

# The Pony Express

Improving Emergency Medical Care for Children All Across Texas

## EMS for Children Mission Statement

To reduce child and youth morbidity and mortality caused by severe illness or trauma by providing the right care, at the right place, at the right time.



## Welcome to the Summer Edition of the Pony Express!

In this edition of the Pony Express, we congratulate Sally Snow and Dr. Manish Shah for their accomplishments! As many of you know, Sally has been involved in the EMS for Children (EMSC) Program in Texas and at the national level for many years and has been a tireless advocate for pediatric issues at all levels. Dr. Shah is the former Program Director of the EMSC State Partnership, Texas and continues to be involved in EMSC through the Pediatric Emergency Care Applied Research Network (PECARN) and work on various committees with the EMSC Innovation and Improvement Center (EIIC).

The National Pediatric Readiness Project (NPRP) Assessment deadline has been extended to August 31, 2021. More than 50% of EDs nationwide have participated so far. In Texas more than 40% have participated so far. Thank you to all who have completed the assessment! To learn more or take the assessment, visit [www.pedsready.org](http://www.pedsready.org)

If you have any feedback on our newsletter, or if there are any stories you would like to see, please send them to Sam Vance, Program Manager, EMSC State Partnership, Texas at: [spvance@bcm.edu](mailto:spvance@bcm.edu)

## Upcoming Events

- |                     |  |
|---------------------|--|
| August 11           | <a href="#">Voluntary Pediatric Recognition Work Group (VPRP): Virtual</a> |
| August 31           | <a href="#">National Pediatric Readiness Project Assessment Deadline</a>   |
| August 31 – Sept. 2 | <a href="#">National EMSC All Grantee Meeting: Virtual</a>                 |
| Sept. 9             | <a href="#">EMSC EMS Recognition Work Group: Virtual</a>                   |
| Sept. 13 - 14       | <a href="#">TX EMSC Advisory Committee Meeting: Virtual</a>                |
| Sept. 17            | <a href="#">GETAC: Virtual</a>   |



[www.bcm.edu/emsc](http://www.bcm.edu/emsc)

## NPRP Assessment Deadline Extended

We are pleased to announce in coordination with and support from the National Pediatric Readiness Project (NPRP) Steering Committee: The American Academy of Pediatrics (AAP), the Emergency Nurses Association (ENA), American College of Surgeons (ACS), American College of Emergency Physicians (ACEP), and the Health Resources and Services Administration (HRSA) EMS for Children Program, the deadline for **the NPRP Assessment has been extended to August 31, 2021.**

The NPRP assessment is the largest national assessment of emergency departments' (EDs) capabilities in providing high-quality care for children. EDs that complete the assessment immediately receive a readiness score along with a gap report outlining their strengths and areas for improvement. More than 50% of all EDs nationwide have participated so far.

### IS YOUR EMERGENCY DEPARTMENT PEDS READY?



**NPRP ASSESSMENT**  
MAY – JULY 2021

Visit [PedsReady.org](https://www.pedsready.org)



Contact your ED nurse manager to see if they have completed the assessment. If they have - please thank them! If they haven't, invite them to participate now at [www.pedsready.org](https://www.pedsready.org) and ask how you can help.

Be sure to visit the [2021 PedsReady Response Rate Report](#) dashboard frequently to monitor Texas' progress. If you have any questions, please contact Texas EMS for Children Program Manager, Sam Vance: [spvance@bcm.edu](mailto:spvance@bcm.edu) or 832-824-EMSC(2672).



## Prevent Hot Car Deaths: Where's Baby? Look Before You Lock from NHTSA.gov

Nearly 900 children have died of heatstroke since 1988, because they were left or became trapped in a hot car. It's important for everyone to understand that children are more vulnerable to heatstroke and that all hot car deaths are preventable. We – as parents, caregivers, and bystanders – play a role in helping to make sure another death doesn't happen.

