



POLICY STATEMENT

Death of a Child in the Emergency Department

abstract

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The American Academy of Pediatrics, American College of Emergency Physicians, and Emergency Nurses Association have collaborated to identify practices and principles to guide the care of children, families, and staff in the challenging and uncommon event of the death of a child in the emergency department in this policy statement and in an accompanying technical report. *Pediatrics* 2014;134:198–201

INTRODUCTION

The death of a child in the emergency department (ED) is an event with emotional, cultural, procedural, and legal challenges. The original policy statement, “Death of a Child in the Emergency Department: Joint Statement by the American Academy of Pediatrics and the American College of Emergency Physicians,” was first published in 2002.¹ It represented a groundbreaking collaboration between general and pediatric emergency practitioners regarding their professional obligations in managing the death of a child in the ED, recognized as one of the most difficult challenges in emergency care. This revised statement expands that collaboration to include emergency nursing and is issued jointly by the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA). The infrequency of child death in the ED and the enormity of the tragedy magnify the challenges in simultaneously providing clinical care, holistic support for families, and care of the team delivering care while attending to significant operational, legal, ethical, and spiritual issues. The evidence basis for these recommendations is detailed in the accompanying technical report of the same title.²

RECOMMENDATIONS

The AAP, ACEP, and ENA support the following principles:

- The ED health care team uses a patient-centered, family-focused, and team-oriented approach when a child dies in the ED.
- The ED health care team provides personal, compassionate, and individualized support to families while respecting social, spiritual, and cultural diversity.
- The ED health care team provides effective, timely, attentive, and sensitive palliative care to patients with life span-limiting conditions and anticipated death presenting to the ED for end-of-life care.
- The ED health care team clarifies with the family the child's medical home and promptly notifies the child's primary care provider and appropriate subspecialty providers of the death and, as appropriate,

AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee, and EMERGENCY NURSES ASSOCIATION Pediatric Committee

KEY WORDS

emergency department, death, child, pediatrician, nurse

ABBREVIATIONS

AAP—American Academy of Pediatrics

ACEP—American College of Emergency Physicians

ED—emergency department

ENA—Emergency Nurses Association

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The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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coordinates with the medical home and primary care provider in follow-up of any postmortem examination.

- ED procedures provide a coordinated response to a child's death including the following:

- Written protocols regarding
 - family member presence during and after attempted resuscitation;
 - preterm delivery resuscitation;
 - end-of-life care/anticipated death in the ED of a child with a life span-limiting condition;
 - collaboration with law enforcement staff to address forensic concerns while providing compassionate care;
 - institutional position on permitting the practice of procedures involving the newly deceased; and
 - best practice—outlining procedures after the death of a child (eg, a “death packet” with guidelines for completion of a death certificate, organ donation, etc)
- Processes for notification of primary care and subspecialty providers and medical home of the impending death or death of their patient
- Identification of resources, including other individuals and organizations, that can respond to the ED to assist staff and bereaved families, such as child life, chaplaincy, social work, behavioral health, hospice, or palliative care staff
- Identification and notification of medical examiner/coroner regarding all deaths, as directed by applicable law
- Routine offering of postmortem autopsy to families for all non-medical examiner-coroner cases

- Clear processes for organ and tissue procurement
- Identification and reporting of cases of suspected child maltreatment
- Formal voluntary support and programs for ED staff and trainees, out-of-hospital providers, and others who are experiencing distress
- Support of child death review activities to understand causes of preventable child death
- Emergency medicine, pediatric resident, and emergency nurse training includes specific education regarding the difficult issues raised by the death of a child in the ED, such as the following:
 - Evidence for supporting family presence during attempted resuscitation
 - Best palliative care practices for imminently dying pediatric patients
 - Communicating the news of the death of a child in the ED to parents and family
 - Best practice in discussion of organ donation or autopsy
 - Filing the report of suspected child abuse or neglect in the setting of a child death
 - Medical-legal issues and best practice surrounding completion of death certificates
 - Optimal documentation and collaboration with state and local child death review teams to identify strategies to prevent future child deaths
 - Self-care after difficult or troubling ED cases
- The ED health care team routinely considers care for the bereaved members of the patient's family that may include information and arrangements for bereavement care services, condolence cards,

and follow-up with family to address any concerns or questions.

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REFERENCES

1. American Academy of Pediatrics Committee on Pediatric Emergency Medicine; American College of Emergency Physicians Emergency Medicine Committee. Death of a child in the emergency department: joint statement by

- the American Academy of Pediatrics and the American College of Emergency Physicians. *Pediatrics*. 2002;110(4):839–840
2. American Academy of Pediatrics Committee on Pediatric Emergency Medicine; American

College of Emergency Physicians Pediatric Committee; Emergency Nurses Association Pediatric Committee. Technical report: death of a child in the emergency department. *Pediatrics*. 2014

SELECTED RESOURCES

Atwood DA. To hold her hand: family presence during patient resuscitation. *JONAS Healthc Law Ethics Regul*. 2008;10(1):12–16
Browning DM, Meyer EC, Truog RD, Solomon MZ. Difficult conversations in health care: cultivating relational learning to address the hidden curriculum. *Acad Med*. 2007;82(9):905–913

American Academy of Pediatrics Committee on Child Abuse and Neglect, Committee on Injury, Violence, and Poison Prevention, Council on Community Pediatrics. Child fatality review. *Pediatrics*. 2010;126(3):592–596
Covington TM, Rich SK, Gardner JD. Effective models of review that work to prevent child

deaths. In: Alexander R, ed. *Child Fatality Review: An Interdisciplinary Guide and Photographic Reference*. St Louis, MO: GW Medical Publishing, Inc; 2007:429–457
Dingeman RS, Mitchel EA, Meyer EC, Curley MA. Parent presence during complex invasive procedures and cardiopulmonary resuscitation:

a systematic review of the literature. *Pediatrics*. 2007;120(4):842–854

Dudley N, Hansen K, Furnival R, Donalson A, Van Wagenen K, Scaife E. The effect of family presence on the efficiency of pediatric trauma resuscitations. *Ann Emerg Med*. 2008;53(6):777.e3–784.e3

Emergency Nurses Association. Position statement. Emergency nursing resource: family presence during invasive procedures and resuscitation in the emergency department. Des Plaines, IL: Emergency Nurses Association; 2010. Available at: www.ena.org/SiteCollectionDocuments/Position%20Statements/FamilyPresence.pdf. Accessed July 19, 2012

Levetown M; American Academy of Pediatrics Committee on Bioethics. Communicating with children and families: from everyday interactions to skill in conveying distressing information. *Pediatrics*. 2008;121(5):e1441–e1460

Meyer EC, Sellers DE, Browning DM, McGuffie K, Solomon MZ, Truog RD. Difficult conversations: improving communication skills and relational abilities in health care. *Pediatr Crit Care Med*. 2009;10(3):352–359

Overly F, Sudikoof SN, Duffy S, Anderson A, Kobayashi L. Three scenarios to teach difficult discussions in pediatric emergency medicine: sudden infant death, child abuse with domestic

violence, and medication error. *Simul Healthc*. 2009;4(2):114–130

Sekula LK. The advance practice forensic nurse in the emergency room setting. *Top Emerg Med*. 2005;27(1):5–14

Truog RD, Christ G, Browning DM, Meyer EC. Sudden traumatic death in children: we did everything, but your child didn't survive. *JAMA*. 2006;295(22):2646–2654

Wisten A, Zingmark K. Supportive needs of parents confronted with sudden cardiac death—a qualitative study. *Resuscitation*. 2007;74(1):68–74

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