West Virginia

# Always Ready for Kids

# ARK

## Hospital Recognition Program

WEST VIRGINIA
EMSC State Partnership Program

**West Virginia Department of Health and Human Resources**
**Bureau for Public Health**
**Office of Emergency Medical Services**
**Division of Trauma Designation and Categorization**
**Emergency Medical Services for Children**
**www.wvoems.org · (304) 558-3956**

West Virginia Department of HEALTH


***ALWAYS READY FOR KIDS (ARK)***

## Acknowledgements

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# West Virginia Emergency Medical Services for Children (EMSC)

## *ALWAYS READY FOR KIDS (ARK)*

## Introduction

The Federal Emergency Medical Services for Children (EMSC) Program is designed to ensure that all children and adolescents, regardless of where they live, attend school, or travel, receive appropriate care in a health emergency. This program is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration's Maternal and Child Health Bureau. Since its establishment, the EMSC Program has provided grant funding to all 50 states, the District of Columbia, and five U.S. territories.

The West Virginia EMSC Program is housed within the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Emergency Medical Services (OEMS), Division of Trauma, Designation and Categorization. This program has received consistent federal funding since 2009. The Federal EMSC Grant mandates responsibilities for meeting Performance Measures 1.1, 1.2, 1.3 and 1.4. These performance measures are designed to ensure that a statewide, standardized system exists in which all hospital emergency departments demonstrate an established plan and/or the ability to manage medical and trauma pediatric emergencies.

In 2009, a committee was formed to develop an *Always Ready for Kids (ARK)* program in West Virginia to assist in meeting Performance Measures 1.1, 1.2, 1.3 and 1.4. This committee consisted of pediatricians, paramedics, registered nurses, emergency medical technicians, and WV Office of Emergency Medical Services staff. American Academy of Pediatrics (AAP) Joint Policy Statement – Pediatric Readiness in the Emergency Department and Federal EMSC Guidelines for Care of Children in the Emergency Department were utilized in the development of this program. The goal of this *ARK* program is to create an effective and sustainable method to ensure that children who need treatment for life threatening illnesses or injuries have access to appropriate facilities, equipment, and trained personnel at no cost to the facility. In January 2011, all 51 West Virginia acute care facilities were invited to attend one of six (6) regional educational rollouts to learn about the program. Attendance at one of these rollouts was supported by the West Virginia Hospital Association through collaborative efforts with the EMS for Children Coordinator. Invitations to participate were sent to hospital administrators, Director of Emergency Nursing, Director of Nursing, Designated Emergency Department Medical Director, and Lead Pharmacists. The first ARK verification site visits were successfully conducted in July 2011.

To successfully achieve ARK recognition, a facility is evaluated on criteria in each of the following categories:

- Airway Management
- Continuing Education
- Emergency Department Services
- Immobilization
- Miscellaneous (scales, external heat sources, etc.)
- Monitoring/Assessment
- Pediatric Resuscitation
- Personnel
- Policies and Procedures
- Quality Assurance
- Performance Improvement
- Radiology
- Specialized Pediatric Tray
- Vascular Access
- Chart Review – five (5) charts from each of the following categories:
    - Trauma
    - Illness
    - Respiratory Disease
    - Death

Each facility must demonstrate 100% compliance with “Essential” elements and 70% of “Desired” elements to receive ARK recognition. An additional “Recommended” element has been added, however, it is not considered in the scoring. Compliance with the ARK guidelines is determined through a completed application and verified by an onsite visit with a four (4) member team consisting of a pediatric physician specialist or emergency medicine physician, registered nurses, an emergency medical technician and others as deemed appropriate.

ARK recognition is valid for a three (3) year period. Prior to a facility expiring, the EMSC Program Manager contacts the facility with the most up-to-date document.

The ARK program criteria and strategies are reviewed annually by the ARK Medical Advisory Team. This team consists of pediatric physician specialists from a variety of disciplines statewide with guidance and support from the West Virginia Office of Emergency Medical Services, EMSC Program. The most current revision to ARK document and criteria was implemented in February 2022 based on the 2018 Joint Policy Statement “Pediatric Readiness in the Emergency Department” and the 2020 Pediatric Readiness in the Emergency Department checklist and ARK Medical Advisory Team recommendations.

Becoming an ARK recognized facility is a positive occurrence for both the hospital and community. Benefits include:

- Creating a culture driven to continue improvement of pediatric patient outcomes, availability of equipment, services, and up-to-date treatment policies and protocols.
- Increasing the public's confidence in overall quality of a hospital's ability to address medical needs of children.
- Recognizing physicians, nurses, specialists, and other clinical staff for their knowledge, abilities, and commitment through their employment in an ARK recognized facility; therefore, demonstrating a solid hospital-wide commitment to excellent health care of West Virginia's pediatric population through their support of the ARK program.
- 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 plaque displayed in the facility's emergency department and through listing the facility on the West Virginia Department of Health and Human Resources, West Virginia Office of Emergency Medical Services', EMSC website, and, additionally through self-promoting this accomplishment 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 rural hospitals and staff.

The West Virginia EMS for Children's Program would like to take this opportunity to invite your facility to review the enclosed information. Your facility's participation in the ARK initiative is vital to West Virginia becoming a nationwide model for the positive treatment outcomes of children during a medical or trauma emergency.

If your facility receives ARK recognition, it will remain valid for a period of three (3) years. At that time, your facility has the option of reapplying. If your hospital is interested in participating in the ARK initiative, please complete the application online or submit via e-mail to Robin Jones, RN, EMSC Program Director, at robin.a.jones@wv.gov or Erin Timbrook EMSC Program Manager, at erin.j.timbrook@wv.gov. Questions may be forwarded to Robin Jones at (304) 290-9305 or Erin Timbrook at (304) 380-4728.

West Virginia Department of HEALTH

West Virginia Office of Emergency Medical Services (OEMS)
Division of Trauma, Designation and Categorization
Policies and Procedures

# Always Ready for Kids (ARK) Hospital Recognition Program
# DTC5.1

**MISSION:** To provide an effective and sustainable process for the review of acute care facilities in West Virginia (WV) in regard to their ability to manage medical and trauma pediatric emergencies.

**SCOPE:** The Emergency Medical Services for Children (EMSC) Program is designed to ensure that all children and adolescents, regardless of where they live, attend school, or travel receive appropriate care in a health emergency. The WV EMSC Program receives federal EMSC grant funding and thus is mandated to ensure a statewide, standardized system exists in which all hospital emergency departments demonstrate an established plan and/or the ability to manage medical and trauma pediatric emergencies.

**PURPOSE:** The ARK Hospital Recognition Program recognizes acute care facilities that have the capability to manage medical and trauma pediatric emergencies per established ARK Hospital Recognition Program essential and desired elements.

