Arkansas Emergency Department Pediatric Readiness Recognition Program

Emergency Medical Services for Children

July 2024

ARKANSAS
EMSC State Partnership Program

INTRODUCTION

This document has been prepared by the Arkansas Emergency Medical Services for Children (EMSC) Program to assist the leadership in hospitals within in the state who desires to apply for formal recognition through the Arkansas Emergency Department Pediatric Readiness Recognition Program. Hospitals that have an emergency department that is operational 24/7 within the State of Arkansas is eligible to participate. This overview will describe the steps necessary to apply for and maintain recognition status.

This document is subject to review and revisions; therefore, the applicant is encouraged to review a current copy and confer with the Arkansas Emergency Medical Services for Children State Partnership Program to obtain additional assistance. The most recent version can be obtained by going to www.healthy.arkansas.gov/programs-services/topics/emsc or by emailing Kellie Tolliver, EMSC Program Manager, at kellie.tolliver@arkansas.gov.

The Arkansas Emergency Department Pediatric Readiness Recognition Program is a three-tiered program that will help prepare emergency departments to provide higher quality care for infants, children, and adolescents for evaluation, treatment, and/or stabilization of children with medical and traumatic emergencies. The primary goal of the pediatric readiness recognition program is to strengthen pediatric emergency care within communities and critical access hospitals so children and families can benefit from the availability of at least one emergency department in their community which is equipped to stabilize and manage or transfer common emergencies in children.

Becoming a pediatric ready recognized facility is a positive experience for both the hospital and its staff. Benefits include:

- Creating a culture that is driven to continue improvement of pediatric patient outcomes, availability of equipment, services, and up-to-date treatment and transfer policies and protocols.
- Increasing the public's confidence in the overall quality of a hospital's ability to address the medical needs of children.
- Recognizing physicians, nurses, specialists, and other clinical staff for their knowledge, abilities, and commitment through their employment in a pediatric ready recognized facility; therefore, demonstrating a solid hospital wide commitment to excellent health care for the children in Arkansas.
- Increasing exposure in local communities as a facility prepared for addressing critical pediatric needs during a medical or trauma emergency. This is visible in the form of a framed certificate that will be displayed in the facility's emergency department and through listing the facility on the Arkansas EMSC website. This accomplishment may be promoted through local and/or statewide media outlets.
- Utilizing it as a recruiting and marketing tool to attract high quality physicians, nurses, and other healthcare specialists.
- Enhancing potential educational and grant funding opportunities developed for hospitals.

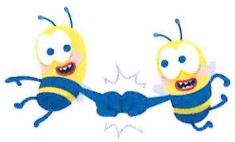
BACKGROUND

On a national level in 2005, the federally funded Emergency Medical Services for Children (EMSC) program established performance measures to assure the existence of a standardized statewide, territorial, or regional system that acknowledges hospitals that are capable of stabilizing and/or managing pediatric medical emergencies and traumatic injuries. The goal set by the National EMSC Program is that by 2027, 45% of hospitals statewide will be recognized as part of a standardized program that ensures emergency departments are able to stabilize and/or manage pediatric medical emergencies.

Similar to trauma center designation, a pediatric recognition program aids facilities in self-identifying areas in which they can optimize care. Unlike trauma center designation, the purpose of the Arkansas Emergency Department Recognition Program is NOT to differentiate emergency departments based on the level of care they can provide for children. Rather, the purpose is to promote recognition for all emergency departments that are able to provide initial stabilization of children with emergency conditions given that 30% of emergency department patients are children. Additionally, greater than 90% of children are seen in a general emergency department, not a children's hospital. The intent of the Arkansas Emergency Department Pediatric Readiness Program is assured that all emergency departments are equipped with the ability to safely treat and manage children in their own communities when appropriate, not bypass these facilities.

As its core, pediatric recognition provides the foundation to endure high quality pediatric emergency care. Successful pediatric recognition programs share many common traits:

- Enhance awareness of pediatric emergency care gaps.
- Recognize hospital and EMS infrastructures within the state.
- Establish and maintain strong partnerships between hospitals and EMS agencies.
- Define minimum criteria to promote pediatric recognition in the following areas:
    - Staff qualifications, including pediatric competencies
    - Quality improvement
    - Policies and procedures
    - Continuing education
    - Equipment and supplies
- Adaptable to refine the process on an ongoing basis



LEVELS OF RECOGNITION

The Arkansas Emergency Department Pediatric Readiness Program is a three-tiered program. With the program being tiered, EMSC believes Arkansas will have more participation from emergency departments with each emergency department having a goal of gaining the next level recognition and identifying potential gaps in pediatric emergency care within the facility.

The goal for Arkansas is to have at least 45% of emergency departments recognized at the BRONZE recognition level with participating emergency departments having a goal of reaching SILVER recognition within two years of initial approval into the program.

Emergency departments will be required to participate in the National Pediatric Readiness Preparedness Program assessment. This assessment will help emergency departments identify gaps within the emergency department and pediatric emergency care.

The *minimum* requirements for all emergency departments to apply and be approved in Arkansas is outlined in the BRONZE recognition level. All of the requirements can be found in the BRONZE verification table in this packet. Once you have completed the NPRP assessment, you will be given a pediatric readiness score.

SILVER recognition can be achieved by having all minimum requirements listed in the BRONZE verification table plus the requirements listed in the SILVER verification table.

GOLD recognition is the highest level that can be achieved in the Arkansas Emergency Department Pediatric Readiness Recognition Program. GOLD recognition can be achieved by meeting all requirements listed in the GOLD verification table.

PLEASE NOTE, BRONZE IS A TIER FOR EMERGENCY DEPARTMENTS TO START GETTING PEDIATRIC READY. A MINIMUM SCORE OF 88 IS REQUIRED TO BE CONSIDERED PEDIATRIC READY PER NATIONAL RECOMMENDATIONS.

Tier Level	Minimum Pediatric Readiness Score
BRONZE	73.76
SILVER	88.28
GOLD	95.78

APPLICATION PROCESS

All applicants are required to apply for the Arkansas Emergency Department Pediatric Readiness Recognition Program. An application must be submitted in order to be evaluated and approved for on the three recognition levels.

The application must be submitted to the EMSC Program Manager with all required documentation attached. The application will be reviewed for completeness before a site visit is scheduled. The site visit will either take place in-person, or virtually.

Following the site visit, the EMSC Advisory Committee with review the application and the results of the site visit which will provide the facility feedback on overall performance. The EMSC Advisory Committee will determine if the facility will be recognized through the program.

Once the facility has been approved to be formally recognized, the facility will be required to re-apply every two years to maintain pediatric recognition status.

