NOVEMBER 2026 ISSUE

OHIO
EMSC State Partnership Program

OHIO EMSC NEWSLETTER

Welcome

Welcome to the November 2026 issue of the Ohio EMSC Newsletter! As we continue advancing Pediatric Readiness across Ohio, this month's issue brings you new resources, timely program updates, and a range of educational opportunities to support your ongoing commitment to delivering high-quality emergency care for children.

2027 Ohio EMSC Conference
Early Bird Registration Ends December 1!

Don't miss your opportunity to save on the **2027 Ohio EMSC Conference** before Early Bird pricing ends on **December 1, 2026**.

Earn 7+ hours of continuing education credit while learning from pediatric emergency care experts through practical, engaging sessions including:

- Pediatric Trauma & Blood Transfusion
- Neurologic Emergencies
- Family-Centered Care & Emergency Medical Plans
- Disaster Preparedness Through Virtual Reality
- Trauma Transport Considerations
- NRP-Lite
- Pediatric Emergency Care Coordinator Leadership
- Environmental Emergencies
- Congenital Heart Disease and Cardiac Emergencies
- Behavioral Health Crisis Response

FEATURED SESSION SPOTLIGHT: High-Performance CPR
A brand-new offering for 2027, this exclusive 4-hour workshop from the Maryland Resuscitation Academy provides participants with advanced training in high-performance resuscitation, team leadership, communication, and systems improvement. Space is limited and expected to fill quickly. Reserve your seat during registration.

Register today, save with Early Bird pricing, and join pediatric emergency care professionals from across Ohio for an unforgettable day of learning and collaboration.

Click here to register and learn more.

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Pediatric Readiness Recognition Webinar

Interested in advancing Pediatric Readiness at your emergency department? Join the Ohio EMSC team for an informative webinar highlighting the Pediatric Readiness Facility Recognition Program, successful participation strategies, and key insights from Ohio's 2026 National Pediatric Readiness Project assessment results. Learn how your facility can join the growing network of Ohio emergency departments recognized for their commitment to Pediatric-Ready care.

Click here to register and learn more.



EMS Providers Needed for Pediatric Triage Research

Help shape the future of pediatric emergency care. Researchers from Children's National Hospital and Nationwide Children's Hospital are recruiting EMS professionals to evaluate a new pediatric triage tool through virtual scenarios and feedback sessions. Participation is conducted via Zoom and compensation is available for each completed study activity. This is a unique opportunity to contribute to pediatric emergency care research while helping improve tools used to assess and prioritize care for children in the prehospital setting.

Click here or scan the QR code to register and learn more.



Looking for EMS Providers to Test a New Pediatric Triage Tool

What is the purpose of this research study?
Researchers at Children's National Hospital and Nationwide Children's are recruiting EMS professionals to test a new pediatric triage tool.

Who can take part in this research study?
- EMS professionals

What will happen during this research study?
- We are conducting a study where EMS professionals will provide feedback on the POPS and use the POPS in virtual scenarios.
- We are NOT collecting any information from your medical or employment records.
- The study will take place on ZOOM.

Will we be paid for this research study?
Yes. Participants will be compensated for their time. Participation is voluntary. You will be compensated up to $20 for each study activity (maximum $60).

Scan the QR code to get started.

For questions about this study, please contact Principal Investigator Caleb Ward, MB BChir, MPH, at caward@childrensnational.org

Principal Investigator: Caleb Ward, MB BChir, MPH, Children's National Hospital

NATIONWIDE CHILDREN'S

Children's National

Every Child, Every Time: Prehospital Pain Management in Children

By Lorin R. Browne, DO

Background
Across the board, emergency clinicians both in and out of the hospital underappreciate, underassess, and undermanage pain in children. As few as 15% of children with obvious painful injuries receive prehospital analgesia, and 35% of children with documented moderate-to-severe pain severity receive analgesia in the emergency department.

Children feel and experience pain similar to adults. Pain pathways are in place by 24 weeks' gestation, and research has shown that even newborns activate the same neuronal pathways as adults in response to pain. Unmanaged pain in children raises physiologic stress, makes children more afraid of future care, and may raise the risk of chronic pain.