**GOALS:**

1. Provide an evidence-based, standardized statewide evaluation process for WV hospital emergency departments in their ability to manage medical and trauma pediatric emergencies.
2. Promote optimal hospital-based pediatric emergency care.
3. Provide a hospital pediatric emergency department recognition program at no cost to the facility.
4. Identify opportunities for hospital-based pediatric emergency care system evaluation and improvement.
5. Identify opportunities for WV pediatric emergency care system evaluation and system improvement.

**PROCESS:** After completion of the ARK application and pre-review element questionnaire, the WV EMSC Program Coordinator will review submitted paperwork and make a preliminary determination of facility's ability to meet requirements for successful ARK recognition. If it is determined that the facility is missing essential elements, a consultation conference call will be scheduled with the facility representative responsible for the ARK process. Once it is determined a facility is compliant with ARK essential elements, an ARK verification site visit will be scheduled. The verification team will consist of at least three (3) members (one physician from the ARK Medical Advisory Committee, one registered nurse from the WV OEMS office and the WV EMSC Program Coordinator). If a facility is found to have 100% compliance on "Essential" elements and 70% on "Desired" elements, the facility receives WV ARK recognition which remains valid for a period of three (3) years. Prior to the facility's ARK

recognition expiration, the WV EMSC Program Coordinator will contact the facility and provide an updated application and pre-review element questionnaire.

**PROCEDURE:**

1. The WV EMCS Program Coordinator makes contact with the facility's Emergency Department Nurse Manager or Trauma Program Manager and the Hospital Administrator explaining the mission, scope, and objectives of the WV ARK Hospital Recognition Program. The WV ARK Hospital Recognition Program application and pre-review element questionnaire are available on the WV OEMS, EMSC Website. The EMSC website is http://www.wvoems.org/designation-and-categorization/ems-for-children.
2. Each facility is reminded of their ability to access an online readiness toolkit to assist with addressing policy, procedure or protocol questions. This ability was made possible because of the 100% compliance of WV hospitals completing the National Pediatric Readiness Project. The link is http://www.pediatricreadiness.org/PRP_Resources/Policies_Procedures_Protocols.aspx.
3. The hospital completes the ARK application and pre-review element questionnaire and returns to the WV EMSC Program Coordinator.
4. The WV EMSC Program Coordinator and the Director of the Division of Trauma, Designation and Categorization will review the submitted material for completeness and ensure compliance with essential and desired elements.
5. If the facility has met the criteria, the WV EMSC Program Coordinator will coordinate an ARK site evaluation visit with the ARK Site Verification Team and the hospital.
6. When the ARK site evaluation has been requested and dates/times coordinated, the facility will receive additional instructions, expectations and requests.
7. Compliance with the ARK requirements is verified by an on-site verification visit. This visit consists of an emergency department walk through, element verification, policy and procedure review, continuing education and pediatric chart review. Five (5) charts from each of the following categories will be reviewed: trauma, illness, respiratory distress, and death. A total of twenty (20) charts will be reviewed by the physician site verification team member.
8. An exit interview will be conducted to review and discuss the preliminary findings, any areas of non-compliance, corrections or request for additional information, if required. If scoring determines the facility has successfully met compliance with the ARK requirements, the facility will be made aware of their achievement

9. The facility will be notified, in writing, within four (4) weeks of the on-site verification visit outlining the site visit findings. If a facility does not meet requirements or if corrections/additional information is needed, the areas of noncompliance will be outlined.
10. Upon successful completion, an invitation is sent to the hospital administrator, outlining details regarding a media event should the facility choose this option. The hospital will receive a plaque indicating the facility's name, successful ARK Hospital Recognition Program completion and recognition period.

WEST VIRGINIA
EMSC State Partnership Program

# ALWAYS READY FOR KIDS (ARK) HOSPITAL SITE EVALUATION REQUEST

**COMPLETE FORM ONLINE AND RETURN TO Robin Jones, RN, PROGRAM DIRECTOR, EMS FOR CHILDREN (EMSC) at: robin.a.jones@wv.gov OR Erin Timbrook, PROGRAM MANAGER, EMS FOR CHILDREN (EMSC) at: erin.j.timbrook@wv.gov.**

**Hospital** _____

**Contact Person** _____ _____

**Mailing Address** _____

**City** _____ **State** _____ **Zip** _____

**Phone Number** _____ **Fax Number** _____

**Physical Address** _____

| | STAFF | E-MAIL ADDRESS |
|---|---|---|
| **CEO/Administrator:** | | |
| **Director of Nursing:** | | |
| **ED Medical Director:** | | |
| **Pharmacist:** | | |
| **Clinical Director of Emergency Nursing** | | |

| AIRWAY/RESPIRATORY MANAGEMENT | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 1. | **Bag-valve-mask resuscitator, self-inflating** | | | | |
| | ☐ Infant (240 cc) | E | 2 | ☐ Yes ☐ No | |
| | ☐ Child (500 cc) | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult (1000 cc) | E | 2 | ☐ Yes ☐ No | |
| 2. | **Masks to fit bag-mask device adaptor** | | | | |
| | ☐ Neonatal | E | 2 | ☐ Yes ☐ No | |
| | ☐ Infant | E | 2 | ☐ Yes ☐ No | |
| | ☐ Child | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 2 | ☐ Yes ☐ No | |
| 3. | **Continuous Positive Airway Pressure Device (CPAP)** | D | 1 | ☐ Yes ☐ No | |
| 4. | **Chest tubes** | | | | |
| | ☐ Infant (8.5 – 12 Fr) [at least one size in this range] | E | 2 | ☐ Yes ☐ No | |
| | ☐ Child (16 – 24 Fr) [at least one size in this range] | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult (28 – 40 Fr) [at least one size in this range] | E | 2 | ☐ Yes ☐ No | |
| 5. | **Endotracheal tubes** | | | | |
| | **Endotracheal Tubes - Cuffed *or* Uncuffed (Cuffed Preferred)** | | | | |
| | ☐ 2.5 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 3.0 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 3.5 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 4.0 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 4.5 mm | E | 2 | ☐ Yes ☐ No | |

| AIRWAY/RESPIRATORY MANAGEMENT | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| | ☐ 5.0 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 5.5 mm | E | 2 | ☐ Yes ☐ No | |
| | **Endotracheal Cuffed** | | | | |
| | ☐ 6.0 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 6.5 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 7.0 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 7.5 mm | E | 2 | ☐ Yes ☐ No | |
| | ☐ 8.0 mm | E | 2 | ☐ Yes ☐ No | |
| 6. | **Laryngoscope blades** | | | | |
| | **Curved Blades** | | | | |
| | ☐ 0 | R | 1 | ☐ Yes ☐ No | |
| | ☐ 1 | R | 1 | ☐ Yes ☐ No | |
| | ☐ 2 | E | 1 | ☐ Yes ☐ No | |
| | ☐ 3 | E | 1 | ☐ Yes ☐ No | |
| | **Straight Blades** | | | | |
| | ☐ 0 | E | 1 | ☐ Yes ☐ No | |
| | ☐ 1 | E | 1 | ☐ Yes ☐ No | |
| | ☐ 2 | E | 1 | ☐ Yes ☐ No | |
| | ☐ 3 | E | 1 | ☐ Yes ☐ No | |
| 7. | **Laryngoscope Handle** | E | 2 | ☐ Yes ☐ No | |
| 8. | **Video Laryngoscopy** | D | 1 | ☐ Yes ☐ No | |