The facility can reach out to the EMSC program at any point during the application process to seek assistance and/or clarification.

Submission Instructions:

Before you begin the application, please take a moment to carefully review all of the requirements for the tier you are applying for in this application.

The 'Supporting Documentation Checklist' is for keeping track of the documentation that is being submitted with the application. Please fill out the checklist and submit with the application.

- Complete the 'Supporting Documentation Checklist'.
- Organize the supporting documentation in the order of the checklist.
- To submit your application, please use this page as your cover page.
- You can submit the application to the EMSC Program via the following ways:

MAIL: 5800 W. 10th St. Suite 800
Little Rock, AR 72204

EMAIL: Scanned application with required documentation to
Kellie.tolliver@arkansas.gov

FAX: (501)280-4901

Appeals Process

Every effort will be made by the EMSC program to assist the facility meet the requirements of the Arkansas Emergency Department Pediatric Readiness Recognition Program prior the site visit and after the site visit. However, if a facility has any questions or concerns regarding the unfavorable result of their assessment, they are welcome to submit a written explanation of why they disagree with the results to the EMSC Program Director, Christy Kresse. The goal of the Arkansas Emergency Department Pediatric Readiness Recognition Program is to help every emergency department in the state of Arkansas be better prepared to treat and manage pediatric trauma and medical emergencies within their communities.

Christy Kresse, Section Chief
EMSC Program Director
Christine.kresse@arkansas.gov
(501)661-2262

ARKANSAS
EMSC State Partnership Program

Application Form

In order to process your application, please complete the following form and forward this application to the Arkansas EMSC State Partnership Office.

Name of Facility/Organization:	
Mailing Address:	
Verification Level:	GOLD BRONZE SILVER

Physician Pediatric Emergency Care Coordinator	**Name:**
	Title:
	Email Address:
	Contact Number:

Nurse Pediatric Emergency Care Coordinator	**Name:**
	Title:
	Email Address:
	Contact Number:

Official Completing this Form	**Name:**
	Title:
	Email Address:
	Contact Number:

By signing this document, the applicant understands that this program is voluntary, the decision to participate will no way impact licensure by the State of Arkansas, and the facility's recognition status will be determined by the EMSC Advisory Committee.

Signature: _____ **Date:** _____

GOLD

Supporting Documentation Checklist

Required Supporting Documentation	*Initials*
Name of Physician PECC and a copy of official position description	
Name of Nurse PECC and copy of official position description	
List of confidential medical staff and board certification. (If not board certified, please provide a copy of the PALS certifications)	
List of confidential nursing staff and expiration dates of their PALS certification	
Copy of scope and frequency of the ED provider (MD and Nurse) competency evaluations regarding pediatric specific skills	
Copy of policy for obtaining and recording vital signs for pediatric patients seen in the ED	
A description of the process of how a healthcare provider can access 24/7 interpreter services in the ED	
Copy of the policy requiring all children that are seen in the ED to be weighed in kilograms (kg) and that the child's weight is recorded in the patient chart in kilograms (kg)	
Copy of the policy describing the process for identifying abnormal pediatric vital signs and notifying the physician in the ED	
A description of the process for safe medication delivery which includes storage, prescribing, administration, and disposal. This includes pre-calculated dosing guides for children of all ages	
A copy of the dosing guides used in the ED	
A description of the standard method used in the ED for estimating weight in kilograms. (Medication chart, length-based tapes, etc.)	
Copy of the QI/PI plan.	
5 completed pediatric chart reviews (to be done every 3 months)	
A written description of the EDs process that encourages family-centered care (e.g., family presence at the bedside, family involvement in clinical decision making, caregiver education, family presence during resuscitation, etc.)	
Written description of the process to obtain consent, including situations where the parents or legal guardian in not immediately present with the child	
A copy of the policy regarding the validated triage tool used in the ED and how healthcare providers are trained on how to use the triaging tool when triaging pediatric patients	
A copy of the policy that addressed the assessment of a pediatric patient in the ED and how often a pediatric patient is reassessed while in the ED	
A copy of the protocol describing the management of social/behavioral health issues. Please include how the ED manages parents/caregivers who are hostile, impaired, belligerent, etc.	
A copy of the protocol used by the ED for physical and chemical restraint	
A copy of the written policy used by the ED for mandated reporting (child maltreatment, physical abuse, sexual abuse, sexual assault, human trafficking, and neglect)	
A copy of the written protocol on how the ED staff handles the death of a pediatric patient in the ED	
A copy of the ED or hospital all-hazard disaster plan that addresses pediatric specific issues. (Medications, equipment, pediatric surge capacity, decontamination, isolation, minimal child-parent separation, tracking and reunification of children and families)	
Documentation that the ED has participated in an MCI drill in the last 2 years	

A copy of the procedure used daily to verify the expiration dates of medications, proper placement and location of equipment/supplies, and function of equipment	
List of medications in the ED. If there is a national shortage, please provide proof that the hospital attempted to obtain the medications.	
Official list of equipment in the ED with the hospital logo on the document from central supply OR submit photos of the equipment	
A description detailing the process used for telehealth and telecommunications to communicate with higher level of care facilities. Please include EMS.	
A copy of the written policy of how the ED assesses for immunization status and how the ED handles the pediatric patients that are under immunized.	
A copy of the interfacility transfer guidelines.	

SILVER

Supporting Documentation Checklist

Required Supporting Documentation	***Initials***
Name of Physician PECC and a copy of official position description	
Name of Nurse PECC and copy of official position description	
List of confidential medical staff and board certification. (If not board certified, please provide a copy of the PALS certifications)	
List of confidential nursing staff and expiration dates of their PALS certification	
Copy of scope and frequency of the ED provider (MD and Nurse) competency evaluations regarding pediatric specific skills	
Copy of policy for obtaining and recording vital signs for pediatric patients seen in the ED	
A description of the process of how a healthcare provider can access 24/7 interpreter services in the ED	
Copy of the policy requiring all children that are seen in the ED to be weighed in kilograms (kg) and that the child's weight is recorded in the patient chart in kilograms (kg)	
Copy of the policy describing the process for identifying abnormal pediatric vital signs and notifying the physician in the ED	
A description of the process for safe medication delivery which includes storage, prescribing, administration, and disposal. This includes pre-calculated dosing guides for children of all ages	
A copy of the dosing guides used in the ED	
A description of the standard method used in the ED for estimating weight in kilograms. (Medication chart, length-based tapes, etc.)	
5 completed pediatric chart reviews (to be done every 3 months)	
A written description of the EDs process that encourages family-centered care (e.g. family presence at the bedside, family involvement in clinical decision making, caregiver education, family presence during resuscitation, etc.)	
Written description of the process to obtain consent, including situations where the parents or legal guardian in not immediately present with the child	
A copy of the policy regarding the validated triage tool used in the ED and how healthcare providers are trained on how to use the triaging tool when triaging pediatric patients	
A copy of the policy that addressed the assessment of a pediatric patient in the ED and how often a pediatric patient is reassessed while in the ED	
A copy of the written policy used by the ED for mandated reporting (child maltreatment, physical abuse, sexual abuse, sexual assault, human trafficking, and neglect)	
A copy of the written protocol on how the ED staff handles the death of a pediatric patient in the ED	
A copy of the ED or hospital all-hazard disaster plan that addresses pediatric specific issues. (Medications, equipment, pediatric surge capacity, decontamination, isolation, minimal child-parent separation, tracking and reunification of children and families)	
Documentation that the ED has participated in an MCI drill in the last 2 years	
A copy of the procedure used daily to verify the expiration dates of medications, proper placement and location of equipment/supplies, and function of equipment	
List of medications in the ED. If there is a national shortage, please provide proof that the hospital attempted to obtain the medications.	

