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Risk Tips

Improving Pediatric Care in the Emergency Department

Various human, managerial, organizational, and environmental factors affect patient safety in emergency departments (EDs). Identifying ways to improve pediatric patient safety became the mission of the federally funded Emergency Medical Services for Children (EMSC) Program in partnership with the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA). These organizations created the National Pediatric Readiness Project (NPRP) in 2013 as an ongoing quality improvement initiative to empower all EDs to provide effective and safe emergency care to children.

The following risk management tips represent a high-level overview of some of the NPRP's recommendations for improving pediatric readiness in EDs.[1] For more detailed information, see the link to the NPRP's self-assessment, checklist, and toolkit at the end of this publication.

1

Create awareness of the physical, emotional, and distinct medical needs of pediatric patients. Assign areas of the ED especially for pediatric patients to make the physical environment safer for children. Conduct shift huddles among staff members caring for pediatric patients.

2

Engage patients and families throughout all steps of pediatric patient care in the ED. Communicate regularly, and make sure family members take an active role in decision-making. Ensure thorough discharge planning and clear, easy-to-understand follow-up instructions.

3

Implement a policy and procedure for family presence during procedures and resuscitations. Ensure all levels of hospital staff support the policy and that it reduces (rather than increases) family and staff anxiety during these situations.

4

Be cognizant of health literacy and communication barriers. For patients who have limited English proficiency or other communication barriers, use qualified medical interpreters or auxiliary aids to ensure comprehension. Do not rely on bilingual family members or a provider's limited proficiency in the patient's language.

5

Work with ED providers and staff to improve cultural competence, increase awareness of implicit bias, and improve health equity. Educate providers and staff about racial and ethnic disparities that occur in emergency care, such as in the management of pain for pediatric patients.

6

Work with specialists or experts to develop age-appropriate distraction techniques to minimize pediatric patients' anxiety and fear. Train nurses and healthcare providers on distraction and pain-alleviating strategies for pediatric patients undergoing procedures.

7

Perform structured handoffs, as pediatric patients may often transition across and within multiple care areas. Clearly communicate the patient details, the responsibility of care, and the authority for treatment and procedures in handoffs. Use checklists, structured mnemonics (such as I-PASS and SBAR), and handoff bundles to improve consistency and safety.

8

Encourage open communication and joint review of “near misses” among physicians and nursing staff. Reinforce a nonpunitive culture of safety that encourages identifying and reporting safety hazards to help inform quality improvement efforts.

9

Acknowledge the patient safety threat and the increased risk of medical errors that ED crowding may present. Consider implementing a five-level triage system consistent with the recommendations of the AAP policy statement on overcrowding and the ACEP standardized protocols for optimizing ED care and triage scale standardization.

10

Use computerized physician order entry and clinical decision support (CDS) with electronic prescribing to reduce medication prescribing errors. Develop CDS tools and integrate them into the electronic health record system to help streamline workflows.

11

Develop a standard pediatric formulary that includes standard concentrations and dosages of high-risk and frequently used medications. See the guidance in the joint policy statement on pediatric medication safety in the ED from AAP, ACEP, and ENA.

12

Decrease known risk factors for pediatric medication errors, such as not consistently measuring patients’ weights, performing medication calculations based on pounds instead of kilograms, and making errors in the five rights of medication administration (the right patient, the right medication, the right dose, the right time, and the right route).

13

Support the integration of team training in the physician, nursing, and emergency medical services training programs.

14

Leverage telehealth services to help connect patients and care providers to remote specialist care and avoid unnecessary patient transfers.

Resources

- EIIC EMSA Innovation and Improvement Center: National Pediatric Readiness Project
- MedPro Group: Addressing Potential Maltreatment in Pediatric Patients
- MedPro Group: Risk Resources: Medication Safety in Pediatric Patients
- Pediatrics: Optimizing Pediatric Patient Safety in the Emergency Care Setting
- Pediatrics: Pediatric Readiness in the Emergency Department

Endnote

[1] Joseph, M. M., Mahajan, P., Snow, S. K., Ku, B. C., Saidinejad, M., the American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Emergency Medicine Committee, & Emergency Nurses Association Pediatric Committee. (2022, November). Optimizing pediatric patient safety in the emergency care setting. *Pediatrics, 150*(5): e2022059673. Retrieved from https://publications.aap.org/pediatrics/article/150/5/e2022059673/189657/Optimizing-Pediatric-Patient-Safety-in-the