| AIRWAY/RESPIRATORY MANAGEMENT | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 9. | **Nasal cannula (Regular or High Flow)** | | | | |
| | ☐ Infant | E | 2 | ☐ Yes ☐ No | |
| | ☐ Child | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 2 | ☐ Yes ☐ No | |
| 10. | **Nasal cannula (High Flow)** | | | | |
| | ☐ Infant | R | 1 | ☐ Yes ☐ No | |
| | ☐ Child | R | 1 | ☐ Yes ☐ No | |
| | ☐ Adult | R | 1 | ☐ Yes ☐ No | |
| 11. | **Feeding Tubes** | | | | |
| | ☐ 5 Fr or 6 Fr | E | 1 | ☐ Yes ☐ No | |
| | ☐ 8 Fr | E | 1 | ☐ Yes ☐ No | |
| 12. | **Nasopharyngeal Airways** | | | | |
| | ☐ Infant | D | 2 | ☐ Yes ☐ No | |
| | ☐ Child | D | 2 | ☐ Yes ☐ No | |
| | ☐ Adult | D | 2 | ☐ Yes ☐ No | |
| 13. | **Nebulizer (via mask or mouthpiece)** | E | 2 | ☐ Yes ☐ No | |
| 14. | **Oral airways** | | | | |
| | ☐ 00 (40mm or equivalent) | E | 1 | ☐ Yes ☐ No | |
| | ☐ 0 (50mm or equivalent) | E | 1 | ☐ Yes ☐ No | |
| | ☐ 1 (60mm or equivalent) | E | 1 | ☐ Yes ☐ No | |
| | ☐ 2 (70mm or equivalent) | E | 1 | ☐ Yes ☐ No | |

| AIRWAY/RESPIRATORY MANAGEMENT | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| | ☐ 3 (80mm or equivalent) | E | 1 | ☐ Yes ☐ No | |
| | ☐ 4 (90mm or equivalent) | E | 1 | ☐ Yes ☐ No | |
| | ☐ 5 (100mm or equivalent) | E | 1 | ☐ Yes ☐ No | |
| 15. | **Clear oxygen masks (standard and nonrebreathing)** | | | | |
| | **Standard** | | | | |
| | ☐ Infant | E | 2 | ☐ Yes ☐ No | |
| | ☐ Child | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 2 | ☐ Yes ☐ No | |
| | **Nonrebreathing** | | | | |
| | ☐ Infant | E | 2 | ☐ Yes ☐ No | |
| | ☐ Child | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult (Standard or Venti) | E | 2 | ☐ Yes ☐ No | |
| 16. | **Magill Forceps** | | | | |
| | ☐ Pediatric | E | 1 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 1 | ☐ Yes ☐ No | |
| 17. | **Nasogastric tubes** | | | | |
| | Infant<br>☐ 5 Fr or 6 Fr | D | 2 | ☐ Yes ☐ No | |
| | ☐ 8 Fr | E | 2 | ☐ Yes ☐ No | |
| | Child<br>☐ 10 Fr | E | 2 | ☐ Yes ☐ No | |

| | AIRWAY/RESPIRATORY MANAGEMENT | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| | Adult<br>☐ 14 Fr | E | 2 | ☐ Yes ☐ No | |
| | ☐ 16 Fr | E | 2 | ☐ Yes ☐ No | |
| | ☐ 18 Fr | E | 2 | ☐ Yes ☐ No | |
| 18. | **Stylets (for endotracheal tubes)** | | | | |
| | ☐ Pediatric | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 2 | ☐ Yes ☐ No | |
| 19. | **Suction catheters (flexible)** | | | | |
| | Infant<br>☐ 5Fr or 6 Fr | E | 4 | ☐ Yes ☐ No | |
| | ☐ 8 Fr | D | 4 | ☐ Yes ☐ No | |
| | Child<br>☐ 10 Fr | E | 4 | ☐ Yes ☐ No | |
| | ☐ 12 Fr | D | 4 | ☐ Yes ☐ No | |
| | Adult<br>☐ 18 Fr | E | 4 | ☐ Yes ☐ No | |

| | | | | | |
|---|---|---|---|---|---|
| 20. | **Tracheostomy tubes (Available within the hospital)** | | | | |
| | ☐ 2.5 mm | D | 1 | ☐ Yes ☐ No | |
| | ☐ 3.0 mm | E | 1 | ☐ Yes ☐ No | |
| | ☐ 3.5 mm or ☐ 4.0 mm | E | 1 | ☐ Yes ☐ No | |
| | ☐ 4.5 mm | E | 1 | ☐ Yes ☐ No | |
| | ☐ 5.0 mm | E | 1 | ☐ Yes ☐ No | |
| | ☐ 5.5 mm | E | 1 | ☐ Yes ☐ No | |
| 21. | **Yankauer suction tip** | E | 2 | ☐ Yes ☐ No | |
| 22. | **Laryngeal Mask Airway (LMA)** | | | | |
| | ☐ Size 1 | E | 1 | ☐ Yes ☐ No | |
| | ☐ Size 1.5 | E | 1 | ☐ Yes ☐ No | |
| | ☐ Size 2 | E | 1 | ☐ Yes ☐ No | |
| | ☐ Size 2.5 | E | 1 | ☐ Yes ☐ No | |
| | ☐ Size 3 | E | 1 | ☐ Yes ☐ No | |
| | ☐ Size 4 | E | 1 | ☐ Yes ☐ No | |
| | ☐ Size 5 | E | 1 | ☐ Yes ☐ No | |
| 23. | **Needle Cricothyrotomy Supplies** | E | 1 | ☐ Yes ☐ No | |
| 24. | **Surgical Cricothyrotomy Kit** | E | 1 | ☐ Yes ☐ No | |
| 25. | **Pediatric Mechanical Ventilator (Available within the hospital)** | R | 1 | ☐ Yes ☐ No | |

