



# **PEDIATRIC EMERGENCY CARE BRIEF**

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10 Easy-to-Apply Strategies to Yield Immediate  
Improvements in Your ED's Pediatric Care

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## 10 Easy-to-Apply Strategies to Yield Immediate Improvements in Your ED's Pediatric Care

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### **Introduction**

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You've heard the saying, "Kids are not small adults." We all know it's true. Children, especially children visiting your ED for emergency care, bring with them special requirements—requirements not all EDs are prepared to meet. Do you think there may be room for pediatric-related improvements in your ED?

If so, you might consider implementing changes that will bring benefits to your pediatric patients, their parents, your ED, and outward, to your community. Although the most lasting and beneficial changes—changes that allow you to reap rewards such as greater differentiation, boosts in market share and increases in revenue—are those strategically and purposefully developed and implemented in tandem with hospital leadership, you can apply a few simple strategies right now to begin enhancing your ED's pediatric services.

Implement one, two or all of these strategies, and measure the results yourself. See if your young patients and their parents notice the difference. See if your pediatric volume increases as word of mouth spreads. See if parental complaints decrease. And best of all, see how even small changes are able to transform your staff and the overall spirit of your ED.

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### **1. Prioritize pediatric care.**

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Prioritizing pediatric care doesn't mean you should put emergency care for children above care for adults. But it does mean creating a new focus on pediatric needs. It means evaluating everything in your ED through children's and their parents' eyes. Traditionally, community EDs are adult focused; therefore everything from the waiting room and treatment rooms to equipment, training and medicines do not support nor reflect a culture that recognizes the special and unique needs of children presenting for emergency care. Yet when families come in with ill or injured children, expertise in children's care is what they expect.

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### **2. Assign a nurse to be your pediatric clinical coordinator.**

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One way to get a jump start on creating a culture of focused pediatric care is to establish a pediatric clinical coordinator role. Typically, this role is best filled by a nurse with enthusiasm for and/or a background in pediatric care, as such an individual will bring energy and creativity to the department. He/she can serve as a role model for care, and as a resource for other staff members who may feel less comfortable with children. This individual can also coordinate staff educational sessions that focus on pediatric care.

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### **3. If you haven't already, consider a separate pediatric care area.**

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A variety of models exist that describe how pediatric care is delivered in emergency departments; your model will depend on both pediatric volume and space limitations. While there is a clear trend towards establishing dedicated areas for pediatric care, not all EDs have the space or budget to do so. If this is true in your ED, why not designate one or two treatment rooms for children? Decorated and equipped appropriately, pediatric treatment rooms will help your patients feel a little more at ease. Ideally, this separation of adult and pediatric patients extends to your waiting area as well. Families will see these changes as a sure sign that your ED is focused on emergency care for children.

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### **4. Allow nurses and physicians who like children to deliver pediatric care.**

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You may face staffing issues that make this strategy a challenge. But it makes sense to match, whenever possible, pediatric patients to staff with pediatric backgrounds, or to those who just like working with kids. Communicating with children and families may also be challenging, but this is one area where your ED can truly distinguish its care. Does your emergency department already have a dedicated pediatric area? Then cross-training might be an option. If you'd like to learn more about cross-training, and discover how to overcome critical cross-training challenges, see [http://www.petrackconsulting.com/cross\\_training.pdf](http://www.petrackconsulting.com/cross_training.pdf).

