National PRP

Pediatric Readiness Project

Ensuring Emergency Care for All Children

2026 OFFICIAL NATIONAL PEDIATRIC READINESS PROJECT (NPRP) ASSESSMENT

For offline review ONLY

Attention

Only ONE submission per ED will be accepted online at PedsReady.org.
Collaborate with your ED Physician Manager, ED Nurse Manager, Pediatric Emergency Care Coordinator, and/or Trauma Center Coordinator to prepare your responses.

Contact

PedsReady Support Team at PedsReady@hsc.utah.edu or visit our NPRP FAQs page.

The National Pediatric Readiness Project (NPRP) Assessment is based on the 2026 Joint Policy Statement: Pediatric Readiness in the Emergency Department and was developed in collaboration with professional societies representing emergency physicians, emergency nurses, pediatricians, and trauma surgeons. It is intended to be used to evaluate overall Pediatric Readiness in emergency departments. Users agree they will not adapt, alter, amend, abridge, modify, condense, make derivative works, or translate the assessment.

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PEDIATRIC READINESS ASSESSMENT

Before we begin, please provide us with the following information in case we need to contact you to clarify any of your responses:

1. Name: _____
2. Title/Position: _____
3. Phone number: _____
4. Email: _____
5. Name of your facility/hospital: _____
6. Physical street address of your facility/hospital: _____
7. City your facility/hospital is located in: _____
8. Zip code of your facility/hospital: _____

From this point forward, we will use the term "hospital" to indicate your hospital or facility where your emergency department is located.

9. Does your hospital have an emergency department (ED) that is open 24/7?

☐ Yes

☐ No → **You do not need to complete the assessment. Thank you for your time.**

These first few questions will help us understand the infrastructure of your hospital and emergency department.

10. Which of the following best describes your hospital?
(Choose one)

- ☐ **General Hospital** (a non-specialized facility treating adults and children for all medical and trauma conditions with or without a separate pediatric ED)
- ☐ **Children's Hospital within a General Hospital** (children's hospital located completely within a larger hospital which also sees adults)
- ☐ **Children's Hospital** (a stand-alone, specialized facility that offers services exclusively to children and adolescents)
- ☐ **Critical Access Hospital** (a non-specialized facility that is typically 35 miles from another hospital and maintains no more than 25 inpatient beds)
- ☐ **Micro-Hospital** (small-scale inpatient facility that typically maintains 8 to 15 beds for observation and short-stay use for low-acuity patients)
- ☐ **Off-Site Hospital-Based or Satellite Emergency Department** (a facility providing emergency department services, basic imaging, and laboratory services)
- ☐ **Independently-Owned Freestanding Emergency Department** (a stand-alone facility providing emergency department services, basic imaging, and laboratory services)
- ☐ **Other**

11. If you answered "other," please describe your hospital:

_____

12. Which of the following best describes your ED configuration for the care of children (children as defined by your hospital)?
(Choose one)

- ☐ **General ED** (pediatric and adult patients seen in the same area)
- ☐ **Separate Pediatric ED** (designated ED space for pediatric patients in a hospital that treats both adults and children)
- ☐ **Pediatric ED in a Children's Hospital** (hospital cares ONLY for children)
- ☐ **Other**

13. If you answered "other," please describe your hospital's ED configuration for the care of children:

_____

These next questions are about your hospital's trauma designation.

14. Is your hospital designated as a trauma center?

☐ Yes
☐ No ⟶ **Skip to Question 21**

15. Is your trauma center verified by the American College of Surgeons Committee on Trauma?

☐ Yes
☐ No

16. Is your trauma center verified by a State or Regional Level Entity (e.g., EMS authority/governing board/bureau, Department of Health)?