| **CONTINUING EDUCATION** (At least **ONE** RN per shift must meet these qualifications.) | | **Essential (E)<br>Desired (D)<br>Recommended (R)** | **Available** |
|---|---|---|---|
| 1. | **Death of a child in Emergency Department/SIDS**<br>☐ PALS; or ☐ ENPC | E | ☐ Yes ☐ No |
| 2. | **Cardiac care to include:** Bradycardia, Ventricular Fibrillation/Pulseless Ventricular Tachycardia, Asystole/Pulseless Electrical Activity, and Narrow Complex Tachycardia<br>☐ ACLS; or ☐ ENPC; or ☐ PALS; or ☐ PEPP | E | ☐ Yes ☐ No |
| 3. | **Community, staff, and physician education programs in pediatric emergency care**<br>☐ APLS; or ☐ ENPC; or ☐ PALS; or ☐ PEPP; or ☐ Hospital education for staff in pediatric patients and age specific/cultural diversity education may be hospital specific, trauma community or injury prevention. | E | ☐ Yes ☐ No |
| 4. | **Infection control**<br>☐ Yearly Individual Infection Control Program (hospital specific); or<br>☐ Yearly Computer Based Learning (CBL) | E | ☐ Yes ☐ No |
| 5. | **Infectious diseases**<br>☐ ENPC; or ☐ PEPP; or ☐ Yearly Computer Based Learning (CBL) | D | ☐ Yes ☐ No |
| 6. | **Neonatal resuscitation**<br>☐ PALS; or ☐ ENPC; or ☐ NRP; or ☐ In-hospital neonatal staff that responds to Emergency Department for imminent delivery; or ☐ S.T.A.B.L.E. | E | ☐ Yes ☐ No |
| 7. | **Neurologic**<br>☐ ENPC; or ☐ PALS; or ☐ TNCC | D | ☐ Yes ☐ No |

| **CONTINUING EDUCATION** (At least **ONE** RN per shift must meet these qualifications.) | | **Essential (E)<br>Desired (D)<br>Recommended (R)** | **Available** |
|---|---|---|---|
| 8. | **Organ donation**<br>☐ ENPC; or ☐ TNCC; or ☐ Yearly Organ Procurement Organization (hospital specific) | D | ☐ Yes ☐ No |
| 9. | **Pediatric Advanced Life Support** ☐ PALS | E | ☐ Yes ☐ No |
| 10. | **Pediatric Basic Life Support** ☐ CPR | E | ☐ Yes ☐ No |
| 11. | **Pediatric interfacility transport, evaluation, and management**<br>☐ ENPC, or ☐ PALS, or ☐ TNCC; or ☐ Yearly Hospital protocols, policies, and transfer agreements (hospital specific) | E | ☐ Yes ☐ No |
| 12. | **Poisoning**<br>☐ ENPC; or ☐ PALS | D | ☐ Yes ☐ No |
| 13. | **Respiratory to include:** | | |
| | **Asthma/bronchiolitis**<br>☐ ENPC; or ☐ PALS, or ☐ PEPP | E | ☐ Yes ☐ No |
| | **Croup**<br>☐ ENPC; or ☐ PALS; or ☐ PEPP | E | ☐ Yes ☐ No |
| | **Epiglottitis**<br>☐ ENPC; or ☐ PALS; or ☐ PEPP | E | ☐ Yes ☐ No |
| | **Pneumonia**<br>☐ ENPC; or ☐ PALS | E | ☐ Yes ☐ No |

| **CONTINUING EDUCATION** (At least **ONE** RN per shift must meet these qualifications.) | | **Essential (E)<br>Desired (D)<br>Recommended (R)** | **Available** |
|---|---|---|---|
| | **Respiratory failure**<br>☐ PALS, or ☐ PEARS; or ☐ PEPP; or ☐ TNCC; or ☐ ENPC | E | ☐ Yes ☐ No |
| | **Respiratory arrest**<br>☐ PALS; or ☐ PEARS; or ☐ TNCC; or ☐ ENPC; or ☐ ACLS | E | ☐ Yes ☐ No |

| | | | |
|---|---|---|---|
| 14. | **Shock to include:** | | |
| | **Dehydration/hypovolemic shock**<br>☐ ACLS; or ☐ ENPC; or ☐ PALS; or ☐ PEARS; or ☐ PEPP; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Septic shock**<br>☐ PALS; or ☐ PEARS; or ☐ ENPC | E | ☐ Yes ☐ No |
| | **Cardiogenic shock**<br>☐ ENPC; or ☐ PALS; or ☐ PEARS; or ☐ PEPP | E | ☐ Yes ☐ No |
| 15. | **Trauma to include:** | | |
| | **Abdominal trauma/multi-trauma**<br>☐ ENPC; or ☐ PALS; or ☐ PEPP; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Amputations/avulsions**<br>☐ ENPC; or ☐ PALS; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Burns – cyanide poisoning**<br>☐ ENPC; or ☐ PALS; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Burns – smoke inhalation**<br>☐ ENPC; or ☐ PALS; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Chest trauma**<br>☐ ENPC; or ☐ PEPP; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Child abuse**<br>☐ ENPC; or ☐ PEPP; or ☐ TNCC; or ☐ Yearly Hospital in-service program; or ☐ Other (Please List): | E | ☐ Yes ☐ No |

| | | | |
|---|---|---|---|
| | **Extremity fractures**<br>☐ ENPC; or ☐ PEPP; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Head trauma**<br>☐ ENPC; or ☐ TNCC | E | ☐ Yes ☐ No |
| | **Sexual assault**<br>☐ ENPC; or ☐ PEPP; or ☐ Hospital based SANE program with protocol for in-house response; or ☐ Yearly hospital in-service program; or<br>☐ Other (Please List): | E | ☐ Yes ☐ No |

| EMERGENCY DEPARTMENT SERVICES | | Essential (E)<br>Desired (D)<br>Recommended (R) | Available |
|---|---|---|---|
| 1. | **24-hour operating room** | D | ☐ Yes ☐ No |
| 2. | **Helipad (on-site/on-campus)** | R | ☐ Yes ☐ No |
| 3. | **Transfer guidelines (are capable of evaluating, managing, and transferring)** | E | ☐ Yes ☐ No |
| 4. | **Transfer agreements (are capable of evaluating, managing, and transferring)** | E | ☐ Yes ☐ No |
| 5. | **Pre-hospital education program offerings** | D | ☐ Yes ☐ No |
| 6. | **Telemedicine: Capability with pediatric regional referral center** | R | ☐ Yes ☐ No |

| IMMOBILIZATION | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 1. | **Femur splints** | | | | |
| | ☐ Child | E | 1 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 1 | ☐ Yes ☐ No | |
| 2. | **Pediatric restraining devices (i.e., Papoose Board or other appropriate restraint device)** | E | 1 | ☐ Yes ☐ No | |
| 3. | **Spinal stabilization devices appropriate for children of all ages** | | | | |
| | **Rigid Cervical Collars** | | | | |
| | ☐ Infant | E | 2 | ☐ Yes ☐ No | |
| | ☐ Pediatric | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 2 | ☐ Yes ☐ No | |
| | **Long Spine Board** | E | 2 | ☐ Yes ☐ No | |