Official list of equipment in the ED with the hospital logo on the document from central supply OR submit photos of the equipment	
A description detailing the process used for telehealth and telecommunications to communicate with higher level of care facilities. Please include EMS.	
A copy of the written policy of how the ED assesses for immunization status and how the ED handles the pediatric patients that are under immunized.	
A copy of the interfacility transfer guidelines.	

BRONZE

Supporting Documentation Checklist

Required Supporting Documentation	*Initials*
Name of Physician PECC and a copy of official position description	
Name of Nurse PECC and copy of official position description	
List of confidential medical staff and board certification. (If not board certified, please provide a copy of the PALS certifications)	
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Copy of the policy describing the process for identifying abnormal pediatric vital signs and notifying the physician in the ED	
A description of the process for safe medication delivery which includes storage, prescribing, administration, and disposal. This includes pre-calculated dosing guides for children of all ages	
A copy of the dosing guides used in the ED	
A description of the standard method used in the ED for estimating weight in kilograms. (Medication chart, length-based tapes, etc.)	
A written description of the EDs process that encourages family-centered care (e.g. family presence at the bedside, family involvement in clinical decision making, caregiver education, family presence during resuscitation, etc.)	
Written description of the process to obtain consent, including situations where the parents or legal guardian in not immediately present with the child	
A copy of the policy regarding the validated triage tool used in the ED and how healthcare providers are trained on how to use the triaging tool when triaging pediatric patients	
A copy of the policy that addressed the assessment of a pediatric patient in the ED and how often a pediatric patient is reassessed while in the ED	
A copy of the written policy used by the ED for mandated reporting (child maltreatment, physical abuse, sexual abuse, sexual assault, human trafficking, and neglect)	
A copy of the ED or hospital all-hazard disaster plan that addresses pediatric specific issues. (Decontamination, isolation, minimal child-parent separation)	
Documentation that the ED has participated in an MCI drill in the last 2 years	
A copy of the procedure used daily to verify the expiration dates of medications, proper placement and location of equipment/supplies, and function of equipment	
List of medications in the ED. If there is a national shortage, please provide proof that the hospital attempted to obtain the medications.	
Official list of equipment in the ED with the hospital logo on the document from central supply OR submit photos of the equipment	
A description detailing the process used for telehealth and telecommunications to communicate with higher level of care facilities. Please include EMS.	
A copy of the interfacility transfer guidelines.	

RESOURCES

EMSC Innovation and Improvement Center

https://emscimprovement.center/domains/pediatric-readiness-project/

American College of Emergency Physicians

https://www.acep.org/by-medical-focus/pediatrics/

Joint Policy Statement: Pediatric Readiness in the Emergency Department

https://publications.aap.org/pediatrics/article/142/5/e20182459/38608/Pediatric-Readiness-in-the-Emergency-Department?autologincheck=redirected

Emergency Department Pediatric Readiness Toolkit

ED Toolkit • EIIC (emscimprovement.center)

PECC Toolkit

Administration and Coordination for the Care of Children - Search • EIIC (emscimprovement.center)

Broselow® - Luten Zones AND Weight in Pounds:

- It is *always preferable* to measure the patient using a Broselow® Pediatric Emergency Reference Tape to determine the color zone.
- For situations in which the child cannot be measured, patient age may be used to select the zone.
- Note that *medication dosing should always be done per KG or by color zone*—the weight in pounds is a rough estimate of the related zone weight in kg.

Zone	Weight in KG	Age	Weight in POUNDS (Verify POUNDS not kg)
3kg, 4kg, and 5 kg zones	3kg, 4kg, and 5 kg	<3 mos	6 – 7 lbs, 8 – 9 lbs, 10 – 12 lbs
Pink	6 – 7 kg	3 – 5 mos	13 – 15 lbs
Red	8 – 9 kg	6 – 11 mos	16 – 20 lbs
Purple	10 – 11 kg	12 – 24 mos	21 – 24 lbs
Yellow	12 – 14 kg	2 yrs	25 – 30 lbs
White	15 – 18 kg	3 – 4 yrs	31 – 40 lbs
Blue	19 – 23 kg	5 – 6 yrs	41 – 50 lbs
Orange	24 – 29 kg	7 – 9 yrs	51 – 64 lbs
Green	30 – 36 kg	10 – 11 yrs	65 – 79 lbs
Use adult doses for Patients ≥ 40 kg or larger than Green zone	37 – 40 kg	≥ 12 yrs	80 – 89 lbs
	41 – 45 kg		90 – 99 lbs
	46 – 49 kg		100 – 109 lbs
	50 – 54 kg		110 – 119 lbs
	55 – 58 kg		120 – 129 lbs
	59 – 63 kg		130 – 139 lbs
	64 – 67 kg		140 – 149 lbs
	68 – 72 kg		150 – 159 lbs