☐ Yes
☐ No

17. At what trauma level is your hospital currently designated for **adults**? (Choose one)

☐ Adult Level I
☐ Adult Level II
☐ Adult Level III
☐ Adult Level IV
☐ Adult Level V
☐ Other Adult Trauma Designation
☐ None of the above

18. You answered, "Other Adult Trauma Designation." Please describe your hospital's adult trauma designation: _____

19. At what trauma level is your hospital currently designated for **children**? (Choose one)

☐ Pediatric Level I

☐ Pediatric Level II

☐ Other Pediatric Level Designation

☐ None of the above

20. You answered, "Other Pediatric Trauma Designation." Please describe your hospital's pediatric trauma designation:

_____

Now, we would like to ask you some questions regarding your hospital's inpatient services.

21. Which of the following inpatient services does your hospital have on-site? (Check Yes or No for each)

- Newborn nursery — Yes ☐ No ☐
- Neonatal intensive care unit — Yes ☐ No ☐
- Pediatric intensive care unit — Yes ☐ No ☐
- Pediatric step-down unit — Yes ☐ No ☐
- Pediatric inpatient ward — Yes ☐ No ☐
- Adult intensive care unit (medical/surgical/trauma) — Yes ☐ No ☐
- Adult step-down unit — Yes ☐ No ☐
- Adult inpatient ward — Yes ☐ No ☐

Please answer the following questions according to your hospital's definition of children.

If you answered yes to adult intensive care unit (medical/surgical/trauma) for Question 21:

22. Does your hospital ever admit children to the adult intensive care unit (medical/surgical/trauma)?

☐ Yes

☐ No ⟶ **Skip to Question 26**

23. Are children under the age of 15 years with acute **medical** conditions ever admitted to the adult intensive care unit?

☐ Yes

☐ No

24. Are children under the age of 15 years with acute **surgical** conditions ever admitted to the adult intensive care unit?

☐ Yes

☐ No

25. Are children under the age of 15 years with **trauma-related** conditions ever admitted to the adult intensive care unit?

☐ Yes

☐ No

If you answered yes to adult step-down unit for Question 21:

26. Does your hospital ever admit children to the adult step-down unit?

☐ Yes

☐ No

If you answered yes to adult inpatient ward for Question 21:

27. Does your hospital ever admit children to the adult inpatient ward?

☐ Yes

☐ No

Guidelines for Administration and Coordination of the ED for the Care of Children

Answers to the following questions will help us to better understand the resources available for the care of children in your ED.

Physician Administration/Coordination

28. Does your ED have a **physician** coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., oversees quality improvement, collaborates with nursing, ensures pediatric skills of staff, develops and periodically reviews policies)? (Choose one)

    Note: The physician coordinator for pediatric emergency care may have additional administrative roles in the ED.

    ☐ Our ED has a physician coordinator that is filled by an MD or DO

    ☐ Our ED has a physician coordinator that is filled by an Advanced Practice Provider (e.g., Physician Assistant or Nurse Practitioner) with physician oversight

    ☐ Our ED does NOT HAVE a physician coordinator at this time

    ⟶ **Skip to Question 31**

29. Is dedicated, non-clinical time allotted to complete the tasks associated with the physician coordinator role?

    ☐ Yes

    ☐ No

30. Which of the following statements best describes the scope of the physician coordinator role? (Choose one)

    ☐ An individual who coordinates care only for your hospital's ED

    ☐ An individual who coordinates care for your hospital's ED as well as other hospitals' EDs

Nurse Administration/Coordination

31. Does your ED have a **nurse** coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., facilitates continuing education, facilitates quality improvement activities, ensures pediatric-specific elements are included in the orientation of staff)? (Choose one)

    ☐ Our ED has a nurse coordinator that is filled by an RN

    ☐ Our ED has a nurse coordinator that is filled by a Nurse Practitioner

    ☐ Our ED does NOT HAVE a nurse coordinator at this time

    ⟶ **Skip to Question 34**

32. Is dedicated, non-clinical time allotted to complete the tasks associated with the nurse coordinator role?

    ☐ Yes

    ☐ No

33. Which of the following statements best describes the scope of the nurse coordinator role? (Choose one)

    ☐ An individual who coordinates care only for your hospital's ED

    ☐ An individual who coordinates care for your hospital's ED as well as other hospitals' EDs

The following questions refer to personnel, quality improvement, and patient safety in the ED. If you have a separate pediatric ED, then answer based on resources for that area; if you do not have a separate pediatric ED, then answer based on the overall ED resources.