| LABORATORY SERVICES | | Essential (E)<br>Desired (D)<br>Recommended (R) | Available |
|---|---|---|---|
| 1. | **24-hour basic clinical Lab (including techniques for small sample sizes)** | E | ☐ Yes ☐ No |
| | ☐ Microsampling Capability | E | ☐ Yes ☐ No |
| 2 | **Guidelines for referring children or their laboratory specimens to an appropriate facility when the capability of the hospital is exceeded.** | E | ☐ Yes ☐ No |

| MISCELLANEOUS | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 1. | **Weight scale locked in kilograms** (not pounds) | E | 1 | ☐ Yes ☐ No | |
| 2. | **External Heat Source** | | | | |
| | ☐ Blanket warmer | E | 1 | ☐ Yes ☐ No | |
| | ☐ Infrared lamps | E | 1 | ☐ Yes ☐ No | |
| | ☐ Overhead warmer **(Available within the hospital)** | D | 1 | ☐ Yes ☐ No | |
| | ☐ Bair Hugger | D | 1 | ☐ Yes ☐ No | |
| 3. | **Medication chart, tape, or other system to ensure ready access to information on proper per kilogram doses for resuscitation drugs and equipment sizes #**<br>**Type your facility uses:**<br>☐ Broselow® Pediatric Emergency Tape® (Current Edition)<br>☐ Pedi-Wheel®<br>☐ Other (please indicate): | E | 1 | ☐ Yes ☐ No | |
| 4. | **Clean linen/sterile gauze (available within hospital for burn care)** | E | N/A | ☐ Yes ☐ No | |
| 5. | **Pediatric Gowns** | E | 5 | ☐ Yes ☐ No | |

| MONITORING/ASSESSMENT | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 1. | **Blood pressure cuffs (Manual) (Should be available in triage and ED Patient Care Area)** | | | | |
| | ☐ Neonatal | E | 2 | ☐ Yes ☐ No | |
| | ☐ Infant | E | 2 | ☐ Yes ☐ No | |
| | ☐ Child | E | 2 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 2 | ☐ Yes ☐ No | |
| | ☐ Thigh | E | 2 | ☐ Yes ☐ No | |
| 2. | **Cardiopulmonary monitoring with pediatric capability (Monitors)** | E | 1 | ☐ Yes ☐ No | |
| 3. | **Central venous catheters** | | | | |
| | ☐ 4 Fr | D | 1 | ☐ Yes ☐ No | |
| | ☐ 5 Fr | D | 1 | ☐ Yes ☐ No | |
| | ☐ 6-7 Fr | D | 1 | ☐ Yes ☐ No | |
| 4. | **Doppler ultrasonography devices** | D | 1 | ☐ Yes ☐ No | |
| 5. | **Bedside Ultrasound capability** | R | 1 | ☐ Yes ☐ No | |
| 6. | **Electrocardiography monitor/defibrillator** with pediatric and adult capabilities including pediatric pads. | E | 1 | ☐ Yes ☐ No | |
| 7. | **End-tidal CO2 Detection Device** | E | 1 | ☐ Yes ☐ No | |
| 8. | **Wave Form Capnography** | D | 1 | ☐ Yes ☐ No | |

| | | | | | |
|---|---|---|---|---|---|
| 9. | **Monitor Electrodes** | | | | |
| | ☐ Pediatric | E | N/A | ☐ Yes ☐ No | |
| | ☐ Adult | E | N/A | ☐ Yes ☐ No | |
| 10. | **Pulse oximeter with sensors** | | | | |
| | ☐ Neonatal | E | 1 | ☐ Yes ☐ No | |
| | ☐ Infant | E | 1 | ☐ Yes ☐ No | |
| | ☐ Child | E | 1 | ☐ Yes ☐ No | |
| | ☐ Adult | E | 1 | ☐ Yes ☐ No | |
| 11. | **Thermometer**<br>Suitable for hypothermic and hyperthermic measurements with temperature capability from 26° to 43° C. | E | 1 | ☐ Yes ☐ No | |

| PEDIATRIC MEDICATIONS OR APPROVED ALTERNATIVES | | Essential (E) Desired (D) Recommended (R) | Available | Location |
|---|---|---|---|---|
| 1. | **Atropine** | E | ☐ Yes ☐ No | |
| 2. | **Adenosine** | E | ☐ Yes ☐ No | |
| 3. | **Amiodarone** | E | ☐ Yes ☐ No | |
| 4. | **Antiemetic agents** | | | |
| | ☐ Oral | E | ☐ Yes ☐ No | |
| | ☐ Parenteral | E | ☐ Yes ☐ No | |
| 5. | **Calcium chloride** | E | ☐ Yes ☐ No | |
| 6. | **Dextrose** | | | |
| | ☐ D10W | E | ☐ Yes ☐ No | |
| | ☐ D50W | E | ☐ Yes ☐ No | |
| | ☐ Sterile Water (To permit D25 dilution) | E | ☐ Yes ☐ No | |
| 7. | **Epinephrine** | | | |
| | ☐ 0.1 mg/ml | E | ☐ Yes ☐ No | |
| | ☐ 1 mg/ml | E | ☐ Yes ☐ No | |
| 8. | **Lidocaine** | E | ☐ Yes ☐ No | |
| 9. | **Magnesium sulfate** | E | ☐ Yes ☐ No | |
| 10. | **Procainamide** | R | ☐ Yes ☐ No | |
| 11. | **Naloxone Hydrochloride** | E | ☐ Yes ☐ No | |

| | PEDIATRIC MEDICATIONS OR APPROVED ALTERNATIVES | Essential (E) Desired (D) Recommended (R) | Available | Location |
|---|---|---|---|---|
| 12. | **Sodium Bicarbonate** | | | |
| | ☐ 4.2% | E | ☐ Yes ☐ No | |
| | ☐ 8.4% | E | ☐ Yes ☐ No | |
| 13. | **Activated charcoal** | E | ☐ Yes ☐ No | |
| 14. | **Analgesics** | | | |
| | ☐ Topical | E | ☐ Yes ☐ No | |
| | ☐ Oral | E | ☐ Yes ☐ No | |
| | ☐ Parenteral | E | ☐ Yes ☐ No | |
| 15 | **Anesthetic** | | | |
| | ☐ Local | E | ☐ Yes ☐ No | |
| 16. | **Anticonvulsants Medications** | | | |
| | ☐ **Levetiracetam (Keppra)** | D | ☐ Yes ☐ No | |
| | ☐ **Lorazepam** | E | ☐ Yes ☐ No | |
| | ☐ **Fosphenytoin;** or ☐ **Phenytoin** | E | ☐ Yes ☐ No | |
| | ☐ **Phenobarbital** | E | ☐ Yes ☐ No | |
| | ☐ **Diazepam** | E | ☐ Yes ☐ No | |

