric vital signs and frequency for reassessment of abnormal vital signs
- Reduced-dose radiation for imaging
- Sedation and analgesia, for procedures including medical imaging
- Paediatric transfusion (e.g., blood products)
- Telehealth/telemedicine for subspecialty consults
- Consent of minors, including when a caregiver is unavailable
- Assuming temporary protective custody of a child
- Management of caregivers who exhibit verbal or physical abuse toward staff
- Communication with patient's medical home or primary caregiver
- Lack of patient's medical home
- Children with medical complexity (coordination of care)
- Childhood immunization assessment and management
- Do not resuscitate orders
- Death of the child in the ED

Mental Health Policies, Procedures and Protocols

- Approach and management of paediatric patients presenting to the ED with mental health and/or substance use issues (e.g., use of physical, chemical and environmental restraints, supervision for those requiring observation)
- Suicide screening (e.g., ASQ, Columbia) and management (e.g., risk assessment and level of observation for children/youth presenting with suicidal ideation)
- Trauma-informed care
- Approach and management of a child with agitation
- Social issues, including food insecurity and home safety
- Child maltreatment assessment and mandated reporting
- Human trafficking screening and management
- Discharge plans that reflect referral to appropriate follow-up care and community supports for paediatric patients presenting with mental health and/or substance use issues (e.g., community mental health services, crisis program, primary care).

Disaster Preparedness

The written all-hazard disaster preparedness plan addresses paediatric-specific needs, including:

- Triage of paediatric patients
- Decontamination, isolation and quarantine of families and children of all ages
- Medications, vaccines, equipment, supplies and trained providers for children during and after disasters
- Paediatric surge capacity for injured and non-injured children
- Minimization of caregiver-child separation
- Tracking and identification of unaccompanied children
- Reunification of children and families
- Access to specific behavioural health therapies and social services for children
- Care for children with special healthcare needs
- Disaster drills include a paediatric mass casualty incident at least every two years and drills include paediatric patients

Evidence-Based Guidelines

- Standardized clinical pathways, order sets, early warning systems, or decision support available to providers in real time (e.g., asthma, anaphylaxis, seizure, sepsis)

Interfacility Transfers

- Written interfacility transfer agreements and guidelines that include but are not limited to the following paediatric components:
  - Defined process for initiation of transfer
  - Criteria for transfers (e.g., specialty services)
  - Process for selecting the appropriate facility
  - Criteria for selection of appropriate transport service
  - Plan for transfer
- Formal or informal referral pathway arrangement with community mental health and/or substance use services for paediatric patients who require follow-up care

Family-Centred Care

A policy for promoting family-centred care addresses the following aspects:

- Involving the caregiver in patient care decision-making and medication safety processes
- Allowing caregivers to be present during all aspects of emergency care, including resuscitation
- Caregiver education
- Discharge planning and education
- Bereavement counseling

Paediatric Equipment and Supplies

- ED staff is educated on the location of all items
- Daily method in place to verify the proper location and function of paediatric equipment and supplies
- Paediatric resuscitation equipment is stored on a separate paediatric cart (i.e., Paediatric Broselow cart)

General Equipment

- Patient warming device (including for infants)
- IV blood/fluid warmer
- Restraint device
- Weight scale in kilograms only (no opportunity to weigh or report in pounds), for infants and children
- Standardized chart or tool used to estimate weight in kilograms if resuscitation precludes the use of a weight scale (e.g., length-based tape)
- Tool or chart that relies on weight (kg) to determine equipment size and correct drug dosing (by weight and total volume)
- Vital signs and pain scale assessment tools that are age-specific and developmentally appropriate
- Rigid boards for use in CPR
- Paediatric-specific AED pads
- Paediatric cribs/beds are available

Paediatric Considerations for Medications

- Anesthetics/topical (e.g., EMLA [eutectic mixture of local anesthetics], lidocaine 2.5% and prilocaine .5%, LET [lidocaine, epinephrine and tetracaine], L.M.X. 4 [4% lidocaine])
- Dextrose (D10)
- Oral glucose or sucrose solutions for pain control in infants
- Vaccines
- Oral suspensions of medications administered orally

Vascular Access

- Arm boards (infant, child and adult sizes)
- Atomizer for intranasal administration of medication
- Catheter-over-the-needle device (14-24 gauge)
- Intraosseous needles or device (neonatal, paediatric and adult sizes)
- IV administration sets with calibrated chambers and extension tubing and/or infusion devices with the ability to regulate the rate and volume of infusate (including low volumes)
- IV solutions to include: NS; D5 0.9% NS; D5 0.45% NS; LR and D10W

Fracture Management

- Extremity splints, including femur splints (paediatric and adult sizes)
- Cervical collars (infant, child and adult sizes)

Monitoring Equipment

- Blood pressure cuffs (neonatal, infant, child and adult arm and thigh)
- Doppler ultrasonography devices
- ECG monitor/defibrillator with paediatric and adult capabilities, including paediatric-sized pads/paddles
- Pulse oximeter probes (neonatal, paediatric and adult sizes)
- Continuous end-tidal CO2 monitoring for children of all ages

Respiratory

- Endotracheal tubes
  - Uncuffed 2.5, 3.0, 3.5 mm
  - Cuffed 3.5, 4.0, 4.5, 5.0, 5.5, 6.0 mm
- Feeding tubes (5F, 8F)
- Laryngoscope blades (curved: 2, 3; straight: 0, 1, 2, 3)
- Laryngoscope handle
- Supraglottic airway devices, e.g., i-Gel or laryngeal mask airway (LMA) (size 1, 1.5, 2, 2.5, 3)
- Paediatric Magill forceps
- Nasopharyngeal airways (neonatal, infant and child sizes)
- Oropharyngeal airways (infant and child, sizes 0-3)
- Stylets for endotracheal tubes (paediatric)
- Suction catheters (infant: 6-8F; child: 10-12F)
- Rigid suction device
- Bag-mask device (manual resuscitator), self-inflating (infant, child and adult sizes)
- Masks to fit bag-mask device adaptor (preterm, neonatal, infant, child and adult sizes)
- Simple and non-rebreather masks (infant, child and adult sizes)
- Nasal cannula (infant, child and adult sizes)
- Gastric tubes (infant: 8F; child: 10F)

Specialized Paediatric Kits

- Difficult airway supplies/kits
- Newborn delivery kit
- Urinary catheterization kits and urinary (indwelling) catheters (infant and child sizes)
- Hemorrhage control kits, including paediatric-size tourniquets

Advanced Paediatric Readiness Considerations

These resources reflect advanced paediatric readiness capabilities that may be relevant based on local needs, patient volumes, transfer patterns and available resources.

- Thermometer with low-temperature capabilities
- Self-inflating bag-mask device (paediatric size)
- Non-invasive ventilation (continuous positive airway pressure or high-flow nasal cannula)
- Laryngoscope blade size 00
- Video Laryngoscopy
- Tracheostomy tubes (sizes 3.5mm-5.5mm)
- Umbilical vein catheters (3.5F and 5.0F)
- Central venous catheters (4F-7F)
- Alprostadil (prostaglandin E1)
- Inotropic agents (e.g., digoxin, milrinone)
- Chest tubes (infant: 8F-12F; Child 14F-22F; adult: 24F-40F) or pigtail catheter kit (8.5F-14F)
- Tube thoracostomy tray
- Lumbar puncture tray, including infant (22 gauge, 1.5") and paediatric-sized (22 gauge, 2.5") spinal needles
- Salem sump nasogastric tube (6F-16F)