

## WHAT DOES IT MEAN TO BE PEDIATRIC READY?



Sally K. Snow, BSN, RN, CPEN, FAEN

*Sally Snow has 44 years of experience in emergency and trauma nursing including 30 years dedicated to improving emergency care for children. Since 2005, she has served as the ENA liaison to the American Academy of Pediatrics (AAP) Committee on Pediatric Emergency Medicine, where she worked on the writing team as the ENA author on the 2018 AAP/ACEP/ENA joint policy statement Pediatric Readiness in the Emergency Department. She provided nursing input into the 2009 joint policy statement Guidelines for Care of Children in the Emergency Department, the predecessor to the new statement. She is the ENA liaison to the Emergency Medical Services for Children Innovation and Improvement Center Advisory Board and the recipient of ENA's first Pediatric Readiness Improvement Award in 2018. She has championed ED pediatric readiness for over three decades.*

Imagine a day when you are really busy and you hear a commotion in the waiting room. The next minute the triage nurse bursts through the doors headed for the resuscitation room with a limp two-year-old boy. The father does not speak English and can't give a history immediately. A call goes out for someone who can interpret. The triage nurse puts the patient down on the resus room bed and the physician and others rush in. The patient is clearly not breathing and his face is turning bluer by the minute.

An interpreter rushes in the room and soon you know the patient was standing up in the crib and just collapsed.

Sally K. Snow, BSN, RN, CPEN, FAEN, is Independent Consultant, Pediatric Trauma and Emergency Nursing.

For correspondence, please write: Sally K. Snow, BSN, RN, CPEN, FAEN; E-mail: [sallyksnow@yahoo.com](mailto:sallyksnow@yahoo.com).

J Emerg Nurs 2019;45:2-3.  
0099-1767

Copyright © 2019 Published by Elsevier Inc. on behalf of Emergency Nurses Association.

<https://doi.org/10.1016/j.jen.2018.11.014>

You learn the family jumped in the car and raced to the emergency department.

As the physician makes a quick decision to intubate the patient, you anticipate what comes next as your coworkers look feverishly for IV access. The physician suddenly shouts, "I can't pass the laryngoscope, there's an obstruction." He calls for the pediatric McGill forceps. Think about it; is there a pediatric McGill in your intubation roll or is there just an adult McGill available?

Would you be surprised to learn that only 17% of hospitals surveyed in 2003 had pediatric McGill forceps<sup>1</sup>. This is my story. Lucky for us that night, in the emergency department (ED) where I worked, there were pediatric McGill forceps available. The physician pulled a three-inch wood screw from the two-year old's airway. He responded well to oxygen and spontaneous respirations returned. We were lucky. Our general ED had the equipment we needed.

The 2003 assessment of US hospitals revealed a median pediatric readiness score of 55 out of a possible 100 points.<sup>1</sup> Efforts to assure that emergency departments are prepared to care for children have been ongoing for decades. The Emergency Nurses Association (ENA) joined the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) in 2009 to publish the joint policy statement *Guidelines for the Care of Children in the Emergency Department*.<sup>2</sup> Following the publication of this joint statement, the National Pediatric Readiness Project (NPRP) was launched in 2013. This quality improvement project assessed more than 4,100 hospitals to identify the hospital's readiness to care for children based on the 2009 Guidelines and provided instant feedback with a gap analysis. The NPRP resulted in an increase in a readiness score to 70. That score represents improvement but there was still work to do. The ENA, AAP and ACEP continue to work together with other stakeholders including the EMS for Children program to improve pediatric readiness to care for kids.

In November (online at <https://www.jenonline.org>) and in the January issue of *JEN*, the *Journal of Emergency Nursing* simultaneously published with the AAP's *Pediatrics* and ACEP's *Annals of Emergency Medicine* a revision of the Joint Policy Statement titled *Pediatric Readiness in the Emergency Department*.<sup>3</sup> This revision continues to refine the standards for pediatric readiness in the nation's EDs. Please take the time to review the new guideline and assess your ED to assure that you have the personnel, education and competencies, equipment, policies and procedures, disaster plan, and quality improvement processes in place. As an ED nurse leader keep your eyes open for the next phase of the

NPRP which will be coming your way in the future to reassess how ready your ED is to care for kids. Prepare like your child or your grandchild's life depends on it, because it does!

#### REFERENCES

1. Gausche-Hill M, Schmitz C, Lewis RJ. Pediatric preparedness of United States emergency departments: A 2003 survey. *Pediatrics*. 2007;120(6):1229-1237.
2. American Academy of Pediatrics, Committee on Pediatric Emergency Medicine; American College of Emergency Physicians, Pediatric Committee; Emergency Nurses Association, Pediatric Committee. Joint policy statement - guidelines for care of children in the emergency department. *Ann Emerg Med*. 2009;54(4):543-552.
3. Remick K, Gausche-Hill M, Joseph MM, et al. Pediatric readiness in the emergency department. *J Emerg Nurs*. 2019;45(1):e3-e18.

#### Erratum in "Pediatric Readiness in the Emergency Department"



In the policy statement "Pediatric Readiness in the Emergency Department" (<https://doi.org/10.1016/j.jen.2018.10.003>), published as an online article in press November 1, 2018, and then incorporated as an online only article in the January 2019 issue, a bullet point in the supplemental material was incomplete. The

original text read, "Clear oxygen masks (standard and nonbreathing) for an infant, child, and adult"; the text has been updated online to read, "Clear oxygen masks (standard, nonbreathing, and with adapter for delivery of nebulized medications) for an infant, child, and adult."

J Emerg Nurs 2019;45:3.  
0099-1767

Copyright © 2019 Published by Elsevier Inc. on behalf of Emergency Nurses Association.

<https://doi.org/10.1016/j.jen.2018.12.010>