Criteria	Bronze	Silver	Gold	Points
Physician Pediatric Emergency Care Coordinator (PECC)	X	X	X	9.5
Nurse Pediatric Emergency Care Coordinator (PECC)	X	X	X	9.5
Physician Competency Evaluations	X	X	X	2.5
Physician Maintenance of Board Certifications	X	X	X	2.5
Nurse Competency Evaluations	X	X	X	2.5
Nurse Maintenance of Specialty Certification	X	X	X	2.5
Patient care review process (chart review)			X	1.4
Identification of quality indicators for children				1.4
Collection and analysis of pediatric emergency care data			X	1.4
Development of a plan for improvement in pediatric emergency care			X	1.4
Re-evaluation of performance using outcomes-based measures			X	1.4
Children seen in the ED weighed in kilograms	X	X	X	1.5
Children's weights recorded in the ED medical record in kilograms only	X	X	X	1.5
Temperature, heart rate, and respiratory rate recorded	X	X	X	1.0
Blood pressure monitoring available based on severity of illness	X	X	X	1.0
Pulse oximetry monitoring available based on severity of illness	X	X	X	1.0
End tidal CO2 monitoring available based on severity of illness		X	X	0.5
Process in place for notification of physicians when abnormal vital signs are found	X	X	X	3.0
Process in place for the use of pre-calculated drug dosing in all children	X	X	X	3.0
Process in place that allows 24/7 access to interpreter services in ED	X	X	X	0.5
Level of Consciousness (e.g., AVPU or GCS) assessed in all children	X	X	X	0.5
Level of pain assessed in all children	X	X	X	0.5
Triage policy that specifically addresses ill and injured children	X	X	X	2.00
Policy for pediatric patient assessment and reassessment	X	X	X	1.50
Policy for immunization assessment and management of the under-immunized child		X	X	1.50
Policy for child maltreatment (mandating reporting)	X	X	X	1.50
Policy for death of the child in the ED		X	X	1.50

Policy for reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight				1.50
Policy for behavioral health issues for children of all ages			X	1.50
Involving families and caregivers in patient care decision making		X	X	0.40
Involving families and caregivers in medication safety processes			X	0.40
Family and guardian presence during all aspects of emergency care, including resuscitation		X	X	0.40
Education of the patient, family, and caregivers on treatment plan and disposition	X	X	X	0.40
Bereavement Counseling				0.40
Disaster plan includes availability of medications, vaccines, equipment, supplies, and appropriately trained providers for children				0.29
Disaster plan includes decontamination, isolation, and quarantine of families and children	X	X	X	0.29
Disaster plan includes minimization of parent-child separation and methods for reuniting separated children with their families				0.29
All disaster drills include pediatric patients	X	X	X	0.29
Disaster plan includes pediatric surge capacity for both injured and non-injured children				0.28
Disaster plan includes access to behavioral health resources for children				0.28
Disaster plan includes care of children with special health care needs				0.28
Written interfacility transfer guidelines	X	X	X	2.00
All staff trained on the locations of all pediatric equipment and medications	X	X	X	3.00
Daily method used to verify the proper location and function of pediatric equipment and supplies	X	X	X	3.00
Standardized chart or tool to estimate weight if resuscitation precludes the use of a weight scale (e.g., length-based tape)	X	X	X	3.00
Neonatal blood pressure cuff	X	X	X	0.500
Infant blood pressure cuff	X	X	X	0.500

Child blood pressure cuff	X	X	X	0.500
Defibrillator with pediatric and adult capabilities including pads and/or paddles	X	X	X	0.500
Pulse oximeter with pediatric and adult probes	X	X	X	0.500
Continuous end-tidal CO2 monitoring device		X	X	0.500
22 gauge IV catheter	X	X	X	0.500
24 gauge IV catheter	X	X	X	0.500
Pediatric IO needles	X	X	X	0.500
IV administration sets with calibrated chambers		X	X	0.500
Endotracheal Tube: cuffed or uncuffed 2.5mm		X	X	0.575
Endotracheal Tube: cuffed or uncuffed 3.0mm		X	X	0.575
Endotracheal Tube: cuffed or uncuffed 3.5mm		X	X	0.575
Endotracheal Tube: cuffed or uncuffed 4.0mm		X	X	0.575
Endotracheal Tube: cuffed or uncuffed 4.5mm		X	X	0.575
Endotracheal Tube: cuffed or uncuffed 5.0mm	X	X	X	0.575
Endotracheal Tube: cuffed or uncuffed 5.5mm	X	X	X	0.575
Endotracheal Tube: cuffed 6.0mm	X	X	X	0.575
Laryngoscope blades: straight, size 0		X	X	0.576
Laryngoscope blades: straight, size 1		X	X	0.576
Laryngoscope blades: straight, size 2		X	X	0.576
Laryngoscope blades: curved, size 2		X	X	0.576
Pediatric Magill Forceps		X	X	0.576
Nasopharyngeal airways: infant size	X	X	X	0.576
Nasopharyngeal airways: child size	X	X	X	0.576
Oropharyngeal airways: size 0 (50mm)	X	X	X	0.576
Oropharyngeal airways: size 1 (60mm)	X	X	X	0.576
Oropharyngeal airways: size 2 (70mm)	X	X	X	0.576
Oropharyngeal airways: size 3 (80mm)	X	X	X	0.576
Stylets for pediatric/infant sized endotracheal tubes		X	X	0.576
Bag-mask device, self-inflating (infant/child)	X	X	X	0.576

Masks (neonatal size) to fit bag-mask device	X	X	X	0.576
Masks (infant size) to fit bag-mask device	X	X	X	0.576
Masks (child size) to fit bag-mask device	X	X	X	0.576
Simple oxygen masks: standard infant		X	X	0.576
Clear oxygen masks: standard child		X	X	0.576
Non-rebreather masks: infant-sized	X	X	X	0.576
Non-rebreather masks: child-sized	X	X	X	0.576
Nasal cannulas: infant	X	X	X	0.576
Nasal cannulas: child	X	X	X	0.576
Suction catheters: at least one in range 6-8F		X	X	0.576
Suction catheters: at least one in range 10-12F		X	X	0.576
Supplies/kit for pediatric patients with difficult airways		X	X	0.576
Minimum Pediatric Readiness Score	**73.76**	**88.28**	**95.78**	**100**

Arkansas Voluntary ED Recognition Program

Pediatric Readiness

Gold Verification

Official Completing Form (please print): **Date:** **Initials:**

Instructions: The requirements and acceptable documentation are detailed for each item on the list by type of assessment. For each item, please initial in the box provided for each line item/equipment to indicate the acceptable forms of documentation/material were submitted along with the application. Please attach any documentation/material as an addendum to this application.

DESCRIPTION	PRE-SUBMITTED	INITIALS
Participation in the National Pediatrics Preparedness Project Survey		
ALL PARTICIPANTS ARE REQUIRED TO PARTICIPATE IN THE NATIONAL PEDIATRIC PREPAREDNESS PROGRAM SURVEY.	https://www.pedsready.org/	
Pediatric Emergency Care Coordinator (PECC)		
Physician PECC: - Board certified/eligible in Emergency Medicine (EM), Pediatric Emergency Medicine (PEM), or Family Medicine (FM) (preferred but not required for resource limited hospitals) ***If the physician is not board eligible/certified, the physician must obtain and hold a PALS certification.*** - Can be multiple physicians that work in the Emergency Department. **Nurse PECC:** - CPEN/CEN (preferred) - Other credentials (e.g., CPN, CCRN) *Please see attached "Role Responsibilities: Physician Coordinator for Pediatric Emergency Care" and "Role Responsibilities: Nurse Coordinator for Pediatric Emergency Care" for more information.	Name of persons and copy of certifications.	