Personnel – Physicians

34. Is there a physician working on-site in the ED 24/7?

    ☐ Yes ⟶ **Skip to Question 36**

    ☐ No

35. If there is not a physician in the ED 24/7, is there a physician available on a limited basis (e.g., onsite for limited hours, on-call to respond to emergencies, and/or via telemedicine)?

☐ Yes
☐ No ⟶ **Skip to Question 41**

36. If yes, what types of training/certification are allowed for the credentialing of physicians that care for children?
(Check Yes or No for each)

- Emergency medicine board eligible/certified — Yes ☐ No ☐
- Pediatric emergency medicine board eligible/certified — Yes ☐ No ☐
- Pediatrics board eligible/certified — Yes ☐ No ☐
- Family medicine board eligible/certified — Yes ☐ No ☐
- Board eligible/certified physician with other training — Yes ☐ No ☐
- Non-Board eligible/certified physician with other training — Yes ☐ No ☐

37. Does your hospital have a policy for physician credentialing that requires pediatric-specific competencies for working in the ED (e.g., participation in continuous certification with an American Board of Medical Specialties (ABMS) board [i.e., American Board of Emergency Medicine, American Board of Pediatrics, etc.], continuing education requirements, hospital-specific competency evaluations)?

☐ Yes
☐ No ⟶ **Skip to Question 41**

If yes, then which of the following are required?

38. Continuing education requirements in pediatric emergency care?

☐ Yes
☐ No

39. Participation in continuing certification with an American Board of Medical Specialties (ABMS) board (e.g., American Board of Emergency Medicine, American Board of Pediatrics, etc.)?

☐ Yes

☐ No

40. Hospital-specific competency evaluations (e.g., sedation and analgesia)?

☐ Yes

☐ No

Personnel – Nurses

41. Does your hospital have a policy for nurses that requires ongoing pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of specialty certifications, hospital-specific competency evaluations)?

☐ Yes

☐ No ⟶ **Skip to Question 45**

If yes, which of the following are required?

42. Maintain pediatric continuing education requirements in pediatric emergency nursing clinical care (e.g., ENPC, PALS, NRP, pediatric emergency care continuing education)?

☐ Yes

☐ No

43. Maintenance of pediatric specialty certification for nurses (e.g., CPN, CPEN, CEN, PED-BC, CCRN-Pediatric)?

☐ Yes

☐ No

44. Hospital-specific pediatric competency evaluations (e.g., triage, pain assessment, procedural sedation, resuscitation, medication administration)?

☐ Yes

☐ No

Personnel – Nurse Practitioners, Physician Assistants

45. Does your hospital employ nurse practitioners and/or physician assistants to provide care for children in the ED?

☐ Yes
☐ No ⟶ **Skip to Question 50**

46. Does your hospital staff policy for nurse practitioners' and/or physician assistants' credentialing require pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of national specialty certification, hospital-specific competency evaluations)?

☐ Yes
☐ No ⟶ **Skip to Question 50**

If yes, which of the following are required?

47. Maintain continuing education hours in pediatric emergency care?

☐ Yes
☐ No

48. Maintenance of pediatric or emergency care specialty certification?

☐ Yes
☐ No

49. Hospital-specific pediatric competency evaluations (e.g., pain assessment and management, procedural sedation, resuscitation)?