To further raise awareness and prevention, the National Highway Traffic Safety Administration (NHTSA) has convened the Heatstroke Working Group with safety advocates, industry leaders, first responders and employers to amplify the message of heatstroke prevention to wider audiences. For more information, please visit [NHTSA.gov/heatstroke](https://www.nhtsa.gov/heatstroke)

# Sally Snow Receives ENA's Highest Honor

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Known for her spirited enthusiasm and undeniable passion for emergency nursing, Sally Snow, BSN, RN, CPEN, FAEN, will now be recognized for her career-long commitment to the [Emergency Nurses Association](#) as the recipient of the 2021 Judith C. Kelleher Award.

The award, named for one of ENA's co-founders, is the association's most prestigious honor. Snow, a proud Texas native, became an ENA member in 1981 and has served in many roles at the state and association-wide level over the last four decades as everything from a member of multiple state committees to a five-year stint on the ENA Board of Directors.

As the 2021 [ENA Foundation](#) chairperson, Snow leads ENA's philanthropic efforts that support emergency nurses with educational grants and scholarships. Whether focused on the care of pediatric patients in the ED or advocating for emergency nurses in Washington, D.C., Snow has spent her entire career committed to care.

"I have dedicated most of my professional life to ENA with great commitment and pride, so I am thrilled to receive the Kelleher award. It is the pinnacle of my career," said Snow, who added that she cherished the time she was able to spend with Kelleher. "To be worthy of this prestigious award makes me realize that all the time put in was worth every mile traveled, every missed soccer game and every missed birthday. My family would agree with that – they always knew, and still know, what being an emergency nurse and an ENA member means to me."

ENA President Ron Kraus, MSN, RN, EMT, CEN, ACNS-BC, TCRN, pointed to Snow's passion as a defining characteristic.



"She's a fundraiser, an educator, a mentor and arguably one of ENA's biggest champions in every sense of the word," Kraus offered. "The association, from the smallest chapter in her home state up to ENA's biggest stages, is better for everything Sally has brought to it over the last 40 years."

"ENA's annual achievement awards provide a snapshot into the amazing ways ENA members are impacting emergency nursing, health care and their communities. These recipients exemplify what our 53,000 members in the United States and internationally do every day," Kraus added.

The 2021 ENA award recipients will be recognized during Emergency Nursing 2021 – A Hybrid Xperience in Orlando, Florida, Sept. 22-25.

For more information and to view the full article, please visit: [Emergency Nurses Association](#)



## CHaMP Node Receives NINDS Funding for Prehospital Study

This article was originally published in the [EMSC Pulse](#).

The Charlotte, Houston, and Milwaukee Prehospital (CHaMP) node—the prehospital-focused research node within the [Pediatric Emergency Care Applied Research Network \(PECARN\)](#)—is excited to announce that the National Institute of Neurological Disorders and Stroke (NINDS) is funding \$10.5 million to the five-year “Pediatric Dose Optimization for Seizures in EMS (PediDOSE)” study. Manish Shah, MD, MS, a pediatric emergency medicine physician and emergency medical services (EMS) researcher at Baylor College of Medicine and Texas Children’s Hospital, is the principal investigator.

This 20-site research study will compare the effectiveness and safety of implementing standardized, calculation-free, age-based doses of paramedic-administered midazolam given via the intramuscular (IM) or intranasal (IN) routes to current EMS treatment of seizures. Actively seizing 6-month to 13-year-old patients will be enrolled if transported by paramedics from participating EMS agencies to emergency departments (ED) involved in this study.

### Why is PediDOSE necessary?

- Seizures are one of the most common reasons why people call 911 for children
- Seizures that do not stop on their own can cause respiratory failure, brain damage, and death
- Midazolam, the proven treatment that paramedics already use to treat seizures, is often under-dosed in the EMS setting
- Delays in administering midazolam occur when paramedics place intravenous lines,



prioritize checking blood glucose before medication administration, and when they do dose calculations

- One-third of actively seizing children arrive at EDs still seizing
- Optimizing how paramedics manage pediatric seizures by eliminating calculations and prioritizing medication delivery via rapid IN and IM routes has the potential to improve patient outcomes

Participating EMS agencies have agreed to be randomly assigned to when they will implement the new seizure protocol. Since a child experiencing an ongoing seizure is having a life-threatening emergency that must be promptly treated, it is not practical to obtain permission from parents about study enrollment before treatment is given. This means that eligible children will be enrolled under an accepted exception from informed consent process that follows federal rules for emergency research and will be approved by a research ethics review board. If age-based dosing is found to be both safe and effective, the potential impact of this study is a paradigm shift in the treatment of pediatric seizures that can be easily implemented in EMS systems across the country.