| | | | | |
|---|---|---|---|---|
| 17. | **Antidotes (Should be accessible to the Emergency Department)** | | | |
| | **N-acetylcysteine (IV)** | E | ☐ Yes ☐ No | |
| | **Fomepizole** | E | ☐ Yes ☐ No | |
| | **Flumazenil** | E | ☐ Yes ☐ No | |
| | **Crofab** | R | ☐ Yes ☐ No | |
| 18. | **Antihypertensive Medication**<br>☐ Parenteral Type: _____ | E | ☐ Yes ☐ No | |
| 19. | **Antimicrobial agents** | | | |
| | ☐ Oral | E | ☐ Yes ☐ No | |
| | ☐ Parenteral ☐ **Cefepime;** or ☐ **Ceftazidime;** or ☐ **Ampicillin and Gentamicin** | E | ☐ Yes ☐ No | |
| 20. | **Antipsychotic Medication**<br>☐ Parenteral Type: _____ | E | ☐ Yes ☐ No | |
| 21. | **Antipyretic Drugs** | | | |
| | **Acetaminophen** | | | |
| | ☐ Suspension | E | ☐ Yes ☐ No | |
| | ☐ Tablets | E | ☐ Yes ☐ No | |
| | ☐ Suppository | E | ☐ Yes ☐ No | |
| | **Ibuprofen** | | | |
| | ☐ Suspension | E | ☐ Yes ☐ No | |
| | ☐ Tablets | E | ☐ Yes ☐ No | |

| | | | | |
|---|---|---|---|---|
| 22. | **Bronchodilators (If MDI must have a spacer)** | | | |
| | ☐ **Albuterol** | E | ☐ Yes ☐ No | |
| | ☐ **Racemic Epinephrine** | E | ☐ Yes ☐ No | |
| 23. | **Corticosteroids** | | | |
| | ☐ **Hydrocortisone** | E | ☐ Yes ☐ No | |
| | ☐ **Methylprednisolone;** or ☐ **Dexamethasone** | E | ☐ Yes ☐ No | |
| 24. | **Diphenhydramine** | E | ☐ Yes ☐ No | |
| 25. | **Furosemide** | E | ☐ Yes ☐ No | |
| 26 | **Glucagon** | E | ☐ Yes ☐ No | |
| 27. | **Inotropic/Vasopressor Agents (For Continuous Infusion)** | | | |
| | ☐ **Dopamine** | D | ☐ Yes ☐ No | |
| | ☐ **Epinephrine** | E | ☐ Yes ☐ No | |
| | ☐ **Milrinone** | D | ☐ Yes ☐ No | |
| | ☐ **Norepinephrine** | D | ☐ Yes ☐ No | |
| 28 | **Insulin (Regular)** | E | ☐ Yes ☐ No | |
| 29. | **Intravenous (IV) Solutions** | | | |
| | ☐ **Normal Saline (NS)** | E | ☐ Yes ☐ No | |
| | ☐ **Dextrose 5% in normal saline (D5NS)** | E | ☐ Yes ☐ No | |
| | ☐ **Dextrose 10% in water** | E | ☐ Yes ☐ No | |
| | ☐ **3% sodium chloride** | D | ☐ Yes ☐ No | |

| | | | | |
|---|---|---|---|---|
| | ☐ **Lactated Ringers;** or ☐ **Plasma-Lyte;** or ☐ **Normosol** | E | ☐ Yes ☐ No | |
| 30. | **Neuromuscular blockers** | | | |
| | Short acting: | | | |
| | ☐ **Succinylcholine** | D | ☐ Yes ☐ No | |
| | Long acting: | | | |
| | ☐ **Rocuronium;** or ☐ **Vecuronium** | E | ☐ Yes ☐ No | |
| 31 | **Oral Glucose** | E | ☐ Yes ☐ No | |
| 32 | **Sucrose Solutions for Pain Control in Infants** | E | ☐ Yes ☐ No | |
| 33. | **Pediatric Dosing Reference** | E | ☐ Yes ☐ No | |
| 34. | **Sedatives** | E | ☐ Yes ☐ No | |
| 35. | **Mannitol** | D | ☐ Yes ☐ No | |
| 36. | **Vaccines** | | | |
| | ☐ **Rabies (Access to)** | E | ☐ Yes ☐ No | |
| | ☐ **Tetanus** | E | ☐ Yes ☐ No | |
| 37. | **Tranexamic Acid (TXA)** | D | ☐ Yes ☐ No | |
| 38. | **Alprostadil** | R | ☐ Yes ☐ No | |

| PERSONNEL | | Essential (E)<br>Desired (D)<br>Recommended (R) | Available |
|---|---|---|---|
| 1. | **Designated Physician Pediatric Emergency Care Coordinator (PECC)**<br>Physician, responsible for quality of care of the pediatric patients. Maintains quality improvement, orientation, and continuing education programs for staff. Interacts with hospital to maintain quality and availability of essential emergency services. May be concurrently assigned other roles in the ED. | E | ☐ Yes ☐ No |
| 2. | **Emergency Physician**<br>In-house physician with commitment to the care of the critically ill or injured child present in ED 24 hours per day. | E | ☐ Yes ☐ No |
| 3. | **Physicians Available On-Call for Consultation (Must be capable of responding to the ED within 30 minutes)** | | |
| | ☐ Pediatrician or Family Practice Physician with expertise and experience in the care of children or guideline for obtaining consultation with regional pediatric referral center. | D | ☐ Yes ☐ No |
| | ☐ General Surgery | D | ☐ Yes ☐ No |
| | ☐ Anesthesiologist/CRNA | D | ☐ Yes ☐ No |
| | ☐ Radiologist | D | ☐ Yes ☐ No |
| | ☐ Gynecology | R | ☐ Yes ☐ No |
| | ☐ Orthopedic Surgery | R | ☐ Yes ☐ No |
| 4. | **Licensed Pharmacist On-Call** | D | ☐ Yes ☐ No |

| | | | |
|---|---|---|---|
| 5. | **Nursing** | | |
| | Director of Nursing/Chief Nursing Officer | E | ☐ Yes ☐ No |
| | Director of Emergency Nursing/ED Nurse Manager | E | ☐ Yes ☐ No |
| | **Nurse Pediatric Emergency Care Coordinator (PECC)**<br>Registered Nurse that works collaboratively with the Physician PECC. Maintains quality improvement, orientation, and continuing education programs for staff. Interacts with hospital to maintain quality and availability of essential emergency services. May be concurrently assigned other roles in the ED. | E | ☐ Yes ☐ No |
| | One Nurse per shift with PALS or ENA Pediatric Emergency Nursing Course (ENPC) Completed/Current | E | ☐ Yes ☐ No |
| 6. | **Other** | | |
| | Clinical Social Worker on-call | R | ☐ Yes ☐ No |
| | Pastoral care provider on-call | R | ☐ Yes ☐ No |

