The Emergency Nurse's Role in Supporting Pediatric Readiness in the Emergency Care Setting

Description

Approximately 30 million children in the United States (U.S.) visit emergency departments (EDs) each year (Ames et al., 2024). More than 80% of these ED visits occur in community hospitals that see fewer than 10 children per day (Remick et al., 2023). The National Pediatric Readiness Project (NPRP) is a multi-phase quality improvement initiative to help EDs build the systems, skills, and resources needed to deliver high-quality emergency care for children; commonly described as being "Pediatric Ready." The NPRP is led by the Health Resources and Services Administration Emergency Medical Services for Children (EMSC) Program with support from multidisciplinary partners (Remick et al., 2018). Pediatric Readiness (PR) is the capacity of an emergency care system to respond effectively to the needs of acutely ill or injured children (Ross et al., 2023; Remick et al, 2018). It relies on trained personnel, appropriate equipment, evidence-based guidelines, and adequate staffing to manage pediatric emergencies. A "Pediatric Ready" ED provides safe, effective, and consistent high-quality care for all children from arrival through stabilization and disposition, supported by systems designed specifically for pediatric needs.

The lack of a universal definition for "pediatric patients", which encompasses infants, children, and adolescents, is reflective of a fundamental pediatric concept. While children may reach adult size in adolescence, they continue to have unique psychosocial and developmental needs well into young adulthood. Children are not small adults; their evolving anatomy, physiology, developmental and emotional needs, and communication abilities demand age-specific assessment, interventions, and support, and increase the risk of error when staff and systems are not adequately prepared (Ross et al., 2023; Newgard et al., 2022; Joseph et al., 2022). Emergency nurses care for patients of all ages and must meet the unique needs of infants, children, and adolescents, including those with special healthcare needs (Remick et al., 2023). Patient outcomes, including survivability for children who seek emergency care, are contingent upon the availability of critical resources and an infrastructure to support the care of all children (Remick et al., 2023; Newgard et al., 2024). Evidence demonstrates that children treated in EDs with a weighted Pediatric Readiness Score (wPRS) of 88 or above have the potential for improved short and long-term survival rates and lower risk of death, particularly in cases of trauma, sepsis, and respiratory emergencies (Newgard et al., 2023; Baker et al., 2022; Newgard et al., 2022).

With limited resources, EDs tend to prioritize adults, who make up the vast majority of their patient population. As a result, they may lack the pediatric-specific skills, resources, and protocols needed to respond to all types and severities of medical or injury emergencies in children. Pediatric-specific EDs, often located within children's hospitals, play a vital role in the emergency care system. However, Newgard (2023) found that in the U.S., 30% of children live more than 30 minutes away from an ED with a high level of PR, wPRS of 88 or above, and 27% of children transported by ambulance lack access to an ED with high PR score (Newgard et al., 2023). In tragic cases of children dying after a medical emergency, research shows that death occurs quickly, on average, within three hours, which may not be enough time to stabilize and transfer a child to a pediatric-specific ED. EDs with fewer pediatric encounters were more likely to have possible diagnostic delays across many serious conditions, many of which were associated with excess complications. These diagnostic delays were associated with more than double the risk of serious complications (Michelson et al., 2024).

Ensuring ED PR requires focused attention and intentional leadership (Foster et al., 2023). Emergency nurse leaders share responsibility for ED PR, supporting their staff through competency assessment, policy and procedure development, disaster preparedness, staff training, and pediatric education (Ross et al., 2023; Hill et al., 2025). Emergency nurses must have access to readily available, appropriate

equipment, supplies, and resources to provide safe, effective care and emergency stabilization for all pediatric patients, regardless of pediatric visit volume (Zheng & Chen, 2025). Ideally, designating an ED-based nurse and physician pediatric emergency care coordinator (PECC), also known as pediatric champions, is one of the strongest drivers of PR improvement in an ED (Remick et al., 2023). The estimated cost for EDs to achieve high levels of PR is cost-effective, ranging from $4 to $48 per patient, with the potential to save up to 2,143 pediatric lives annually across the U.S., and is associated with a threefold reduction in racial disparities in mortality. (Newgard et al., 2024; Remick et al., 2024; Weyant et al., 2024; Jenkins et al., 2023).

All emergency nurses can promote PR by advocating for evidence-based care, maintaining pediatric-specific competencies and skills through ongoing education, and identifying system gaps that negatively impact child safety. ED nurses play an integral role in quality improvement, policy development, and ensuring the ED environment, equipment, and protocols meet children's needs. Through advocacy, collaboration, and family-centered care, every emergency nurse contributes to creating a safer, more "Pediatric Ready" system for pediatric patients in their community.

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses have a professional and ethical responsibility to be prepared to deliver life- and limb-saving care and stabilization to pediatric patients.