☐ Yes
☐ No

Guidelines for QI/PI in the ED

50. Does your ED have a Quality Improvement/Performance Improvement Plan that includes **pediatric patients**? (e.g., review of pediatric deaths, other chart review, collection of pediatric emergency care data, development of a plan to improve pediatric emergency care)?

    Note: This may be a separate Quality Improvement/Performance Improvement Plan for pediatric patients or integrated into the overall ED Quality Improvement/Performance Improvement Plan.

    ☐ Yes
    ☐ No ⟶ **Skip to Question 56**

51. Does your Quality Improvement/Performance Improvement Plan include **a pediatric patient care review process** (chart review)?

    ☐ Yes
    ☐ No

52. Does your Quality Improvement/Performance Improvement Plan include **the identification of quality indicators for children** (e.g., timely administration of steroids in acute asthma exacerbation, percent of pediatric patients with pain assessed, or time to antibiotics in the pediatric sepsis patient)?

    ☐ Yes
    ☐ No

53. Does your Quality Improvement/Performance Improvement Plan include **collection and analysis of pediatric emergency care data** (e.g., admissions, transfers, death in the ED, return visits, or quality indicators)?

    ☐ Yes
    ☐ No

54. Does your Quality Improvement/Performance Improvement Plan include **the development of a plan for improvement in pediatric emergency care** (*e.g., process to ensure changes are implemented to improve pediatric emergency care, such as staff education or optimization of the EMR)?*

    ☐ Yes
    ☐ No

55. Does your Quality Improvement/Performance Improvement Plan include **re-evaluation of pediatric performance using outcomes-based measures** (e.g., how often was pain or fever rapidly assessed and adequately treated)?

- ☐ Yes
- ☐ No

Guidelines for Improving Pediatric Patient Safety in the ED

56. Are all children seen in the ED weighed in kilograms (without conversion from pounds)?

- ☐ Yes
- ☐ No

57. Are all children's weights recorded in the ED medical record in kilograms **only?**

- ☐ Yes
- ☐ No

58. Are temperature, heart rate, and respiratory rate recorded on all children?

- ☐ Yes
- ☐ No

59. Is blood pressure monitoring obtained on all children?

- ☐ Yes
- ☐ No

60. Is pulse oximetry monitoring obtained on all children?

- ☐ Yes
- ☐ No

61. Is end tidal CO_2 monitoring available for children of all ages based on severity of illness and/or need for sedation (e.g., advanced airway placement, monitoring for respiratory failure or requires sedation)?

- ☐ Yes
- ☐ No

62. Is there a process in place for notification (manual or automated) of physicians when abnormal vital signs are found?

- ☐ Yes
- ☐ No

63. Is a process in place for the use of pre-calculated drug dosing in all children?

- ☐ Yes
- ☐ No

64. Is a process in place that allows for 24/7 access to interpreter services in the ED?

- ☐ Yes
- ☐ No

65. Is level of consciousness (e.g., AVPU or GCS) assessed in all children?

- ☐ Yes
- ☐ No

66. Is level of pain assessed in all children?

- ☐ Yes
- ☐ No

Now, we would like to know about the policies your ED has to address the needs of children. In the following questions, the term 'policy' could also mean a procedure, protocol, plan, clinical guideline, or decision support tool. These pediatric policies may be integrated into the overall ED policy manual or listed separately. They should also be available to all staff in the ED, either in written or electronic format.

Guidelines for Policies, Procedures, and Protocols for the ED

67. Does your ED have a triage policy that specifically addresses ill and injured children?

- ☐ Yes
- ☐ No

68. Does your ED use a triage tool that has been validated for pediatric patients (e.g., Emergency Severity Index [ESI] triage, Paediatric Canadian Triage and Acuity Scale [Paediatric CTAS])?

☐ Yes

☐ No

69. Does your ED have policies, procedures, or plans that include pediatric patient assessment and reassessment (e.g., vital sign assessment frequency for critical illness or injury and/or vital signs assessed at triage and time of discharge, transfer, or admission)?

