

PROVINCIAL COUNCIL FOR MATERNAL AND CHILD HEALTH

Emergency Department Paediatric Readiness Checklist



The Emergency Department Paediatric Readiness (EDPR) Initiative gauges an emergency department (ED)'s capability to provide high-quality care for children. To learn more about this initiative, please [visit the EPDR website here](#).

Use this checklist to assess if your hospital ED has the most critical components listed under the six domains.

Domain 1 – ED Demographics and Infrastructure

- ☐ The age range used to define paediatric patients who present to the ED is 0 up to the 18th birthday
- ☐ The ED has a separate quiet space for paediatric patients who present with mental health concerns
- ☐ The ED has a room that provides a safe environment for the observation for those who present with mental health and/or substance use issues and deemed at risk for self-harm

Domain 2 – Coordination of Patient Care

- ☐ Physician Coordinator for Paediatric Emergency Care (PECC)
- ☐ Nurse Coordinator for Paediatric Emergency Care (PECC)

Note: An advanced practice provider may serve in either of these roles.

Domain 3 – ED Staffing & Training

- ☐ Healthcare providers who staff the ED maintain specialty certifications or board certification
- ☐ Healthcare providers who staff the ED have periodic paediatric-specific competency evaluations for children of all ages. Areas of paediatric competencies include:
 - Assessment and treatment (e.g., triage)
 - Medication administration
 - Device/equipment safety
 - Critical procedures
 - Resuscitation (e.g., ACLS, PALS, NRP)
 - Trauma resuscitation and stabilization
 - Disaster drills that include children
 - Patient- and family-centred care
 - Culturally competent care
 - Team training and effective communication
- ☐ Healthcare providers who staff the ED are offered simulation-based education specific to the care of paediatric patients
- ☐ Healthcare providers who staff the ED have access to the following resources if they require additional consultation for paediatric patients presenting to the ED with medical health issues:
 - Telephone consultation services with a paediatrician
 - Tele-Medicine consultation with the patient present
- ☐ At least one mental health clinician is always available in the ED (e.g., mental health nurse, psychiatrist, paediatric social worker with training in child/youth mental health/substance use, and crisis intervention worker/team)

Discharge plans for children/youth who have been assessed by the ED as having a mental health and/or substance use issue include the following:

- ☐ Referral to a community mental health agency crisis intervention program
- ☐ Discharged home with a recommendation to follow up with primary care provider
- ☐ Discharged home with a recommendation to follow up with a children's mental health agency where the patient is already involved
- ☐ Discharged home with a recommendation to follow up with a children's mental health agency where the patient is not yet involved

Domain 4 – Quality Improvement & Patient Safety

Quality improvement plans incorporates paediatric-specific components, including:

- ☐ Patient care review process (i.e., chart reviews)
- ☐ Paediatric-specific quality indicators (e.g., timely administration of steroids in acute asthma exacerbation, time to administration of antibiotics in a septic patient, etc.)
- ☐ Collection and analysis of paediatric emergency care data (e.g., admissions, transfers, deaths in the ED, or return visits)
- ☐ Development of a plan for improvement in paediatric emergency care (e.g., process to ensure that variances in care are addressed through education or training and reassessed for evidence of improvement)
- ☐ Re-evaluation of performance using outcomes-based measures (e.g., how often was pain rapidly controlled or fever properly treated)

Paediatric patient and medication safety needs are addressed in the following ways:

- ☐ Children are weighed in kilograms only
- ☐ Weights are recorded in kilograms only
- ☐ For children who require emergency stabilization, a standard method for estimating weight in kilograms is used (e.g., a length-based system)
- ☐ Infants and children have a full set of vital signs recorded (including temperature, heart rate, respiratory rate, pulse oximetry, blood pressure, pain, and mental status when indicated in the medical record)
- ☐ End tidal CO₂ monitoring for children of all ages
- ☐ Process for safe medication delivery that includes prescribing, administration, and disposal*
- ☐ Pre-calculated drug dosing and formulation guides (e.g., IV drug library, order sets, etc.)
- ☐ 24/7 access to interpreter services in the ED
- ☐ Timely tracking and reporting of patient safety events*

Domain 5 – Policies & Procedures

Policies, procedures, and protocols for the emergency care of children. These policies may be integrated into overall ED policies as long as paediatric-specific issues are addressed.

