

Pediatric Emergency Medicine Committee

Chair: Madeline M. Joseph, MD, FACEP
Board Liaison: Debra G. Perina, MD, FACEP
Staff Liaison: Dan Sullivan

1. Work with the CDC as part of a panel of experts to complete the development of guidelines for Mild Traumatic Brain Injury.

Outcome: This has been a multi-year project and substantial progress was achieved this year. The objective moved from the research phase to writing and review phases. Review, editing, and final publication will occur in 2016-17. The final report that describes the systematic review and the recommendations, entitled “Report From the Pediatric Mild Traumatic Brain Injury Guideline Workgroup: Systematic Review and Clinical Recommendations for Clinicians on the Identification, Diagnosis, and Management of Mild Traumatic Brain Injury Among Children” will be submitted to the National Center for Injury Prevention and Control (NCIPC) Board of Scientific Counselors (BSC) for review, deliberation, and approval. After approval, the CDC will use the report as a foundation to draft a scientific manuscript. The manuscript will undergo formal CDC clearance at the Center and Agency level, a 30-day public comment period, and external peer review. Once finalized, the guideline manuscript will be shared with the Workgroup and ad hoc experts for a final review, and then submitted by the CDC for publication in a peer-reviewed scientific journal.

2. Be integrally involved with the National Pediatric Readiness Survey and work with the Public Relations Committee to assure that emergency medicine is appropriately represented when results are made available to the public.

Outcome: The committee participated in multiple efforts with the National Pediatric Readiness Project (NPRP) to bring readiness to the state level. Pilot project/state champions were identified and contacted. The committee worked with the AAP, ENA and EMSC to develop quality improvement programs and initiatives for all hospitals. The newly created EMSC Innovation and Improvement Center (EIIC) will take a leading role in the NPRP going forward and the state pilot projects may be assumed by the EIIC. Committee members will remain involved as partners with the ongoing work of the NPRP project. A report on the NPRP was provided to the Board in January 2016.

3. Work with the American Academy of Pediatrics (AAP) to develop strategies for strengthening communication and optimizing resource utilization between general emergency medicine and pediatric emergency medicine. Develop an information paper on the systemization of pediatric emergency services and optimizing inter-facility transfers.

Outcome: This project overlaps with objective #2. Work will continue in 2016-17 to connect and integrate this project with the NPRP and the EIIC’s efforts.

4. Work with the AAP to complete development of the medication safety guidelines.

Outcome: Draft guidelines were developed and extensive comments received and incorporated. The committee will continue to work on this objective in 2-16=17 to finalize the guidelines.

5. Work with AAP on the Emergency Information Form.

Outcome: The committee has worked with AAP to address confusion and frustration expressed by primary care physicians, specialists, and caregivers in utilizing the form. Patients typically present with a portfolio of issues and addressing their needs properly requires a portfolio of resources. Work on updating the form was further delayed by AAP’s extensive review process.

6. Contribute to the ACEP-AAP project regarding access to care.

Outcome: The committee continues to work with AAP’s Committee on Pediatric Emergency Medicine to develop a joint policy statement. Work on this objective will continue in 2016-17.

7. Develop resources to encourage emergency medicine residents to enter pediatric emergency medicine and improve competency of training. Work with the Academic Affairs Committee as needed. (Pediatric Emergency Medicine is the lead committee.)

Outcome: The committee collaborated with a work group from SAEM and led a multi-organizational team (including ACEP, SAEM, AAP, EMSC, EMRA, NAEMSP, and ENA) to develop a proposal for the 2018 SAEM Consensus Conference. The proposal, “Aligning the Pediatric Emergency Medicine Research Agenda to Reduce Health Outcome Gaps,” was accepted. The committee is also developing a Pediatric Emergency Medicine Speaker Database Initiative (PEM+SDI) in collaboration with the Pediatric Emergency Medicine Section. The database will serve as a resource for education, clinical policy review, advocacy, and research expertise, and represents an exciting new way to help connect educators with departments that have educational gaps.

8. Define medical conditions that span all age groups and would be appropriate for pediatric emergency physicians to evaluate and treat.

Outcome: The committee is developing an extensive document that encompasses physiological and age elements of pediatric patients and scope of practice, legal, and ethical ramifications. Work on this objective will continue in 2016-17.

9. Review ACEP’s policy statement, “Firearm Safety and Injury Prevention,” determine if revisions are needed specific to pediatrics. Work with the Public Health & Injury Prevention Committee as needed. (Pediatric Emergency Medicine is the lead committee.)

Outcome: The committee worked closely with the Public Health & Injury Prevention Committee and submitted a revised policy statement to the Board in April 2016. The Board postponed action to January 2017 in light of recent shooting events and in anticipation of 2016 resolutions on the topic.

10. Serve as a resource to the Quality & Patient Safety Committee regarding the development of pediatric emergency medicine-specific quality measures. (Quality & Patient Safety is the lead committee.)

Outcome: The committee participated in the development of four measures:

- Weighing all patients in kilograms.
- Administration of corticosteroids prior to or within one hour of ED arrival for pediatric patients with acute asthma exacerbation, who receive a second dose of bronchodilator.
- Time to pain main management for long bone fractures: 30 minutes or less upon presentation.
- The presence of Pediatric Emergency Care Coordinator (PEEC) physician/nurse in emergency departments caring for children.

The committee will continue to be involved in developing additional pediatric-related quality measures.

11. Explore development of a policy statement or information paper on the treatment of pediatric patients at “minute clinics/retail clinics” and the use of telemedicine services.

Outcome: The Board reviewed the information paper “Urgent Care Centers and Retail Clinics in June 2017 and it was submitted to *Annals of Emergency Medicine* for publication consideration.

12. Revise the following policy statements as part of the policy sunset review process:
 - Corporal Punishment of Children

Outcome: A revised policy statement “Corporal Punishment of Children” was submitted to the Board in June 2016. A quorum was not present and action was postponed to October 2016.

- Emergency Information Form for Children with Special Health Care Needs

Outcome: See comments on objective #5.

- Guidelines for Care of Children in the ED

Outcome: This is a joint policy with the AAP. Work is underway and will continue in 2016-17. The proposed title for the revised guidelines is “Pediatric Readiness for Optimal ED Care.”

13. Serve as a resource to the EMS Committee in working with the EMS-C and other stakeholders to explore the need for new or revised guidelines and strategies’ for pediatric pre-hospital care. (EMS is the lead committee.)

Outcome: The committee and AAP’s Committee on Pediatric Emergency Medicine provided input to the EMS Committee as requested. A draft document is anticipated by January 2017.

14. Work with the Maintenance of Certification/Maintenance of Licensure Subcommittee as needed to develop Maintenance of Certification and pediatric safety/quality products. (MOC/MOL Subcommittee lead.)

Outcome: The committee provided input to the MOC/MOL Subcommittee as requested. The MOC/MOL Subcommittee produced a module on pediatric medication safety and is now working on a Pediatric Readiness module related to equipment in the ED.

15. Complete development and dissemination of education materials regarding topical anesthetics for children as directed by Amended Resolution (48)13 Topical Anesthetics in the ED.

Outcome: A draft paper was circulated for comments. Work on this objective will continue in 2016/17 and the committee anticipates submitting it to the Board in January 2017.