Welcome to the MACEP Pediatric Section’s first quarterly newsletter. Our goals are to bring you, our MACEP colleagues, relevant information that is of value in keeping up to date on pediatric emergency issues, and enhancing emergency care for children and families in Massachusetts EDs.

The Pediatric Section was founded just last year, and is comprised of a group of MACEP members who are interested in focusing on improvements in pediatric care. Projects to date have included:

• Initial survey to all MACEP ED Directors to learn about the provision of pediatric emergency care in the Commonwealth (see results in newsletter).

• Working with EDs whose Directors have expressed interest in help with improving pediatric care. Specifically, it has been shown that the establishment of a nursing and/or physician director is particularly important in improving such care, and we are available to help your ED achieve this with specific resources.

• We are currently working on creating some evidence-based clinical guidelines for community EDs that are focused on common pediatric presentations.

We mostly work on projects by email. If you are interested in joining our section, please email Emory or Camilo (emails above).
Out of 72 surveys distributed, we received 45 responses, for a response rate of 63%. A summary of responses follows:

- **ED Setting:**
  - 71% of respondents were in General EDs (pediatric and adult patients seen in same area);
  - 20% were in a separate pediatric ED in a general hospital.

- **Types of Providers:**
  - 71% of EDs used physician assistants to see pediatric patients;
  - 24% had a separate pediatric emergency attending
  - 22% had residents
  - 31% had nurse practitioners

- **Admission to hospital:**
  - 50% admitted pediatric patients

- **Upper age limit for pediatric patients:**
  - 18 years: 44%
  - 17 years: 29%
  - 21 years: 9%
  - 15 years: 7%
  - 16 years: 4%
  - 20 years: 4%

- **Annual ED volume of pediatric patients:**
  - 1,800-4,999: 39%
  - >10,000: 27%
  - 5,000-9,999: 23%
  - <1,800: 11%

- **Physician coordinator established for pediatric care:**
  - 60%: yes
  - 40%: no

- **Nursing coordinator established for pediatric care:**
  - 47%: yes
  - 53%: no
- If no pediatric coordinator, interest in help from MACEP to establish coordinator position?
  - 34%: yes
  - 37%: no
  - 29%: already have coordinator

- All children weighed in kilograms (without conversion from pounds):
  - 77%: yes
  - 23%: no

- Does hospital disaster plan address specific pediatric concerns?
  - 40%: yes
  - 27%: no
  - 33%: not sure

- Does hospital have written pediatric interfacility transfer guidelines?
  - 42%: yes
  - 47%: no
  - 11%: not applicable - have inpatient pediatric beds

- Is medication chart, length-based tape, software, or other system available for resuscitations?
  - 100%: yes

- Interest in MACEP Pediatric Section serving as resource for enhancing pediatric care (educational resources, current guidelines, webinar information, etc) through periodic emails:
  - 78%: yes
  - 22%: no

**Websites to check out!**

Websites that may be of interest:

- Weekly Flu Update:
  - [http://www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/)

- JAMA article summary on major national improvements in pediatric emergency care:
  - [http://bit.ly/1IZz0FB](http://bit.ly/1IZz0FB)

- Information on Emergency Nursing Pediatric Course:
  - [https://www.ena.org/education/enpc-tncc/enpc/pages/aboutcourse.aspx](https://www.ena.org/education/enpc-tncc/enpc/pages/aboutcourse.aspx)

- EMS-C Webinars:

- National Pediatric Readiness Project:
  - [http://www.pediatricreadiness.org](http://www.pediatricreadiness.org)

**Pediatric Pearl of the Month:** Based on the above survey, almost a quarter of EDs do NOT weigh all children in kilograms. It has been shown that not using kilograms consistently for weights can lead to medication or other weight based errors. Consider addressing this now if your ED does not use kilograms for all weights!
EMSc Advisory Committee for Massachusetts

**Pediatric Forum for Prehospital Providers**

**Practice Pearls for the Care of Sick and Injured Children**

February 12, 2016 – Hilton Garden Inn – Worcester MA

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Children account for only a small percentage of pre-hospital emergencies, but are a special challenge to out of hospital care providers. Children who are seriously injured, ill, or incapacitated have different medical needs than adults, and frequently emotional stress and anxiety impact their care.

Through the Massachusetts EMS for Children Advisory Committee, and funded by the Massachusetts EMSC Program State Partnership Grant, the idea to put together a day dedicated to pediatric based education geared towards EMS providers was developed.

In keeping with fostering state-wide inclusion, we recruited faculty from recognized academic institutions from across MA, and a central location in Worcester was chosen for easier access from various locations in the state.

Our Pediatric day will be a mix of plenary presentations and breakout sessions using lecture, discussion and case-based approach, wrapping up with a panel to address participant questions and specific pediatric issues.

We look forward to broad EMS participation and to structure the program in such a way that can be reproducible across different locations in the Massachusetts.

For more information or to register, click HERE!