☐ Yes

☐ No

70. Does your ED have policies, procedures, or plans that include immunization assessment and management of children (e.g., administering clinically indicated vaccines such as tetanus or rabies and/or referral to update missing childhood vaccines)?

☐ Yes

☐ No

71. Does your ED have policies, procedures, or plans that include child maltreatment?

☐ Yes

☐ No

72. Does your ED have policies, procedures, or plans that include death of a child in the ED?

☐ Yes

☐ No

73. Does your ED have policies, procedures, or plans that include reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight?

☐ Yes

☐ No

74. Does your ED have policies, procedures, or plans that include behavioral health issues for children of all ages?

☐ Yes

☐ No

75. Does your ED have policies, procedures, or plans that include universal suicide screening, assessment, and management (e.g., Ask Suicide-Screening Questions [ASQ], Columbia-Suicide Severity Rating Scale [C-SSRS])?

☐ Yes

☐ No

76. Does your ED have policies, procedures, or plans for the management of acute agitation that include pediatric-specific components?

☐ Yes

☐ No

77. Does your ED have a policy, procedure, or plan to address social issues (e.g., home safety, food insecurity) for children?

☐ Yes

☐ No

78. Does your ED have clinical pediatric protocols or clinical care algorithms for common conditions (e.g., asthma, seizure, anaphylaxis)?

☐ Yes

☐ No

79. Does your ED have telehealth or telemedicine capabilities for children of all ages for the following conditions?
(Check Yes or No for each)

- Mental and behavioral health Yes ☐ No ☐
- Medical illness Yes ☐ No ☐
- Trauma Yes ☐ No ☐

Policies for Family-Centered Care

80. Does your ED have a policy for promoting family-centered care (e.g., family presence, family involvement in clinical decision-making)?

☐ Yes
☐ No → **Skip to Question 86**

81. Does your ED's family-centered care policy include involving families and caregivers in patient care decision-making?

☐ Yes
☐ No

82. Does your ED's family-centered care policy include involving families and caregivers in medication safety processes?

☐ Yes
☐ No

83. Does your ED's family-centered care policy encourage family and guardian presence during all aspects of emergency care, including resuscitation?

☐ Yes
☐ No

84. Does your ED's family-centered care policy include education of the patient, family, and caregivers on treatment plan and disposition?

☐ Yes
☐ No

85. Does your ED's family-centered care policy include bereavement counseling?

☐ Yes
☐ No

Policies for Disaster Planning

86. Does your hospital disaster plan address issues specific to the care of children (e.g., pediatric surge capacity, patient tracking and reunification, pediatric decontamination)?

☐ Yes
☐ No → **Skip to Question 95**

87. Does your hospital disaster plan include availability of medications, vaccines (e.g., tetanus and influenza), equipment, supplies, and appropriately trained providers for children in disasters?

☐ Yes
☐ No

88. Does your hospital disaster plan address decontamination, isolation, and quarantine of families and children of all ages?

☐ Yes
☐ No

89. Does your hospital disaster plan include minimization of parent-child separation and methods for reuniting separated children with their families?

☐ Yes
☐ No

90. Does your hospital disaster plan specify that all disaster drills should include pediatric patients?

☐ Yes
☐ No

91. Does your hospital disaster plan include pediatric surge capacity for both injured and non-injured children?

☐ Yes
☐ No

92. Does your hospital disaster plan include access to behavioral health resources for children in the event of a disaster?

☐ Yes

☐ No

93. Does your hospital disaster plan include access to social services for children in the event of a disaster?

☐ Yes

☐ No

94. Does your hospital disaster plan include the care of children with special health care needs, including children with developmental disabilities?

☐ Yes

☐ No

Next, we would like to know about your hospital's interfacility transfer guidelines.

95. Does your hospital have written interfacility guidelines that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages, including children in need of care not available at your hospital?

