

EMERGENCY NURSES ASSOCIATION POSITION STATEMENT

CARE OF THE PEDIATRIC PATIENT IN THE EMERGENCY SETTING

More than 30 million children visit emergency departments each year. This accounts for more than 25% of all ED visits annually. However, less than 20% of the 30 million visits are to hospitals specializing in pediatric care. Providing appropriate pediatric care in the emergency setting has a number of challenges. Children have important anatomical, physiological, and psychosocial differences that distinguish them from adults. These differences are just one of the reasons that children are at a higher risk of being victims of an error when treated in the emergency department. Essential elements to improving pediatric emergency care include acquiring and maintaining the specialized knowledge, education, and skills fundamental to this patient population; obtaining the required equipment in age-specific sizes; safely transporting pediatric patients to hospitals with the appropriate level of pediatric services; providing evidenced based care that includes drugs with pediatric labeling and appropriate interventions for treatment and stabilization; and incorporating the diverse family dynamics into the plan of care. Addressing each of these topics with institutional leaders is essential to assuring that children receive the best possible care.

It is the position of ENA that:

1. All pediatric patients are entitled to receive emergency care from health care providers who have the training, skills, and experience needed to deliver appropriate emergency care to children.
2. There are important anatomical, physiological, and psychological differences in the pediatric patient which obligate health care providers to obtain specialized education and skills when providing emergency care to children.
3. Institutional leaders must be committed to supporting the resources necessary to provide emergency health care providers with the education and training needed to be competent in delivering emergency care to children.
4. Procedures performed on pediatric patients may require two or more staff members to perform the procedure safely. Therefore, staffing for individual institutions must be consistent with the percentage and acuity of pediatric patients treated.
5. Emergency departments with the potential for receiving pediatric patients should have all necessary age-appropriate equipment and supplies and should have a system to easily identify appropriate medication dosages and equipment based on weight and size.
6. The goal of pediatric interfacility transfer is to decrease morbidity and mortality and improve patient outcomes. Emergency departments with specialty limitations (e.g., limitations related to trauma, burns, spinal cord injury, etc.) or minimal pediatric

- resources (e.g., no pediatric inpatient unit) should develop clear protocols for transfer and initiate transfer agreements with hospitals capable of providing ongoing critical care to pediatric patients.
7. The composition of the transfer team and the mode of transport must be based on patient acuity, established and anticipated treatment needs, and special patient circumstances. Persons involved in the transport of the pediatric patient must have knowledge and expertise to deliver the appropriate level of care to patients with a variety of illnesses and injuries. The transfer team must include a registered professional nurse with pediatric emergency or pediatric critical care experience.
 8. The transfer team involved in the transfer of a pediatric patient must complete annual continuing education related to pediatric emergency and/or critical care and maintain verification as a provider in the *Emergency Nursing Pediatric Course* and complete a yearly age-specific competency. Appropriate equipment must be available during transport to accommodate all pediatric patients regardless of age, weight, size, and acuity level.
 9. Children are dependent on their parent or legal guardian to protect and advocate for them and the family is likely a key decision maker of the child's medical care. Therefore, optimal care of the pediatric patient is best achieved when all members of the emergency health care team utilize a systematic and standardized family-centered approach to the care of the pediatric patient.
 10. Research in the field of pediatrics is crucial in developing and refining clinical practice to children in the emergency department. Institutional leaders must be committed to supporting emergency nurses' participation in research activities designed to provide evidenced based care and ultimately improve outcomes of children who are ill or injured.

ENA Supports:

11. Pediatric-related continuing education opportunities for nurses providing care to pediatric patients. The Emergency Nurses Association has the responsibility to facilitate such educational opportunities. The *Emergency Nursing Pediatric Course* is recommended as the minimum educational standard for nurses providing emergency care to children.
12. The development of a pediatric emergency nursing certification examination. Certification as a pediatric emergency registered nurse is one mechanism by which attainment of a defined body of pediatric emergency nursing knowledge is validated.
13. Emergency departments seeking designation from EMSC and DPH as one of the following: emergency pediatric centers (EPCs), emergency departments approved for pediatrics (EDAPs), and stand-by emergency departments approved for pediatrics (SEDPs), or similar designation as determined by individual states.

For additional information about this topic, [click here](#) to access the white paper.

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