Physician, Advance Practice Providers (AAPs), Nurses and Other ED Healthcare Providers		
Physicians and Advanced Practice Providers who staff the ED, and on a basis of their level of training and scope of practice, have necessary skill, 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 provided by the hospital. This means that there is 24/7 provider coverage of the ED by a physician board certified in Emergency Medicine (EM), Pediatrics, Family Medicine (FM), Pediatric Emergency Medicine (PEM) or, if they are not board certified in one of the aforementioned subspecialties, they maintain current provider status in Pediatric Advanced Life Support (PALS) or Advanced Pediatric Life Support (APLS).	A confidential list of current medical staff and their board certification, if not board certified in EM, PEM, FM, or Peds, then expiration date of their APLS/PALS certification	
Nurses and other ED health care providers who staff the ED and based on their level of training and scope of practice, 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 provided by the hospital as deemed by up-to-date provider status in PALS, APLS, or ENPC. Staff coverage must be 24/7. Areas for pediatric competency and professional evaluation include, but are not limited to the following: - Assessment and treatment (e.g., triage) - Medication administration - Device/equipment safety (properly using equipment/supplies that are in the ED) - Critical procedures - Resuscitation (including simulation) - Trauma resuscitation and stabilization - Team training and effective communication - Disaster drills that include children - Patient and family centered care	Written policy regarding scope and frequency of evaluations for staff	
Guidelines for Improving Pediatric Patient Safety		
ALL infants and children presenting to the ED have the following vital signs recorded in the medical record: Temperature, heart rate, respiratory rate, pulse oximetry, blood pressure, pain, and mental status.	Copy of written policy and audit of sample reports	

Blood pressure and pulse oximetry monitoring are available using the appropriate size equipment for children of all ages.	Official equipment list for unit with hospital logo on document from central supply OR picture of the equipment	
A process in place that allows for 24/7 access to interpreter in the ED.	A copy of the process	
All children seen in the ED are weighed in kilograms (kgs) and that weight is recorded in the ED medical record in kg.	Copy of written policy	
A process for identifying abnormal vital signs (age or weight based) and notifying the physician or APP of these abnormal vital signs.	Copy of written policy	
There are processes in place for safe medication delivery, which include storage, prescribing, administration, and disposal. This includes pre-calculated dosing and formulation guides for child of all ages.	A description of the process	
For children who require resuscitation or emergency stabilization, a standard method for estimating weight in kilograms is used (e.g., medication chart, length-based system, medical software, or other systems are readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications)	A description tool(s) is used	

Guidelines for QI/PI in the ED		
The QI/PI plan includes a process to monitor system performance over time and implement system changes based on this performance.	Copy of the QI/PI plan	
ED policies, Procedures, and Protocols		
The ED has a process that promotes family-centered care, which includes, but not limited to the following: - Family and guardian presence during all aspects of emergency care, including resuscitation - Patient, family, guardian, and caregiver education - Family and guardian involvement in patient care decision-making and medication safety processes - Discharge planning and education	A written description of the facility's process	
The ED has a process to obtain consent, including situations in which a parent or legal guardian in not immediately available.	A written description of the facility's process	
The ED uses a validated triage tool AND has a triage policy that specifically addresses ill and injured children.	Name of the tool and copy of the policy, which also specifies how staff are trained to use it	
The ED has a policy addressing pediatric patient assessment and how frequently children should be reassessed.	Copy of written policy	
The ED has a written protocol for the management of social and behavioral health issues for pediatric patients who are belligerent, impaired, or violent.	Copy of the written protocol	
The hospital has a written protocol for the physical or chemical restraint of pediatric patients.	Copy of the written policy	
The ED has a policy for the mandated reporting and assessment of child maltreatment (physical and sexual abuse, sexual assault, human trafficking, and neglect).	Copy of the written policy	
The ED has a policy on how to handle the death of a child in the ED.	Copy of the written policy	
The ED has a process regarding the use of telehealth and telecommunications to communicate with facilities that provide a higher level of care, EMS, Arkansas Children's Hospital, etc.	A description of the process	

All Hazard Disaster Preparedness		
The ED or hospital has an all-hazard disaster-preparedness plan in which the following pediatric issues are addressed: - Decontamination, isolation, and quarantine of families and children of all ages - Disaster drills include pediatric mass casualty incident at least every two years	A copy of the plan	
Inter-Facility Transfers		
The hospital has written pediatric inter-facility transfer procedures and/or agreements, which include the following pediatric components: - Criteria for transfer (e.g., specialty services) - Criteria for selection of appropriate transfer service - Process for initiation of transfer - Plan for transfer of patient information - Integration of family-centered care - Integration with telehealth/telecommunication	Copy of written policy	

Guidelines for Medication, Equipment, and Supplies		
Pediatric equipment, supplies, and medications are appropriate for children of all ages and sizes and are easily accessible, clearly labeled, and logically organized. - ED staff is educated on the location of all items - Daily method in place to verify the proper location and function of pediatric equipment supplies - Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications - Standardized chart or tool to estimate weight in kilograms if resuscitation precludes the use of a weight scale (e.g., length-based tape)	Copy of written procedure/protocol for daily method to verify the proper location and function of equipment and expiration of medications and supplies	

Medications		
Analgesics (oral, intranasal, and parenteral)		
Anesthetics (eutectic mixture of local anesthetics; lidocaine 2.5% and prilocaine 2.5%; lidocaine, epinephrine, and tetracaine; and LMX 4 [4% lidocaine])		
Anticonvulsants (benzodiazepines, levetiracetam, valproate, carbamazepine, fosphenytoin, and phenobarbital)		
Antidotes (common antidotes should be accessible to the ED. e.g., naloxone)		
Antipyretics (acetaminophen and ibuprofen)		
Antiemetics (ondansetron and prochlorperazine)		
Antihypertensives (labetalol, nicardipine, and sodium nitroprusside)		
Antimicrobials (parenteral and oral)		
Antipsychotics (olanzapine and haloperidol)		
Benzodiazepines (midazolam and lorazepam)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Bronchodilators		
Calcium Chloride and/or calcium gluconate		
Corticosteroids (dexamethasone, methylprednisolone, and hydrocortisone)		
Cardiac medications (adenosine, amiodarone, atropine, and lidocaine)		
Hypoglycemic interventions (dextrose, oral glucose)		
Diphenhydramine		
Epinephrine (1mg/mL [IM] and 0.1 mg/mL [IV] solutions)		
Furosemide		
Glucagon		
Insulin		
Magnesium sulfate		
Intracranial hypertension medications (mannitol, 3% hypertonic saline)		
Neuromuscular blockers (rocuronium and succinylcholine)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Sucrose solutions for pain control in infants		
Sedation medications (midazolam, etomidate, and ketamine)		
Sodium bicarbonate (4.2%)		
Vasopressor agents (dopamine, epinephrine, and norepinephrine)		
Vaccines (tetanus)		