Note: Compliance with EMTALA does not constitute having interfacility transfer guidelines. The guidelines may be a separate document or part of an interfacility transfer agreement document.

☐ Yes

☐ No ⟶ **Skip to Question 97**

96. You answered that your hospital has written interfacility transfer guidelines. Please indicate whether the guidelines include the information specifically for the transfer of patients for each item below.
(Check Yes or No for each)

- Recommended standardized criteria for transfer of children of any age to another facility for emergency or inpatient care based on medical illness, trauma, or mental health condition — Yes ☐ No ☐

- Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication) Yes ☐ No ☐
- Process for selecting the appropriate care facility Yes ☐ No ☐
- Process for selecting the appropriately staffed transport service to match the patient's acuity level (e.g., level of care required by patient or equipment needed in transport) Yes ☐ No ☐

97. If you have any comments about policies, procedures, plans, family-centered care, disaster plans, and/or interfacility guidelines, please enter them below:

_____

_____

We would like to know about the equipment and supplies for children in your ED and how they are stored and resupplied.

Guidelines for Equipment, Supplies, and Medications for the Care of Pediatric Patients in the ED

98. Are all ED staff trained on the location of all pediatric equipment and medications?

☐ Yes

☐ No

99. Is there a **daily** method used to verify the proper location and stocking of pediatric equipment and supplies?

☐ Yes

☐ No

100. Is there a portable pediatric resuscitation cart or bag with equipment organized by age or weight that is immediately available in the ED?

- ☐ Yes
- ☐ No

101. Is there a standardized chart or tool to estimate weight if resuscitation prevents the use of a weight scale (e.g., length-based tape)?

- ☐ Yes
- ☐ No

Monitoring Equipment

Are each of the following monitoring equipment items available for immediate use in the ED?

102. Neonatal blood pressure cuff?

- ☐ Yes
- ☐ No

103. Infant blood pressure cuff?

- ☐ Yes
- ☐ No

104. Child blood pressure cuff?

- ☐ Yes
- ☐ No

105. Defibrillator with pediatric and adult capabilities including pads and/or paddles?

- ☐ Yes
- ☐ No

106. Pulse oximeter with pediatric and adult probes?

- ☐ Yes
- ☐ No

107. Continuous end-tidal CO_2 monitoring device?

- ☐ Yes
- ☐ No

Resuscitation Equipment

Are each of the following resuscitation equipment items available for immediate use in the ED?

108. 22 gauge catheter over the needle?

- ☐ Yes
- ☐ No

109. 24 gauge catheter over the needle?

- ☐ Yes
- ☐ No

110. Pediatric intraosseous needles?

- ☐ Yes
- ☐ No

111. IV administration sets with calibrated chambers (e.g., buretrol) or an infusion pump with the ability to regulate rate and volume of infusate?

- ☐ Yes
- ☐ No

Airway Equipment

Are each of the following respiratory/airway management equipment items available for immediate use in the ED?

112. Endotracheal tubes: uncuffed 2.5 mm?

- ☐ Yes
- ☐ No

113. Endotracheal tubes: uncuffed 3.0 mm?

- ☐ Yes
- ☐ No

114. Endotracheal tubes: cuffed and uncuffed 3.5 mm?

- ☐ Yes
- ☐ No

115. Endotracheal tubes: cuffed 4.0 mm?

- ☐ Yes
- ☐ No

116. Endotracheal tubes: cuffed 4.5 mm?

- ☐ Yes
- ☐ No

117. Endotracheal tubes: cuffed 5.0 mm?

- ☐ Yes
- ☐ No

118. Endotracheal tubes: cuffed 5.5 mm?

- ☐ Yes
- ☐ No

119. Endotracheal tubes: cuffed 6.0 mm?

- ☐ Yes
- ☐ No

120. Stylets for pediatric/infant-sized endotracheal tubes?

- ☐ Yes
- ☐ No

121. Pediatric-sized Magill forceps?

- ☐ Yes
- ☐ No

Airway Equipment

Are each of the following respiratory/airway management equipment items available for immediate use in the ED?