2. EDs designate an ED-based nurse PECC or incorporate the PECC responsibilities into an existing ED nursing role based on pediatric volume. In rural, low-volume, or resource-limited settings, this role may be shared.

3. The nurse PECC has a clearly delineated role and protected time to perform the functions of the role.

4. EDs strive to meet the criteria found in the current Pediatric Readiness in the ED joint policy statement and technical report.

5. Initial and ongoing emergency pediatric nursing education, competencies and sub-specialty certification(s) contribute to higher weighted Pediatric Readiness Scores.

6. ED quality improvement plans include validated pediatric-specific measures.

7. Facility disaster drills include a pediatric mass casualty incident at least once every 2 years and all disaster drills should include pediatric patients.

8. Encourages publication of nurse-led research to assess the efficacy of Pediatric Readiness in improving pediatric patient outcomes globally.

Background

The Emergency Nurses Association (ENA) responded to the need for education to improve pediatric emergency care by launching the first Emergency Nursing Pediatric Course (ENPC) in 1993 and establishing ENPC as the minimum education standard for nurses caring for children in emergency care

settings (ENA, 1993). With the 7th edition published in 2026, it will continue to provide emergency nurses with knowledge of children's unique physiological and anatomical differences, which make them more vulnerable to rapid deterioration when ill or injured; the skills to intervene and prevent or respond to deterioration; and a highlight of the importance of Pediatric Readiness.

Efforts to improve pediatric emergency care in the U.S. began in the 1960s and continued through the 1970s and 1980s. These efforts became more focused in 2001, when the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) issued the joint policy statement, Care of Children in the Emergency Department: Guidelines for Preparedness. A 2003 national assessment funded by the federal EMSC Program revealed how many U.S. EDs were unaware of the guidelines and lacked essential pediatric equipment and policies (Gausche-Hill et al., 2007; Remick et al., 2023). The 2006 Institute of Medicine report, Emergency Care for Children: Growing Pains, highlighted significant disparities in pediatric emergency care and recommended appointing two PECCs, one of whom is a physician, to lead pediatric initiatives in hospitals. These roles, which could be combined with other ED responsibilities, are central to improving PR at both the ED and system levels (Remick et al., 2018; Hill et al., 2025).

In 2012, the federal EMSC Program launched the NPRP after early pilot studies in California showed improved wPRS in facilities that implemented the guidelines, followed by the first national assessment of PR in 2013 (Gausche-Hill et al., 2015; Gausche-Hill et al., 2007). Nationally and internationally, assessments of pediatric readiness have revealed progress; however, ongoing gaps persist, including declining numbers of nurse PECCs, limited pediatric-specific quality improvement and disaster plans, and a reduction in pediatric education and training opportunities for emergency nurses (Hill et al., 2025; Aregbesola et al., 2022; Remick et al., 2023).

The ENA, AAP, ACEP, American College of Surgeons Committee on Trauma (ACS COT), and other partners continue to update guidelines based on national assessment data. The most recent joint policy statement and technical report, Pediatric Readiness in the Emergency Department, was published in January 2026. The updated guidelines provide recommendations for each of the key PR domains: administration and coordination of pediatric care; pediatric competencies for clinical staff; pediatric equipment, supplies, and medications; pediatric patient safety; pediatric policies, procedures, and protocols; pediatric quality and performance improvement in the ED; and support services for the ED (Remick et al., 2026). The next nationwide NPRP Assessment will take place from March to May 2026. During a national assessment period, every ED is asked to participate to better understand its PR gaps and contribute to the national aggregate dataset. Between nationwide assessments, the NPRP Assessment portal remains open for facilities to assess their PR for QI purposes on an ongoing basis.

PR is an international effort recognized in many countries. The NPRP serves as a global model for enhancing pediatric emergency care across low-, middle-, and high-income countries (Balmaks et al., 2020; Jarrett et al., 2025; Jensen et al., 2022). PR initiatives are underway in Canada, Europe, and Africa, supported by the National Emergency Nursing Association of Canada, the Royal College of Paediatrics and Child Health, Provincial Children's and Maternal Health Centers, the International Federation of Emergency Medicine, the African Federation of Emergency Medicine, and the World Health Organization (Aregbesola et al., 2022; Gutierrez et al., 2020; Nielsen, 2023).

.EDs worldwide must encourage the role of the nurse PECC or their equivalent in coordinating pediatric emergency care (Aregbesola et al., 2022; Gutierrez et al., 2020; Nielsen, 2023). As the global leader in promoting excellence and innovation in emergency nursing, ENA is uniquely positioned to raise the visibility and findings of nurse-led research on PR. By leveraging its platform to showcase member research through publications, social media, webinars, podcasts, and conferences, and encouraging collaboration through council-led initiatives, and a "Community of Practice" forum, ENA advances its mission to lead through research, education, resources, advocacy, and collaboration, and its vision of a world where every emergency nurse is fully supported to provide the highest quality care.

Resources

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