| POLICIES, PROCEDURES, PROTOCOLS AND/OR GUIDELINES FOR THE EMERGENCY CARE OF CHILDREN IN THE ED | | Essential (E) Desired (D) Recommended (R) | Available |
|---|---|---|---|
| 1. | **Pediatric Illness and Injury Triage Policy** | E | ☐ Yes ☐ No |
| 2. | **ED Pediatric Patient Assessment and Reassessment Policy** | E | ☐ Yes ☐ No |
| 3. | **Documentation of a Full Set of Vital Signs Policy. Must include**<br>• **Core temperature, respiratory rate, pulse oximetry, heart rate, blood pressure (including manual confirmation) and mental status (GCS), when indicated.**<br>• **Identification and Provider Notification of abnormal vital signs.** | E | ☐ Yes ☐ No |
| 4. | **Pediatric pain assessment and treatment protocol including time to treat** | E | ☐ Yes ☐ No |
| 5. | **Immunization Assessment and Management of Under-immunized Child** | E | ☐ Yes ☐ No |
| 6. | **Procedural Sedation and Analgesic. Must include:**<br>• **Non-pharm interventions for comfort**<br>• **Physical or Chemical Restraint of the Pediatric Patient** | E | ☐ Yes ☐ No |
| 7. | **Child Maltreatment Mandated Reporting and Assessment (including physical and sexual abuse and sexual assault)** | E | ☐ Yes ☐ No |
| 8. | **Death of the Child in the Emergency Department** | E | ☐ Yes ☐ No |
| 9. | **Patient's Medical Home/Primary Care Provider Includes:**<br>☐ Identification ☐ Notification and Communication ☐ Lack of a Medical Home | R | ☐ Yes ☐ No |
| 10. | **Children with Special Health Care Needs Including Developmental Disabilities** | E | ☐ Yes ☐ No |
| 11. | **Family-Centered ED Care (e.g., family presence, family involvement in patient care decision-making and medication safety, D/C planning and education, bereavement care.)** | D | ☐ Yes ☐ No |

| POLICIES, PROCEDURES, PROTOCOLS AND/OR GUIDELINES FOR THE EMERGENCY CARE OF CHILDREN IN THE ED | | Essential (E)<br>Desired (D)<br>Recommended (R) | Available |
|---|---|---|---|
| 12. | **Hospital disaster preparedness plan addressing the following issues:**<br>• **Availability of pediatric supplies, equipment, and medications**<br>• **Minimization of parent-child separation and reuniting methods**<br>• **Ability to protect child from predators** | E | ☐ Yes ☐ No |
| 13. | **Hospital care for children with social and mental health issues (one on one sitters, removing cell phones, patient placed in a snap gown, breakaway curtains, etc.)** | D | ☐ Yes ☐ No |
| 14. | **Written guidelines for the transfer of children with social and mental health issues to an appropriate facility policy** | D | ☐ Yes ☐ No |
| 15. | **ED staff oriented on the location of all pediatric equipment and medication** | E | ☐ Yes ☐ No |
| 16. | **Daily method for the proper location and function of pediatric supplies and equipment and method for restocking after use** | E | ☐ Yes ☐ No |
| 17. | **ED restocking and evaluating medication expiration dates** | E | ☐ Yes ☐ No |
| 18. | **Procedure and codes for child abduction alert in your facility** | E | ☐ Yes ☐ No |
| 19. | **Policy for obtaining and transfusing blood products in pediatric patients (<20 kg)** | E | ☐ Yes ☐ No |
| 20. | **Pediatric specific medication handling and administration processes** | E | ☐ Yes ☐ No |
| 21. | **Age-Specific ED Orientation process and competencies for:**<br>☐ **Physicians**<br>☐ **Advanced Practice Providers (APPs) (if applicable)**<br>☐ **Nurses** | E | ☐ Yes ☐ No |

| QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT | | Essential (E)<br>Desired (D)<br>Recommended (R) | Available |
|---|---|---|---|
| 1. | **Structured Quality Assurance/Performance Improvement program/process for the pediatric population (Written Policy and Procedures)** | E | ☐ Yes ☐ No |
| 2. | **Review of all Emergency Department pediatric deaths** | E | ☐ Yes ☐ No |
| 3. | **Review of all Emergency Department pediatric incident reports** | E | ☐ Yes ☐ No |
| 4. | **Multidisciplinary trauma and resuscitation conferences** | D | ☐ Yes ☐ No |
| 5. | **Participate in Trauma Registry** | D | ☐ Yes ☐ No |
| 6. | **Review of Emergency Department returns**<br>**48 hours** ☐ Yes ☐ No<br>**Other (Describe)** ☐ Yes ☐ No | D | ☐ Yes ☐ No |
| 7. | **Review of pediatric transports and pre-hospital care** | D | ☐ Yes ☐ No |

| RADIOLOGY | | Essential (E)<br>Desired (D)<br>Recommended (R) | Available |
|---|---|---|---|
| 1. | **A process for the referral or children to appropriate facilities for radiologic procedures that exceed facility capability. (Can be covered with interfacility transfer agreements).** | E | ☐ Yes ☐ No |
| 2. | **Computed Tomography (CT Scan)** | E | ☐ Yes ☐ No |
| 3. | **Magnetic Resonance Imaging (MRI)** | R | ☐ Yes ☐ No |
| 4. | **Radiography (X-ray) Capability** | | |
| | ☐ Bone | E | ☐ Yes ☐ No |
| | ☐ Chest | E | ☐ Yes ☐ No |
| 5. | **Ultrasound Capabilities** | D | ☐ Yes ☐ No |
| 6. | **Ability to transmit/transfer radiographic images to referring center**<br>☐ Electronic (Preferred) – i.e., Image Grid; **or** ☐ Hard copy disk | E | ☐ Yes ☐ No |
| 7. | **Implementation of reduced radiation exposure policy/ guideline that is age and size specific.** | E | ☐ Yes ☐ No |