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### **5. Provide training in child-life techniques to nursing staff.**

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Child-life specialists are professionals who bring focused pediatric excellence to emergency departments. They help children cope with difficult procedures, and improve the entire ED experience for families. EDs with pediatric volumes less than 15,000 patients per year may not have the resources to hire a child-life specialist, but they might have a motivated nursing staff that can learn many of a child-life specialist's techniques. This single enhancement will work wonders in improving both actual and perceived emergency care for children. To learn more about child-life and to find out how you can implement child-life techniques in your ED, see [http://www.petrackconsulting.com/newsletter\\_vol\\_2\\_1.html](http://www.petrackconsulting.com/newsletter_vol_2_1.html)

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### **6. Look around your ED; can you make it more child-friendly?**

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First impressions count! What happens when a family enters your department? Are they greeted by someone who makes them feel welcome? Do you have play equipment available to help keep children and their siblings distracted while waiting? Consider specialized pediatric examining tables or colorful room decorations to send a message that kids are welcomed. And of course, be sure that the physical space is safe, with plug covers, locks on cabinets, and equipment out of reach. Even if you can't create a distinct pediatric area, any separation of adult and pediatric care generally will be appreciated by families, especially those with small children.

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## **7. Review equipment and medications with a focus on pediatric care.**

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Medical errors are receiving a lot of attention these days. Since many pediatric medications are based on weight, it's easier to make mistakes. Does your ED have a formal system in place to double check certain potentially toxic medications? Do you stock other medications that provide great value for pediatric care, such as LET (Lidocaine-Epinephrine-Tetracaine) gel? LET gel frequently allows providers to suture without painful lidocaine injections—a huge satisfier for both children and parents. Also, it's important to ensure you have airway and other equipment available for children of all ages. A recent study showed that many hospitals fall short when it comes to being equipped for pediatric care. The time to realize you need an infant warmer is not when a sick newborn comes in!

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## **8. Take a look at how your charts are documented.**

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Everyone knows charting is important. Yet, problems persist and often are discovered only after a patient complaint—or worse, at trial. This medical legal risk is magnified further when a seriously injured or ill child has less than optimal outcomes. It's essential to have a program in place for reviewing nursing and physician chart documentation. This not only ensures good patient care, but can significantly reduce medical legal risk. Excellent documentation, combined with excellent patient care and communication, will have a major impact on risk reduction in your ED. Put together a quarterly chart review for physician and nursing providers, focusing on specific documentation elements in the chart. Be sure that as issues are identified, providers get ongoing, supportive, but specific feedback.

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## **9. Consider developing pediatric clinical carepaths.**

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Your ED can enhance pediatric emergency care for common problems by using clinical carepaths. Examples of helpful carepaths include those for asthma, bronchiolitis, and even seizures. Providing guidelines, while allowing for flexibility, establishes parameters of care that meet current standards and ensure that your ED is practicing state of the art, evidence-based medicine.

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## **10. Improve your written and electronic reference materials.**

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A large number of resources are available to help practitioners with pediatric care. Although drug information is especially important for reducing pediatric medication errors, focused pediatric emergency references are also extremely useful. And while it's always a good idea to keep basic textbooks handy, you might consider taking advantage of the increasing number of electronic resources. Some are web-based, while others require the use of small palm devices (PDAs). Three excellent electronic resources are [www.lexi.com](http://www.lexi.com), [www.epocrates.com](http://www.epocrates.com), and [www.pepid.com](http://www.pepid.com).

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## Conclusion

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Did you find the information in this report helpful? If you implement any of these strategies and find that they work for you, I'd love to hear about it. Please call, write or email me to tell me about your experiences, or to let me know about specific topics you'd like to see addressed in future reports.

Also feel free to get in touch if you have questions, comments or concerns related to your specific emergency department or practice. I'd be glad to discuss your particular situation with you.

If you'd like to keep up-to-date on what's new in pediatric emergency care, or to learn more about enhancing pediatric care for children, sign up for my complimentary bi-monthly eNewsletter, *Spotlight on Pediatric Emergency Care*, at [www.petrackconsulting.com](http://www.petrackconsulting.com).

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## About Our Organization

Petrack Consulting is dedicated to helping physician and hospital leadership bring excellence to emergency services for children. We work collaboratively with you to fully understand your goals and objectives, and address programmatic initiatives with measurable outcomes. Our focused background in pediatric emergency medicine, administrative medicine and organization development allows us to create uniquely effective solutions for enhancing emergency services for children.

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