Equipment/Supplies: Respiratory		
Endotracheal Tubes - Uncuffed 2.5 mm - Uncuffed 3.0 mm - Cuffed or uncuffed 3.5 mm - Cuffed or uncuffed 4.0 mm - Cuffed or uncuffed 4.5 mm - Cuffed or uncuffed 5.0 mm - Cuffed or uncuffed 5.5 mm - Cuffed 6.0 mm	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Laryngoscope Blades - Straight: 0 - Straight: 1 - Straight: 2 - Curved: 2		
Magill Forceps - Pediatric		
Nasopharyngeal Airways - Infant - Child		
Oropharyngeal Airways - Size 0 - Size 1 - Size 2 - Size 3		

Stylets for ET Tubes - Infant - Pediatric	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Suction Catheters - Infant (6-8F) - Child (10-12F)		
Rigid Suction Device - Pediatric		

Bag-mask device, self-inflating - Infant (250 ml) - Child (450-500 ml)		
Non-rebreather masks - Infant - Child	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Clear Oxygen masks - Infant - Child		
Mask to fit bag-mask device adaptor - Neonatal - Infant - Child		
Nasal Cannula - Infant - Child		
Equipment/Supplies: Vascular Access		
Atomizer for intranasal administration of medication		
Catheter over needle device - 22 gauge - 24 gauge		

Intraosseous needles or devices - Pediatric - 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)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
IV Solutions - Normal Saline - Dextrose 5% in 0.45% Normal Saline - Lactated Ringers' solution - Dextrose 10% in water		
Equipment/Supplies: Fracture Management		
Extremity splints (including femur splints) - Pediatric		

Cervical Collar - Infant - Child	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Equipment/Supplies: Monitoring Supplies		
Blood pressure cuffs - Neonatal - Infant - Child	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
ECG monitor and/or defibrillator with pediatric and adult capabilities, including pediatric sized pads and/or paddles		
Continuous end-tidal CO2 monitoring		
Equipment/Supplies: Specialized Pediatric Trays or Kits		
Newborn Delivery Kit (including equipment for initial resuscitation of a newborn infant): - Umbilical clamp - Scissors - Bulb syringe - Towel	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Difficult airway supplies and/or kit (Contents to be based on pediatric patients served at the hospital and may include some or all of the following): - Supraglottic airways of all sizes - Needle cricothyrotomy supplies - Surgical cricothyrotomy kit - Video laryngoscopy		
Recommendations for High-Volume EDs seeing pediatric patients.		
Alprostadil (prostaglandin E1)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Central Lines Venous Catheters - 4.0F - 5.0F - 6.0F - 7.0F		

Chest Tubes - Infant (8-12F catheter) - Child (14-22F catheter) - Adult (24-40F catheter) or 36 - Pigtail catheter kit (8.15-14F catheter)		
Laryngoscope blade - Size 00		
Lumbar puncture tray, spinal needles - Infant - Child		
Lumbar puncture tray, spinal needles - Infant - Child		
Umbilical Venous Catheters - 3.5F - 5.0F		
Video Laryngoscopy		
Gastric Tubes - 8F - 10F **Feeding Tubes** - 5F - 8F		

Arkansas Voluntary ED Recognition Program

Pediatric Readiness

Silver Verification

Official Completing Form (please print): **Date:** **Initials:**

Instructions: The requirements and acceptable documentation are detailed for each item on the list by type of assessment. For each item, please initial in the box provided for each line item/equipment to indicate the acceptable forms of documentation/material were submitted along with the application. Please attach any documentation/material as an addendum to this application.

DESCRIPTION	PRE-SUBMITTED	INITIALS
Participation in the National Pediatrics Preparedness Project Survey		
ALL PARTICIPANTS ARE REQUIRED TO PARTICIPATE IN THE NATIONAL PEDIATRIC PREPAREDNESS PROGRAM SURVEY.	https://www.pedsready.org/	
Pediatric Emergency Care Coordinator (PECC)		
Physician PECC: - Board certified/eligible in Emergency Medicine (EM), Pediatric Emergency Medicine (PEM), or Family Medicine (FM) (preferred but not required for resource limited hospitals) ***If the physician is not board eligible/certified, the physician must obtain and hold a PALS certification.*** - Can be multiple physicians that work in the Emergency Department. **Nurse PECC:** - CPEN/CEN (preferred) - Other credentials (e.g., CPN, CCRN) *Please see attached "Role Responsibilities: Physician Coordinator for Pediatric Emergency Care" and "Role Responsibilities: Nurse Coordinator for Pediatric Emergency Care" for more information.	Name of persons and copy of certifications.	

Physician, Advance Practice Providers (AAPs), Nurses and Other ED Healthcare Providers		
Physicians and Advanced Practice Providers who staff the ED, and on a basis of their level of training and scope of practice, have necessary skill, 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 provided by the hospital. This means that there is 24/7 provider coverage of the ED by a physician board certified in Emergency Medicine (EM), Pediatrics, Family Medicine (FM), Pediatric Emergency Medicine (PEM) or, if they are not board certified in one of the aforementioned subspecialties, they maintain current provider status in Pediatric Advanced Life Support (PALS) or Advanced Pediatric Life Support (APLS).	A confidential list of current medical staff and their board certification, if not board certified in EM, PEM, FM, or Peds, then expiration date of their APLS/PALS certification	
Nurses and other ED health care providers who staff the ED and based on their level of training and scope of practice, 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 provided by the hospital as deemed by up-to-date provider status in PALS, APLS, or ENPC. Staff coverage must be 24/7. Areas for pediatric competency and professional evaluation include, but are not limited to the following: - Assessment and treatment (e.g., triage) - Medication administration - Device/equipment safety (properly using equipment/supplies that are in the ED) - Critical procedures - Resuscitation (including simulation) - Trauma resuscitation and stabilization - Team training and effective communication - Disaster drills that include children - Patient and family centered care	Written policy regarding scope and frequency of evaluations for staff	
Guidelines for Improving Pediatric Patient Safety		
ALL infants and children presenting to the ED have the following vital signs recorded in the medical record: Temperature, heart rate, respiratory rate, pulse oximetry, blood pressure, pain, and mental status.	Copy of written policy and audit of sample reports	