| | SPECIALIZED PEDIATRIC KITS/TRAYS | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 1. | **Lumbar puncture – Spinal Needle (may be inside the lumbar puncture tray)** | | | | |
| | ☐ 20G –1 ½ length | D | 1 | ☐ Yes ☐ No | |
| | ☐ 20G – 2 ½ Length | D | 1 | ☐ Yes ☐ No | |
| | ☐ 22G – 1 ½ Length | E | 1 | ☐ Yes ☐ No | |
| | ☐ 22G – 2 ½ or 3 ½ Length | E | 1 | ☐ Yes ☐ No | |
| 2. | **Newborn Delivery kit including equipment for resuscitation of an infant** | | | | |
| | ☐ Bulb syringe | E | 1 | ☐ Yes ☐ No | |
| | ☐ Baby Blanket (for drying) | E | 2 | ☐ Yes ☐ No | |
| | ☐ Cord Clamps | E | 2 | ☐ Yes ☐ No | |
| | ☐ Meconium aspirator | E | 1 | ☐ Yes ☐ No | |
| | ☐ Scissors | E | 1 | ☐ Yes ☐ No | |
| | ☐ Sterile Scalpel | E | 1 | ☐ Yes ☐ No | |
| | ☐ Towels | E | 1 | ☐ Yes ☐ No | |
| | ☐ Umbilical clamp | E | 1 | ☐ Yes ☐ No | |
| | Umbilical Vein Catheters | | | | |
| | ☐ 3.5Fr | E | 2 | ☐ Yes ☐ No | |
| | ☐ 5.0Fr | E | 2 | ☐ Yes ☐ No | |
| 3. | **Tube Thoracostomy (Chest Tube) Tray** | E | 1 | ☐ Yes ☐ No | |

| SPECIALIZED PEDIATRIC KITS/TRAYS | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 4. | **Water or Dry Seal Drainage Device/capability** | E | 1 | ☐ Yes ☐ No | |
| 5. | **Urinary catheterization with pediatric Foley catheters** | | | | |
| | ☐ 6Fr or ☐ 8Fr | E | 1 | ☐ Yes ☐ No | |
| | ☐ 10Fr or ☐ 12Fr | E | 1 | ☐ Yes ☐ No | |
| | ☐ 14Fr or ☐ 16Fr | E | 1 | ☐ Yes ☐ No | |

| VASCULAR ACCESS | | Essential (E) Desired (D) Recommended (R) | Minimum Quantity Necessary | Available | Location |
|---|---|---|---|---|---|
| 1. | **Arm boards (Pediatric)** | E | 2 | ☐ Yes ☐ No | |
| 2. | **Butterfly Needles** | | | | |
| | ☐ 19 g or ☐ 21 g | D | 10 | ☐ Yes ☐ No | |
| | ☐ 23 g | D | 10 | ☐ Yes ☐ No | |
| | ☐ 25 g | D | 10 | ☐ Yes ☐ No | |
| 3. | **Catheter-over-needle devices** | | | | |
| | ☐ 14 g | E | 10 | ☐ Yes ☐ No | |
| | ☐ 16 g | E | 10 | ☐ Yes ☐ No | |
| | ☐ 18 g | E | 10 | ☐ Yes ☐ No | |
| | ☐ 20 g | E | 10 | ☐ Yes ☐ No | |
| | ☐ 22 g | E | 10 | ☐ Yes ☐ No | |
| | ☐ 24 g | E | 10 | ☐ Yes ☐ No | |
| 4. | **Central venous access kit (with pediatric catheters)** | D | 2 | ☐ Yes ☐ No | |
| 5. | **Infusion Device/Pump (capable of low volume administration)** | E | 2 | ☐ Yes ☐ No | |

| | | | | | |
|---|---|---|---|---|---|
| 6. | **Intraosseous (IO) Access Equipment** | | | | |
| | Infant | E | 2 | ☐ Yes ☐ No | |
| | ☐ Manual Intraosseous Needle<br>☐ EZ-IO® Intraosseous Infusion System<br>☐ Other (please indicate) | | | | |
| | Adult | E | 2 | ☐ Yes ☐ No | |
| | ☐ Manual Intraosseous Needle<br>☐ EZ-IO® Intraosseous Infusion System<br>☐ Other (please indicate) | | | | |
| | Bariatric | E | 2 | ☐ Yes ☐ No | |
| | ☐ Manual Intraosseous Needle<br>☐ EZ-IO® Intraosseous Infusion System<br>☐ Other (please indicate) | | | | |
| 7. | **Intravenous fluid/blood warmers** | E | 1 | ☐ Yes ☐ No | |
| 8. | **Pediatric IV administration sets (60 drop/minute or Buretrol)** | E | 4 | ☐ Yes ☐ No | |
| 9. | **Syringes** | | | | |
| | ☐ 1 cc | E | 15 | ☐ Yes ☐ No | |
| | ☐ 3 cc | E | 15 | ☐ Yes ☐ No | |
| | ☐ 10 cc | E | 15 | ☐ Yes ☐ No | |

| TRAUMA (CHARTS CANNOT OVERLAP CATEGORIES) | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Triage Note including Level Assignment | | | | | |
| Initial Vital Signs (VS) including B/P and Temperature | | | | | |
| Documented Weight | | | | | |
| History and Assessment Documentation | | | | | |
| Differential Diagnosis | | | | | |
| Laboratory and Radiology Testing | | | | | |
| Treatment and Response Documentation | | | | | |
| Chart #1 Comments | | | | | |
| Chart #2 Comments | | | | | |
| Chart #3 Comments | | | | | |
| Chart #4 Comments | | | | | |
| Chart #5 Comments | | | | | |

| ILLNESS (CHARTS CANNOT OVERLAP CATEGORIES) | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Triage Note including Level Assignment | | | | | |
| Initial Vital Signs (VS) including B/P and Temperature | | | | | |
| Documented Weight | | | | | |
| History and Assessment Documentation | | | | | |
| Differential Diagnosis | | | | | |
| Laboratory and Radiology Testing | | | | | |
| Treatment and Response Documentation | | | | | |
| Chart #1 Comments | | | | | |
| Chart #2 Comments | | | | | |
| Chart #3 Comments | | | | | |
| Chart #4 Comments | | | | | |
| Chart #5 Comments | | | | | |

| RESPIRATORY DISTRESS (CHARTS CANNOT OVERLAP CATEGORIES) | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Triage Note including Level Assignment | | | | | |
| Initial Vital Signs (VS) including B/P and Temperature | | | | | |
| Documented Weight | | | | | |
| History and Assessment Documentation | | | | | |
| Differential Diagnosis | | | | | |
| Laboratory and Radiology Testing | | | | | |
| Treatment and Response Documentation | | | | | |
| Chart #1 Comments | | | | | |
| Chart #2 Comments | | | | | |
| Chart #3 Comments | | | | | |
| Chart #4 Comments | | | | | |
| Chart #5 Comments | | | | | |

| DEATH (CHARTS CANNOT OVERLAP CATEGORIES) | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Triage Note including Level Assignment | | | | | |
| Initial Vital Signs (VS) including B/P and Temperature | | | | | |
| Documented Weight | | | | | |
| History and Assessment Documentation | | | | | |
| Differential Diagnosis | | | | | |
| Laboratory and Radiology Testing | | | | | |
| Treatment and Response Documentation | | | | | |
| Chart #1 Comments | | | | | |
| Chart #2 Comments | | | | | |
| Chart #3 Comments | | | | | |
| Chart #4 Comments | | | | | |
| Chart #5 Comments | | | | | |

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