Modern Healthcare

Article published April 25, 2011

Kids have special emergency-care needs

Gausche-Hill

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Posted: April 25, 2011 - 12:01 am ET
Tags: Education, Hospitals, Physicians, Research

Each year, about 27 million children visit hospital emergency departments in the U.S.—about one-fifth of all visits. Despite this large number, only 6% of EDs have the necessary equipment and staff to care for kids in dire emergent need. Indeed, providers tend to view children as little adults when it comes to emergency medicine, and the results can be devastating.

By virtue of their anatomy and proclivities, children in medical crisis need equipment and expertise that can be markedly different from that needed to treat adults. Children's passageways and organs are smaller than grown-ups', meaning they often need tools and apparatus small enough to be effective. And of course, children are more likely to get themselves into unique predicaments, meaning that emergency-care providers must be experienced in responding to any variety of situations.

As one example, young children explore the world by placing objects in their mouths. Once there, objects can easily become lodged in the back of the throat, blocking passage of air. Anyone who has worked in an ED has witnessed this occurrence; an inexpensive pediatric-sized Magill forceps can remove items lodged in a child's trachea and save a life. Yet almost 20% of all EDs lack such an instrument.

Los Angeles County recognized the need to be pediatric-ready more than 25 years ago, and in 1985 became the first county in the country to develop a program to ensure that EDs have the equipment, staff, ongoing education and policies needed to treat children

with serious injury or illness.

Harbor-UCLA Medical Center, the public hospital where I work, was a founding member of this program, called Emergency Department Approved for Pediatrics. Run by Los Angeles County's Emergency Medical Services Agency, the EDAP program is a network of 44 public and private hospitals in the county that have adopted guidelines such as those produced by the American Academy of Pediatrics, American College of Emergency Physicians, Joint Commission and 22 other national organizations to earn EDAP designation.

Part of this groundbreaking effort included the creation of sub-specialty training in pediatric emergency medicine, and I am proud to be the first emergency physician to complete fellowship training and be board certified in this specialty. Rarely a day goes by when I don't see the need for the EDAP program and this specialty in my hospital.

Here are a few examples of the types of cases we see at Harbor-UCLA Medical Center:

- A neonate who stopped breathing because of a viral infection (bronchiolitis) and required a small mask, ventilation bag and other special airway equipment to manage.

- A 4-year-old boy with a small ball lodged in his throat and needed special tiny forceps to remove it.

- An unconscious 5-year-old who placed a medication patch designed for her grandmother on her knee, requiring staff who understood toxic exposure levels for a small child.

These and countless other incidents point to the critical need for all hospitals to be fully prepared to handle pediatric emergencies, which can make all the difference in the life of the child. The good news for hospitals is that national guidelines have been established that all EDs can adopt to be pediatric-ready. Only 6% of hospitals nationwide are truly compliant with the guidelines, and research shows that fewer than 60% of ED managers are even aware of the guidelines. This is unfortunate, especially when you consider that hospitals can get up to speed for less than $2,000—negligible when you think of the payoff.

The EDAP program in Los Angeles County recently celebrated its 25th anniversary and has been a model for other jurisdictions across the nation. Through its rigorous review process, the program ensures that hospitals will have life-saving equipment and a designated pediatric emergency care coordinator to oversee the program within each hospital. By participating in the EDAP program, hospitals meet county and national standards and have the staff ready and trained to care for children suffering illness and injury.

All hospitals should make the small investment in adopting the national guidelines and explore the EDAP concept in their area. It can make the difference between life and death.

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