Blood pressure and pulse oximetry monitoring are available using the appropriate size equipment for children of all ages.	Official equipment list for unit with hospital logo on document from central supply OR picture of the equipment	
A process in place that allows for 24/7 access to interpreter in the ED.	A copy of the process	
All children seen in the ED are weighed in kilograms (kgs) and that weight is recorded in the ED medical record in kg.	Copy of written policy	
A process for identifying abnormal vital signs (age or weight based) and notifying the physician or APP of these abnormal vital signs.	Copy of written policy	
There are processes in place for safe medication delivery, which include storage, prescribing, administration, and disposal. This includes pre-calculated dosing and formulation guides for child of all ages.	A description of the process	
For children who require resuscitation or emergency stabilization, a standard method for estimating weight in kilograms is used (e.g., medication chart, length-based system, medical software, or other systems are readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications)	A description tool(s) is used	

ED policies, Procedures, and Protocols		
The ED has a process that promotes family-centered care, which includes, but not limited to the following: - Family and guardian presence during all aspects of emergency care, including resuscitation - Patient, family, guardian, and caregiver education - Family and guardian involvement in patient care decision-making and medication safety processes - Discharge planning and education	A written description of the facility's process	
The ED has a process to obtain consent, including situations in which a parent or legal guardian in not immediately available.	A written description of the facility's process	
The ED uses a validated triage tool AND has a triage policy that specifically addresses ill and injured children.	Name of the tool and copy of the policy, which also specifies how staff are trained to use it	
The ED has a policy addressing pediatric patient assessment and how frequently children should be reassessed.	Copy of written policy	
The ED has a policy for the mandated reporting and assessment of child maltreatment (physical and sexual abuse, sexual assault, human trafficking, and neglect).	Copy of the written policy	
The ED has a process regarding the use of telehealth and telecommunications to communicate with facilities that provide a higher level of care, EMS, Arkansas Children's Hospital, etc.	A description of the process	
Inter-Facility Transfers		
The hospital has written pediatric inter-facility transfer procedures and/or agreements, which include the following pediatric components: - Criteria for transfer (e.g., specialty services) - Criteria for selection of appropriate transfer service - Process for initiation of transfer - Plan for transfer of patient information - Integration of family-centered care - Integration with telehealth/telecommunication	Copy of written policy	

Guidelines for Medication, Equipment, and Supplies		
Pediatric equipment, supplies, and medications are appropriate for children of all ages and sizes and are easily accessible, clearly labeled, and logically organized. - ED staff is educated on the location of all items - Daily method in place to verify the proper location and function of pediatric equipment supplies - Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications - Standardized chart or tool to estimate weight in kilograms if resuscitation precludes the use of a weight scale (e.g., length-based tape)	Copy of written procedure/protocol for daily method to verify the proper location and function of equipment and expiration of medications and supplies	
Medications		
Analgesics (oral, intranasal, and parenteral)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Anesthetics (eutectic mixture of local anesthetics; lidocaine 2.5% and prilocaine 2.5%; lidocaine, epinephrine, and tetracaine; and LMX 4 [4% lidocaine])		
Anticonvulsants (benzodiazepines, levetiracetam, valproate, carbamazepine, fosphenytoin, and phenobarbital)		
Antidotes (common antidotes should be accessible to the ED. e.g., naloxone)		
Antipyretics (acetaminophen and ibuprofen)		
Antiemetics (ondansetron and prochlorperazine)		
Antihypertensives (labetalol, nicardipine, and sodium nitroprusside)		
Antimicrobials (parenteral and oral)		
Antipsychotics (olanzapine and haloperidol)		
Benzodiazepines (midazolam and lorazepam)		
Bronchodilators		
Calcium Chloride and/or calcium gluconate		
Corticosteroids (dexamethasone, methylprednisolone, and hydrocortisone)		
Cardiac medications (adenosine, amiodarone, atropine, and lidocaine)		
Hypoglycemic interventions (dextrose, oral glucose)		
Diphenhydramine		

Epinephrine (1mg/mL [IM] and 0.1 mg/mL [IV] solutions)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Furosemide		
Glucagon		
Insulin		
Magnesium sulfate		
Intracranial hypertension medications (mannitol, 3% hypertonic saline)		
Neuromuscular blockers (rocuronium and succinylcholine)		
Sucrose solutions for pain control in infants		
Sedation medications (midazolam, etomidate, and ketamine)		
Sodium bicarbonate (4.2%)		
Vasopressor agents (dopamine, epinephrine, and norepinephrine)		
Vaccines (tetanus)		
Equipment/Supplies: Respiratory		
Endotracheal Tubes - Uncuffed 2.5 mm - Uncuffed 3.0 mm - Cuffed or uncuffed 3.5 mm - Cuffed or uncuffed 4.0 mm - Cuffed or uncuffed 4.5 mm - Cuffed or uncuffed 5.0 mm - Cuffed or uncuffed 5.5 mm - Cuffed 6.0 mm	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Laryngoscope Blades - Straight: 0 - Straight: 1 - Straight: 2 - Curved: 2		
Magill Forceps - Pediatric		
Nasopharyngeal Airways - Infant - Child		

Oropharyngeal Airways - Size 0 - Size 1 - Size 2 - Size 3		

Stylets for ET Tubes - Infant - Pediatric	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Suction Catheters - Infant (6-8F) - Child (10-12F)		
Rigid Suction Device - Pediatric	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Bag-mask device, self-inflating - Infant (250 ml) - Child (450-500 ml)		
Non-rebreather masks - Infant - Child		
Clear Oxygen masks - Infant - Child		
Mask to fit bag-mask device adaptor - Neonatal - Infant - Child		
Nasal Cannula - Infant - Child		
Equipment/Supplies: Vascular Access		
Atomizer for intranasal administration of medication		
Catheter over needle device - 22 gauge - 24 gauge		

Intraosseous needles or devices - Pediatric - 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)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
IV Solutions - Normal Saline - Dextrose 5% in 0.45% Normal Saline - Lactated Ringers' solution - Dextrose 10% in water	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Equipment/Supplies: Fracture Management		
Extremity splints (including femur splints) - Pediatric	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Cervical Collar - Infant - Child		
Equipment/Supplies: Monitoring Supplies		
Blood pressure cuffs - Neonatal - Infant - Child	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
ECG monitor and/or defibrillator with pediatric and adult capabilities, including pediatric sized pads and/or paddles		
Equipment/Supplies: Specialized Pediatric Trays or Kits		
Newborn Delivery Kit (including equipment for initial resuscitation of a newborn infant): - Umbilical clamp - Scissors - Bulb syringe - Towel	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Difficult airway supplies and/or kit (Contents to be based on pediatric patients served at the hospital and may include some or all of the following): - Supraglottic airways of all sizes - Needle cricothyrotomy supplies - Surgical cricothyrotomy kit - Video laryngoscopy		