122. Laryngoscope blades: straight, size 0?

- ☐ Yes
- ☐ No

123. Laryngoscope blades: straight, size 1?

- ☐ Yes
- ☐ No

124. Laryngoscope blades: straight, size 2?

- ☐ Yes
- ☐ No

125. Laryngoscope blades: curved, size 2?

- ☐ Yes
- ☐ No

126. Video laryngoscopy for children?

- ☐ Yes
- ☐ No

127. Supraglottic airways: size 1?

- ☐ Yes
- ☐ No

128. Supraglottic airways: size 1.5?

- ☐ Yes
- ☐ No

129. Supraglottic airways: size 2?

- ☐ Yes
- ☐ No

130. Supraglottic airways: size 2.5?

- ☐ Yes
- ☐ No

Airway Equipment

Are each of the following respiratory/airway management equipment items available for immediate use in the ED?

131. Nasopharyngeal airways: infant-sized?

- ☐ Yes
- ☐ No

132. Nasopharyngeal airways: child-sized?

- ☐ Yes
- ☐ No

133. Oropharyngeal airways: size 0 (50mm)?

- ☐ Yes
- ☐ No

134. Oropharyngeal airways: size 1 (60mm)?

- ☐ Yes
- ☐ No

135. Oropharyngeal airways: size 2 (70mm)?

- ☐ Yes
- ☐ No

136. Oropharyngeal airways: size 3 (80mm)?

- ☐ Yes
- ☐ No

Airway Equipment

Are each of the following respiratory/airway management equipment items available for immediate use in the ED?

137. Bag-mask device, self-inflating (infant/child)?

- ☐ Yes
- ☐ No

138. Masks (pre-term size) to fit bag-mask device?

- ☐ Yes
- ☐ No

139. Masks (neonatal size) to fit bag-mask device?

- ☐ Yes
- ☐ No

140. Masks (infant size) to fit bag-mask device?

- ☐ Yes
- ☐ No

141. Masks (child size) to fit bag-mask device?

- ☐ Yes
- ☐ No

142. Simple oxygen face masks: infant?

- ☐ Yes
- ☐ No

143. Simple oxygen face masks: child?

- ☐ Yes
- ☐ No

144. Non-rebreather masks: infant-sized?

- ☐ Yes
- ☐ No

145. Non-rebreather masks: child-sized?

- ☐ Yes
- ☐ No

146. Nasal cannulas: infant?

- ☐ Yes
- ☐ No

147. Nasal cannulas: child?

- ☐ Yes
- ☐ No

148. Suction catheters: at least one in range 6-8F?

- ☐ Yes
- ☐ No

149. Suction catheters: at least one in range 10-12F?

- ☐ Yes
- ☐ No

Please provide actual data or estimations of ED patient volume for the following:

150. Estimate the **total** number of patients (adult and pediatric) seen in your ED in the last year (numeric data only, e.g., 5000, not "five thousand").

     Number of Total Patients: _____

151. Estimate the number of **pediatric** patients (as defined by your hospital) seen in your ED in the last year.
     (Choose one)

     ☐ Low: <1,800 pediatric patients (average of 5 or fewer a day)

     ☐ Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)

     ☐ Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)

     ☐ High: 10,000 – 24,999 pediatric patients (average of 27-68 a day)

     ☐ Very High: >=25,000 pediatric patients (average of 69 or more a day)

152. If you know the actual number or a more precise estimate of pediatric patients seen in your ED in the last year, please record the number below (numeric data only, e.g., 500, not "five hundred").

     Number of Pediatric Patients: _____ (not required)

The following questions are not required; however, they will help us enhance pediatric readiness in the ED and support the efforts of the EMSC Program.