- ☐ Illness and injury triage that includes children/youth with medical and mental health and/or substance use issues
- ☐ Paediatric patient assessment and reassessment
- ☐ Identification and notification of the responsible provider of abnormal paediatric vital signs
- ☐ Immunization assessment and management of the under-immunized patient
- ☐ Sedation and analgesia, for procedures including medical imaging*
- ☐ Consent, including when parent or legal guardian is not immediately available*
- ☐ Children with special health care needs*
- ☐ Child maltreatment reporting and assessment
- ☐ Do not resuscitate (DNR) orders*
- ☐ Death of the child in the ED
- ☐ Reduced-dose radiation for CT and x-ray imaging based on paediatric age or weight
- ☐ Transfer of completed images when a patient is transferred from one facility to another*
- ☐ Collaboration with radiology, laboratory and other ED support services to ensure the needs of children in the community are met*

Mental Health Policies, Procedures, and Protocols

- ☐ Paediatric patients who present to the ED with mental health and/or substance use issues
- ☐ Target time for mental health assessment within the ED
- ☐ Boarding in the ED when beds are unavailable within the hospital or externally
- ☐ Non-violent crisis intervention
- ☐ Use of pre-printed order sets when using chemical restraints (i.e., medication)
- ☐ Use of physical restraints (including observation requirements)
- ☐ Use of security personnel for patients requiring supervision
- ☐ Level of observation of children/youth who present with suicidal ideation

All-Hazard Disaster Preparedness

The written all-hazard disaster-preparedness plan addresses paediatric-specific needs within the core domains including:

- ☐ Medications, vaccines, equipment, supplies and trained providers for children in disasters
- ☐ Paediatric surge capacity for injured and non-injured children
- ☐ Decontamination, isolation, and quarantine of families and children of all ages
- ☐ Minimization of parent-child separation and methods for reuniting separated children with their families
- ☐ Access to specific behavioural health therapies and social services for children
- ☐ Access to mental health resources for children of all ages and their families
- ☐ All disaster drills include paediatric patients
- ☐ Care of children with special health care needs

Evidence-Based Guidelines

- ☐ Evidence-based clinical pathways, order sets or decision support available to providers in real time

Interfacility Transfers

- ☐ Written paediatric interfacility transfer agreements or guidelines for patients with medical and mental health/substance use issues (these may include criteria for transfers, criteria for selection of appropriate transport service, process for initiation of transfer, plan for transfer of patient information, integration of family-centred care and/or integration of telehealth/telecommunications)
- ☐ Formal or informal arrangement/agreement for paediatric patients with mental health/substance use issues who require a referral for follow-up at a community agency

Mental Health Triage and Assessment

- ☐ Triage process includes a basic mental health assessment for all children/youth
- ☐ Screening tools are used to assess children/youth presenting with mental health/substance use issues, including risk severity of self-harm and/or harm to others (e.g., Ask Suicide Screening Questions, Paediatric Symptom Checklist, Global Appraisal of Individual Needs - Short Screener)
- ☐ An ED clinical pathway for children and youth with mental health conditions is implemented to support evidence-informed care and efficiency of care processes through standardized, multidisciplinary management plans that can be anticipated by an integrated health care team

Family-Centred Care

A policy for promoting family-centred care addresses the following aspects:

- ☐ Family, caregiver and/or substitute decision-maker involvement in patient care decision-making
- ☐ Family and caregiver involvement in medication safety processes
- ☐ Family and guardian presence during all aspects of emergency care, including resuscitation
- ☐ Patient, family, guardian, and caregiver education regarding the treatment plan and disposition
- ☐ Bereavement counseling

Culturally Competent Care

Healthcare providers who staff the ED have access to the following supports to ensure the provision of culturally competent care:

- ☐ Resources for incorporating a cultural perspective to care (e.g., culture-specific patient care navigators, community elders, traditional healers, cultural/spiritual ceremonies)
- ☐ Culture-specific pathways for the care of paediatric patients in the ED (including their assessment and care management)

Domain 6 – Paediatric Equipment & Supplies

Paediatric equipment and supplies are appropriate for children of all ages and sizes, and are easily accessible, clearly labeled, and logically organized.