PECARN is the clinical research arm of the Emergency Medical Services for Children program. For more information, visit the [CHaMP node's webpage](#).

# Water Safety and Drowning Prevention



The American Academy of Pediatrics (AAP) has recently revised its technical report on the prevention of drowning because of new information and research.<sup>1</sup> This new information, research, and evidence-based strategies include:

- Populations at increased risk
- Racial and social disparities in drowning rates
- Water competency
- The need for capable adult supervision
- The importance of physical barriers to prevent access to water
- The Drowning Chain of Survival and the importance of bystander CPR<sup>1</sup>

Drowning is a leading cause of injury-related death in children. In 2018, almost 900 US children younger than 20 years of age died of drowning.

## Drowning Facts

- Drowning is the leading cause of unintentional injury-related death in children ages **1 – 4**.<sup>1</sup>
- For children ages **5–19**, drowning is the third leading cause of unintentional injury-related death.<sup>1</sup>
- More than **35%** of drownings treated in emergency departments require hospitalization or transfer for further care.<sup>1</sup>
- Most victims of non-fatal drowning do well, but severe long-term neurologic deficits are seen with extended submersion times, prolonged resuscitation efforts, and lack of early bystander initiated CPR.<sup>1</sup>

To access the full article, [visit the AAP webpage](#).

## Reference

1. Denny S A, Quan L, Gilchrist J, et al; AAP Council on Injury, Violence, and Poison Prevention. Prevention of Drowning. Pediatrics. 2021;148(2):e2021052227



Drowning chain of survival. Adapted from Szpilman D, Webber J, Quan L, et al. Creating a drowning chain of survival. Resuscitation. 2014;85(9):1151.

# Pediatric Emergency Care Coordinator (PECC) Workforce Development Collaborative



The Pediatric Emergency Care Coordinator (PECC) Workforce Development Collaborative (PWDC) is enrolling participants now through August 15. The mission of this national collaborative, led by the Emergency Medical Services for Children Innovation and Improvement Center (EIIC), is to develop healthcare professionals working the prehospital or emergency department systems into effective pediatric champions (also known as PECCs).

The program, which will run from September 2021 through June 2022, is open to anyone with an interest in ensuring ill and injured children receive high-quality care in their community. Pediatric-specific training or experience is not required, and participants do not need to be involved in direct patient care. The time commitment is approximately three hours each month. Continuing education and Maintenance of Certification Part 4 credits will be available at no cost for all healthcare professionals.

The collaborative will offer four customized tracks:

1. EMS practitioners;
2. Hospital/ED-based nurses and healthcare professionals;
3. Hospital/ED-based physicians and advanced practice providers; and

#### 4. EMSC State Partnership program managers.

The collaborative will occur in two parts. In the first part, participants will receive monthly education, including customized guides highlighting crucial resources and best practices; a set of questions to help identify gaps and opportunities; and access to experts in pediatric emergency care.

The second half of the PWDC will be optional. Participants will work with peers and experts to develop an improvement plan targeting one of four major areas:

- Formalizing the role of the PECC;
- Securing essential pediatric equipment, supplies and medications;
- Developing a program to train or assess pediatric competencies; or
- Developing a local policy, pathway, or clinical decision support tool.

To learn more and enroll in the PWDC, [visit the registration page](#).





