

2018-19
Final Committee Objectives

Pediatric Emergency Medicine Committee

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1. Develop a policy statement on the role and responsibilities of emergency medicine providers in the initial management of acute pediatric mental health emergencies.
2. Develop the following information papers:
 - Antibiotic stewardship in pediatric emergency care.
 - Opioid crises in children and adolescents.
 - Alternatives to opioids in management of acute pain in pediatric emergency care (including non-pharmacologic).
 - Complete development of the information paper on the role of telemedicine in pediatric emergency care and in support of community emergency departments. Collaborate with the emergency Telemedicine Section. (Pediatric Emergency Medicine is the lead committee).
3. Continue to support Pediatric Readiness and assist in developing resources to promote ED preparedness.
4. Continue to work with EMSC Innovation & Improvement Center (EIIC) to:
 - Ensure ACEP is recognized as a full partner of the EIIC.
 - Create its leadership and policy infrastructure and to develop strategies to optimize resource utilization between general emergency medicine and pediatric emergency medicine.
 - Ensure ongoing collaboration with the committee and the ACEP grant-funded staff from EIIC.
5. Collaborate with the American College of Radiology (ACR) to provide pediatric content expertise in generating recommendations for radiographic tests in the emergency management of children.
6. Collaborate with the American Academy of Pediatrics (AAP) and the Emergency Nurses Association (ENA) to develop a common policy statement to optimize pediatric safety in the emergency care setting.
7. Continue to work with the American Academy of Pediatrics (AAP) to develop new and review current technical report papers and policy statements as needed.

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8. Review the following policies per the Policy Sunset Review Process:
- Death of a Child in the ED
 - The Role of Emergency Physicians in the Care of Children
 - Report Preparedness of the ED for the Care of Children (PREP)

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

9. Collaborate with the Education Committee, Simulation Subcommittee, and Pediatric Emergency Medicine Section to develop an open access simulation-based consensus curriculum for pediatric emergency medicine, in collaboration with other organizations and stakeholders. (Pediatric Emergency Medicine is the lead committee.)
10. Provide input to the Disaster Preparedness & Response Committee to refine the Mass Casualty Medical Operations Management Course to include pediatric disaster education or a separate course using the current course as a prerequisite. (Disaster Preparedness & Response is the lead committee.)
11. Provide input to the EMS Committee, in collaboration with AAP, NAEMSP, ENA, and other stakeholders, to develop resources for assessing pediatric readiness of EMS systems and pediatric medication dosing. (EMS is the lead committee.)
12. Provide input to the Ethics Committee on the development of an information paper for Emergency Medical Treatment of Minors, to include issues of consent and confidentiality. (Ethics is the lead committee.)
13. Provide input to the Education Committee on the planning of the Pediatric Emergency Medicine Assembly. (Education is the lead committee.)
14. Collaborate with the Academic Affairs Committee to develop resources to encourage emergency medicine residents to enter pediatric emergency medicine and improve competency of training. (Pediatric Emergency Medicine is the lead committee.)
15. Complete development of a joint policy statement with the American Academy of Pediatrics and the Pediatric Surgery Society on trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients. Collaborate
16. Complete development of a policy statement on the use of antitussive medications, specifically opiate-containing antitussives, and their utility in the treatment of pediatric patients.
17. Collaborate with the Public Health & Injury Prevention Committee to develop a policy statement to clarify the role of emergency physicians in the reporting of adverse events secondary to vaccinations. (Public Health is the lead committee.)
18. Work with the Public Health & Injury Prevention Committee to review Amended Resolution 33(18) Separation of Migrating Children from Their Caregivers and determine if additional language is needed to develop a policy statement. (Public Health & Injury Prevention is the lead committee.)