- ☐ Safe paediatric cribs/beds are available
- ☐ ED staff is educated on the location of all items
- ☐ Daily method in place to verify the proper location and function of paediatric equipment and supplies
- ☐ Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications
- ☐ Standardized chart or tool used to estimate weight in kilograms if resuscitation precludes the use of a weight scale (e.g., length-based Broselow tape)
- ☐ Paediatric resuscitation equipment is stored on a separate paediatric cart (i.e., Paediatric Broselow cart)

Medications*

- ☐ Analgesics (oral, intranasal, and parenteral)
- ☐ Anesthetics (eutectic mixture of local anesthetics; lidocaine 2.5% and prilocaine 2.5%; lidocaine, epinephrine, and tetracaine; and LMX 4 [4% lidocaine])
- ☐ Anticonvulsants (benzodiazepines, levetiracetam, valproate, carbamazepine, fosphenytoin, and phenobarbital)
- ☐ Antidotes (common antidotes should be accessible to the ED, e.g., naloxone)
- ☐ Antipyretics (acetaminophen and ibuprofen)
- ☐ Antiemetics (ondansetron and prochlorperazine)
- ☐ Antihypertensives (labetalol, nicardipine, and sodium nitroprusside)
- ☐ Antimicrobials (parenteral and oral)
- ☐ Antipsychotics (olanzapine and haloperidol)
- ☐ Benzodiazepines (midazolam and lorazepam)
- ☐ Bronchodilators
- ☐ Calcium chloride and/or calcium gluconate
- ☐ Corticosteroids (dexamethasone, methylprednisolone, and hydrocortisone)
- ☐ Cardiac medications (adenosine, amiodarone, atropine, procainamide, and lidocaine)
- ☐ Hypoglycemic interventions (dextrose, oral glucose)
- ☐ Diphenhydramine
- ☐ Epinephrine (1mg/mL and 0.1 mg/mL solutions)
- ☐ Furosemide
- ☐ Glucagon
- ☐ Insulin
- ☐ Magnesium sulfate
- ☐ Intracranial hypertension medications (mannitol, 3% hypertonic saline)
- ☐ Neuromuscular blockers (rocuronium and succinylcholine)
- ☐ Sucrose solutions for pain control in infants
- ☐ Sedation medications (midazolam, etomidate and ketamine)
- ☐ Sodium bicarbonate (4.2%)
- ☐ Vasopressor agents (dopamine, epinephrine and norepinephrine)
- ☐ Vaccines (tetanus)

Equipment/Supplies: General Equipment*

- ☐ Patient warming device (infant warmer)
- ☐ IV blood and/or fluid warmer
- ☐ Restraint device
- ☐ Weight scale, in kilograms only (no opportunity to weigh or report in pounds), for infants and children
- ☐ Tool or chart that relies on weight (kilograms) used to assist physicians and nurses in determining equipment size and correct drug dosing (by weight and total volume)
- ☐ Pain scale assessment tools that are appropriate for age
- ☐ Rigid boards for use in CPR
- ☐ Paediatric-specific AED pads
- ☐ Atomizer for intranasal administration of medication

Equipment/Supplies: Vascular Access

- ☐ Arm board, infant*
- ☐ Arm board, child*
- ☐ Catheter-over-the-needle device, 22 gauge
- ☐ Catheter-over-the-needle device, 24 gauge
- ☐ Paediatric intraosseous needles or needle gun (i.e., EZ-IO)
- ☐ IV administration sets with calibrated chambers and extension tubing and/or infusion devices with the ability to regulate the rate and volume of infusate (including low volumes)
- ☐ IV solution, Normal saline*
- ☐ IV solution, Dextrose 5% in 0.45% normal saline*
- ☐ IV solution, Lactated Ringer's solution*
- ☐ IV solution, Dextrose 10% in water*
- ☐ Blood
- ☐ Blood products

Equipment/Supplies: Fracture Management

- ☐ Paediatric extremity splints (including femur splints)*
- ☐ Paediatric cervical collars sized to fit neonates, children, and adolescents (i.e., Aspen collars in sizes PD 1-5)

Equipment/Supplies: Monitoring Equipment

- ☐ Blood pressure cuff, neonatal
- ☐ Blood pressure cuff, infant
- ☐ Blood pressure cuff, child
- ☐ Doppler ultrasonography devices*
- ☐ ECG monitor and/or defibrillator with paediatric and adult capabilities, including paediatric-sized pads and/or paddles
- ☐ Pulse oximeter with paediatric and adult probes
- ☐ Continuous end-tidal CO₂ monitoring