Arkansas Voluntary ED Recognition Program

Pediatric Readiness

Bronze Verification

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Physician PECC: - Board certified/eligible in Emergency Medicine (EM), Pediatric Emergency Medicine (PEM), or Family Medicine (FM) (preferred but not required for resource limited hospitals) ***If the physician is not board eligible/certified, the physician must obtain and hold a PALS certification.*** - Can be multiple physicians that work in the Emergency Department. **Nurse PECC:** - CPEN/CEN (preferred) - Other credentials (e.g., CPN, CCRN) *Please see attached "Role Responsibilities: Physician Coordinator for Pediatric Emergency Care" and "Role Responsibilities: Nurse Coordinator for Pediatric Emergency Care" for more information.	Name of persons and copy of certifications.	

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Nurses and other ED health care providers who staff the ED and based on their level of training and scope of practice, 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 provided by the hospital as deemed by up-to-date provider status in PALS, APLS, or ENPC. Staff coverage must be 24/7. Areas for pediatric competency and professional evaluation include, but are not limited to the following: - Assessment and treatment (e.g., triage) - Medication administration - Device/equipment safety (properly using equipment/supplies that are in the ED) - Critical procedures - Resuscitation (including simulation) - Trauma resuscitation and stabilization - Team training and effective communication	Written policy regarding scope and frequency of evaluations for staff	
Guidelines for Improving Pediatric Patient Safety		
ALL infants and children presenting to the ED have the following vital signs recorded in the medical record: Temperature, heart rate, respiratory rate, pulse oximetry, blood pressure, pain, and mental status.	Copy of written policy and audit of sample reports	

Blood pressure and pulse oximetry monitoring are available using the appropriate size equipment for children of all ages.	Official equipment list for unit with hospital logo on document from central supply OR picture of the equipment	
A process in place that allows for 24/7 access to interpreter in the ED.	A copy of the process	
All children seen in the ED are weighed in kilograms (kgs) and that weight is recorded in the ED medical record in kg.	Copy of written policy	
A process for identifying abnormal vital signs (age or weight based) and notifying the physician or APP of these abnormal vital signs.	Copy of written policy	
There are processes in place for safe medication delivery, which include storage, prescribing, administration, and disposal. This includes pre-calculated dosing and formulation guides for child of all ages.	A description of the process	
For children who require resuscitation or emergency stabilization, a standard method for estimating weight in kilograms is used (e.g., medication chart, length-based system, medical software, or other systems are readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications)	A description tool(s) is used	

ED policies, Procedures, and Protocols		
The ED has a process to obtain consent, including situations in which a parent or legal guardian in not immediately available.	A written description of the facility's process	
The ED uses a validated triage tool AND has a triage policy that specifically addresses ill and injured children.	Name of the tool and copy of the policy, which also specifies how staff are trained to use it	
The ED has a policy addressing pediatric patient assessment and how frequently children should be reassessed.	Copy of written policy	
The ED has a policy for the mandated reporting and assessment of child maltreatment (physical and sexual abuse, sexual assault, human trafficking, and neglect).	Copy of the written policy	
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Medications		
Analgesics (oral, intranasal, and parenteral)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Anesthetics (eutectic mixture of local anesthetics; lidocaine 2.5% and prilocaine 2.5%; lidocaine, epinephrine, and tetracaine; and LMX 4 [4% lidocaine])		
Anticonvulsants (benzodiazepines, levetiracetam, valproate, carbamazepine, fosphenytoin, and phenobarbital)		
Antidotes (common antidotes should be accessible to the ED. e.g., naloxone)		
Antipyretics (acetaminophen and ibuprofen)		
Antiemetics (ondansetron and prochlorperazine)		
Antihypertensives (labetalol, nicardipine, and sodium nitroprusside)		
Antimicrobials (parenteral and oral)		
Antipsychotics (olanzapine and haloperidol)		
Benzodiazepines (midazolam and lorazepam)		
Bronchodilators		
Calcium Chloride and/or calcium gluconate		
Corticosteroids (dexamethasone, methylprednisolone, and hydrocortisone)		
Cardiac medications (adenosine, amiodarone, atropine, and lidocaine)		
Hypoglycemic interventions (dextrose, oral glucose)		
Diphenhydramine		
Epinephrine (1mg/mL [IM] and 0.1 mg/mL [IV] solutions)		
Furosemide		
Glucagon		
Insulin		

Magnesium sulfate	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Neuromuscular blockers (rocuronium and succinylcholine)		
Sedation medications (midazolam, etomidate, and ketamine)		
Sodium bicarbonate (4.2%)		
Vasopressor agents (dopamine, epinephrine, and norepinephrine)		
Vaccines (tetanus)		
Equipment/Supplies: Respiratory		
Endotracheal Tubes - Cuffed or uncuffed 5.0 mm - Cuffed or uncuffed 5.5 mm - Cuffed 6.0 mm	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Nasopharyngeal Airways - Infant - Child		
Oropharyngeal Airways - Size 0 - Size 1 - Size 2 - Size 3		

Rigid Suction Device - Pediatric	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Bag-mask device, self-inflating - Infant (250 ml) - Child (450-500 ml)		
Non-rebreather masks - Infant - Child		
Clear Oxygen masks - Infant - Child		
Mask to fit bag-mask device adaptor - Neonatal - Infant - Child		

Nasal Cannula - Infant - Child		
Equipment/Supplies: Vascular Access		
Atomizer for intranasal administration of medication		
Catheter over needle device - 22 gauge - 24 gauge		

Intraosseous needles or devices - Pediatric - 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)	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
IV Solutions - Normal Saline - Dextrose 5% in 0.45% Normal Saline - Lactated Ringers' solution - Dextrose 10% in water		
Equipment/Supplies: Fracture Management		
Extremity splints (including femur splints) - Pediatric	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
Cervical Collar - Infant - Child		
Equipment/Supplies: Monitoring Supplies		
Blood pressure cuffs - Neonatal - Infant - Child	Official equipment list for unit with hospital logo on the document from central supply/biomed department	
ECG monitor and/or defibrillator with pediatric and adult capabilities, including pediatric sized pads and/or paddles		

Equipment/Supplies: Specialized Pediatric Trays or Kits		
Newborn Delivery Kit (including equipment for initial resuscitation of a newborn infant): - Umbilical clamp - Scissors - Bulb syringe - Towel	Official equipment list for unit with hospital logo on the document from central supply/biomed department	