153. If available, which method would you prefer to access clinical care guidelines or algorithms for pediatric emergency care (e.g., bronchiolitis, asthma, sepsis, abdominal pain, trauma)?
     (Choose one)

     ☐ Integrate standardized order sets into the electronic medical record platform for certain clinical conditions

     ☐ A link to clinical care guidelines within the electronic medical record platform which can be reviewed in real-time

     ☐ Availability of a free mobile application with guidelines for use by individual providers

     ☐ Availability of a central repository of guidelines on the internet to download

154. What gaps or barriers, if any, currently exist in your ED electronic medical system that could be optimized to improve patient safety (e.g., automated medication dosing calculation to reduce error, vital signs or symptom-based alerts, displaying weights in kgs only)?
(Check all that apply)

- ☐ The EMR displays both kgs and lbs (i.e., does not record weight in kg only)
- ☐ Lack of automated pediatric dosing calculations for common medications
- ☐ Lack of specific pediatric vital sign alerts (e.g., sepsis criteria)
- ☐ Lack of standardized order sets for the care of pediatric patients
- ☐ Other

155. If you answered "other," please describe other gaps or barriers:

_____

156. Access to which, if any, of the following areas of pediatric expertise via telemedicine are needed to expand services in your ED?
(Check all that apply)

- ☐ Pediatric intensivist for pediatric critical illness
- ☐ Pediatric trauma surgeon for pediatric trauma
- ☐ Pediatric surgeon for acute surgical conditions
- ☐ Pediatric orthopedic surgeon for acute orthopedic conditions
- ☐ Neonatologist for neonatal emergencies
- ☐ Obstetrician/gynecologist for obstetrical emergencies
- ☐ Child psychiatrist or other licensed mental health professional
- ☐ Other

157. If you answered "other," please describe the access needed to other telemedicine services:

_____

You previously indicated there is a PHYSICIAN who coordinates pediatric emergency care for your ED.

While you are NOT REQUIRED to provide their name and email, we would appreciate that information so your state EMSC Program Manager can reach out to them with resources.

Please note that this contact information will be kept SECURE. This personal contact information will NOT be sold. Personal contact information will be used solely for state EMSC program initiatives to improve the delivery and quality of pediatric emergency care ONLY.

158. First and last name of the **physician** providing pediatric emergency care coordination for your ED:

    _____

159. Job title:

    _____

160. Email:

    _____

You previously indicated there is a NURSE who coordinates pediatric emergency care for your ED.

While you are NOT REQUIRED to provide their name and email, we would appreciate that information so your state EMSC Program Manager can reach out to them with resources.

Please note that this contact information will be kept SECURE. This personal contact information will NOT be sold. Personal contact information will be used solely for state EMSC program initiatives to improve the delivery and quality of pediatric emergency care ONLY.

161. First and last name of the **nurse** providing pediatric emergency care coordination for your ED:

    _____

162. Job title:

_____

163. Email:

_____

164. The National Pediatric Readiness Project (NPRP) is led by the Health Resources and Services Administration's Emergency Medical Services for Children (EMSC) Program in collaboration with national professional societies. The EMSC Program provides free resources and opportunities that can help you improve Pediatric Readiness at your emergency department.

    Please indicate if you would like to receive information about these resources via email, by selecting Yes or No below:

    Note: These emails are separate from other communications you may receive from your state EMSC Program.

    ☐ **Yes**, I give permission to share my email and emergency department name with the EMSC Program's Innovation and Improvement Center (contact@emscimprovement.center) so I can learn about resources and opportunities at the national level (4-6 emails annually).

    ☐ **No**, I do not give permission to share my email and emergency department name with the EMSC Program's Innovation and Improvement Center.

165. If you have any comments regarding pediatric readiness, please enter them below:

_____

_____

_____

Thank you for your help with this important assessment!

Marianne Gausche-Hill, MD
FACEP, FAAP, FAEMS

Katherine Remick, MD
FAAP, FACEP, FAEMS

Hilary Hewes, MD
FAAP