Domain 6 – Paediatric Equipment & Supplies cont'd

Equipment/Supplies: Respiratory

Endotracheal tubes

- ☐ Cuffed or uncuffed 2.5mm
- ☐ Cuffed or uncuffed 3.0mm
- ☐ Cuffed or uncuffed 3.5mm
- ☐ Cuffed or uncuffed 4.0mm
- ☐ Cuffed or uncuffed 4.5mm
- ☐ Cuffed or uncuffed 5.0mm
- ☐ Cuffed or uncuffed 5.5mm
- ☐ Cuffed 6.0mm

Feeding tubes*

- ☐ 5F*
- ☐ 8F*

Gastric tubes*

- ☐ Infant (8F)*
- ☐ Child (10F)*

Laryngoscope blades

- ☐ Straight, size 0
- ☐ Straight, size 1
- ☐ Straight, size 2
- ☐ Curved, size 2

Magill forceps

- ☐ Paediatric

Nasopharyngeal airways

- ☐ Infant
- ☐ Child

Oropharyngeal airways

- ☐ Size 0 (50mm)
- ☐ Size 1 (60mm)
- ☐ Size 2 (70mm)
- ☐ Size 3 (80mm)

Stylets for endotracheal tubes

- ☐ Paediatric
- ☐ Infant

Suction catheters

- ☐ Infant (6-8F)
- ☐ Child (10-12F)

Rigid suction device*

- ☐ Paediatric*

Bag-mask device, self-inflating

- ☐ Infant (250ml)
- ☐ Child (450-500ml)

Non-rebreather masks

- ☐ Infant
- ☐ Child

Oxygen masks

- ☐ Simple oxygen mask, standard infant
- ☐ Clear oxygen mask, standard child

Masks to fit bag-mask device adaptor

- ☐ Neonatal
- ☐ Infant
- ☐ Child

Nasal cannula

- ☐ Infant
- ☐ Child

Laryngeal mask airways

- ☐ Size 1
- ☐ Size 1.5
- ☐ Size 2
- ☐ Size 2.5
- ☐ Size 3

Equipment/Supplies: Specialized Paediatric Kits

- ☐ Supplies/kit for paediatric patients with difficult airways (supraglottic airways of all sizes, needle cricothyrotomy supplies, surgical cricothyrotomy kit, and/or video laryngoscopy)
- ☐ Newborn delivery kit (including umbilical clamp, scissors, bulb syringe, towel, and equipment for initial resuscitation of a newborn infant)*
- ☐ Urinary catheterization kits and urinary (indwelling) catheters, infant and child*

Additional Recommendations for High-Volume EDs (>10,000 Paediatric Patient Visits Per Year)

- ☐ Alprostadil (prostaglandin E1)*
- ☐ Inotropic agents (e.g., digoxin and milrinone)*
- ☐ Hypothermia thermometer*
- ☐ Tube thoracostomy tray*
- ☐ Video laryngoscopy*

Central venous catheters

- ☐ 4.0F
- ☐ 5.0F
- ☐ 6.0F
- ☐ 7.0F

Chest tubes

- ☐ Infant (8–12F catheter)*
- ☐ Child (14–22F catheter)*
- ☐ Adult (24–40F catheter) OR pigtail catheter kit (8.5–14F catheter)*
- ☐ Percutaneous over-the-wire chest tube insertion kit with sizes 14, 20 and 28 (i.e., Cook Medical Kit)

Laryngoscope blade

- ☐ Straight, size 00

Lumbar puncture tray, spinal needles*

- ☐ Infant*
- ☐ Child*

Noninvasive ventilation*

- ☐ Continuous positive airway pressure OR high-flow nasal cannula*

Self-inflating bag-mask device*

- ☐ Paediatric*

Tracheostomy tubes

- ☐ Size 3.0mm
- ☐ Size 3.5mm
- ☐ Size 4.0mm
- ☐ Size 4.5mm*
- ☐ Size 5.0mm*
- ☐ Size 5.5mm*

Umbilical vein catheters

- ☐ 3.5F
- ☐ 5.0F

*Items not part of the 2022 EDPR assessment survey. However, it has been included here to align with the 2024 NPRP ED Checklist and its associated publications.