# Pediatric Readiness in Texas; It's Coming



The Texas Department of State Health Services (DSHS) has proposed changes in the trauma rules to include a component of Pediatric Readiness (Peds Ready). The American College of Surgeons - Committee on Trauma (ACS-COT) will also incorporate Peds Ready in its new addition of *Resources for Optimal Care of the Injured Patient*. What does that mean for Texas Trauma Centers? Here's a little background on Peds Ready.

In 2013, 305 of 504 hospitals in Texas participated in the National Pediatric Readiness Project (NPRP) assessment. These 305 hospitals cumulatively treat 1,572,835 children annually in their emergency departments (EDs). The majority were treated in general ED's in community hospitals. The average score of Texas hospitals on this assessment was 71 on a scale of 0 – 100, demonstrating that many hospitals lacked the nationally recommended pediatric readiness core elements, including staff education, equipment and pediatric specific policies and procedures.<sup>1</sup>

Studies have shown, in the absence of pediatric specific verification programs like the Texas EMSC Voluntary Pediatric Recognition Program (VPRP), designated trauma centers are **no more likely** to achieve high pediatric readiness scores than non-designated facilities.<sup>2</sup>

Unintentional injury remains the most common cause of ED visits and death for children over one year of age in the U.S.

This is likely related to increased adherence to pediatric-specific needs (i.e. pediatric readiness) and alludes to the potential impact of pediatric readiness on healthcare outcomes.

Indeed, pediatric readiness is associated with a 4-fold decrease in mortality for critically ill children.<sup>3,4</sup>

While trauma verification requirements have led to higher standards of care, the American College of Surgeons - Committee on Trauma (ACS-COT), recognizing gaps in the care of injured children, is also now adopting standard requirements for trauma verification that integrate elements of pediatric readiness.<sup>3,4</sup>

Recognition of the unique needs of children who are ill and/or injured and served by an emergency care facility, including children with special health care needs; the commitment to better meet those needs through the adoption of pediatric readiness criteria; and an ongoing commitment to evaluate care quality and safety and maintain pediatric competencies should provide a strong foundation for pediatric emergency care.<sup>5</sup>

Texas EMS for Children experts on pediatric readiness are here to help. If the rules are adopted, they will not take effect until at least January 1, 2023. We have time to make this happen. What can you do NOW?

Visit <https://pedsready.org/> and print out the assessment. Use it to gather the data.

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Once you've answered the questions, go back to the Peds Ready website to enter your assessment data by clicking on Texas and locating your hospital on the list.

REMEMBER, only one assessment should be entered per hospital so make sure you are collaborating with your ED leadership team to enter the data one time per facility. The portal is open now and will close on August 31<sup>st</sup>. Get started and give yourself time to gather the necessary data. For help contact Sam Vance, EMS for Children State Partnership Manager at [spvance@bcm.edu](mailto:spvance@bcm.edu)



### References

1. Vance, SP, Macias, CG, Shah, MI, Snow, SK, Sosebee, J, Remick, K. *Voluntary Pediatric Facility Recognition in Texas*. Houston, TX: Baylor College of Medicine. (April 2014).
2. Remick K, Gaines B, Ely M, Richards R, Fendya D, Edgerton EA. Pediatric emergency department readiness among US trauma hospitals. *J Trauma Acute Care Surg*. 2019 May;86(5):803-809. doi: 10.1097/TA.0000000000002172. PMID: 30601455.
3. Ames SG, Davis BS, Marin JR, et al. Emergency Department Pediatric Readiness and Mortality in Critically Ill Children. *Pediatrics*. 2019;144(3):e20190568
4. Newgard CD, Lin A, Olson LM, et al. Evaluation of Emergency Department Pediatric Readiness Outcomes Among US Trauma Centers. *JAMA Pediatr*. Published online June 07, 2021. Doi:10.1001/jamapediatrics.2021.1319
5. Remick K, Gausche-Hill M, Joseph MM, et al; American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Section on Surgery, American College of Emergency Physicians Pediatric Emergency Medicine Committee, Emergency Nurses Association Pediatric Committee. Pediatric Readiness in the Emergency Department. *Pediatrics*. 2018;142(5):e20182459