Why Don't We Treat?
Current literature describes more than 70 unique and distinct barriers to consistent and effective prehospital pain management in children. These include limited pediatric experience, difficulty assessing pain severity, fear of medication adverse effects (especially for opioid analgesia), and challenging IV access. Described barriers are so diverse that protocol changes alone have been shown to be inadequate in addressing this issue. Further improvements to prehospital clinician training that emphasize competent pain severity assessment and provide the prehospital clinician with multiple pain management strategies are needed to truly improve timeliness, consistency, and effectiveness of prehospital pain management.

Assess: Pick the Right Tool
Pain is a subjective experience. This means that one patient's sensation of and tolerance for pain is not the same as another patient. This can make objective measurement of one's pain severity difficult. Combined with the limited communication capabilities of children when compared to adults, it is not surprising that emergency clinicians often fail to confidently, accurately, and reliably assess pediatric pain severity. To help with this, several validated tools exist that standardize pain severity assessments. It likely matters little which specific tool is used, but it is essential that clinicians use a tool that is appropriate for the developmental capabilities of the child.

- Observational Pain Severity Scales are intended for pre-verbal or non-verbal patients who are incapable of self-rating their pain severity. Examples include the Neonatal Infant Pain Scale (NIPS) or Crying, Requiring oxygen, Increased vital signs, Expression, and Sleeplessness (CRIES) pain scale. These are appropriate for infants up to 2 months of age. The Face, Legs, Activity, Cry and Consolability (FLACC) Scale may be used for patients between 2 months and 4 years of age and for children of any age with sufficient developmental delay.
- Self-reported Pain Severity Scales are validated for older children who can self-assess and report the severity of their pain. Examples of these scales include the Revised Faces Pain Scale, Wong-Baker FACES Pain Rating Scale, and the Color Analogue Scale (children 4-8 years or older). The most common pain severity assessment tool used in adults, the Numerical Rating Scale, can be used reliably in children 8 years or older.

A Multimodal Game Plan
Pain management decisions are rarely one-size-fits-all. After pain is adequately assessed, the prehospital clinician must factor in competing medical tasks, transport time, patient and family preferences, and available resources in determining how best to manage an individual child's pain. A general framework is presented here:

1. Comfort measures for everyone: Swaddling and sucrose solution for infants, placing in a position of comfort with a caregiver nearby, splinting, ice

application, and distraction (bubbles, light-up toys, deep breathing) for older kids are important interventions that are often overlooked but can be effective at reducing both pain severity and the need for analgesic medication.

2. Oral analgesia for mild pain severity: When oral medications can be safely given, it is reasonable to offer a dose of oral ibuprofen (10mg/kg). While oral acetaminophen is acceptable (15mg/kg), non-steroidal anti-inflammatory medications such as ibuprofen are the only drug class that have been shown to reduce the need for rescue medication.

It is important to avoid other oral analgesia medications such as codeine and tramadol in children under 12. These medications are often ineffective at reducing a child's pain, and some children rapidly metabolize these medications to active metabolites that can cause life-threatening respiratory depression.

3. Needle-free for moderate-to-severe pain: There are established pain management strategies that are effectively delivered without IV access. Intranasal fentanyl (1.5–2 mcg/kg with maximum dose of 100 mcg) has an onset of action of 7 minutes, lasts about 2 hours, and reduces pain severity as well as IV morphine. Intranasal ketamine (1–1.5 mg/kg) has been shown to be noninferior to intranasal fentanyl though an increase in mild side effects (e.g., dizziness, bad taste) has been observed. Inhaled nitrous oxide (typically a 50/50 nitrogen/oxygen mix), when available and authorized by local protocol, is effective within minutes and has been shown to be feasible in the prehospital setting but requires dedicated equipment and training. Nitrous oxide is contraindicated in patients with pneumothoraces, active asthma symptoms, or other gas trapping conditions.

4. Reassess pain severity in everyone: Regardless of pain management intervention provided, it is essential to reassess pain severity every 5-10 minutes and to adjust interventions as pain severity changes.

Take Home Message

Safe, fast, and needle-free options are available for managing prehospital pain in children. EMS educators, medical directors, and PECCs should ensure protocols include the use of age-appropriate pain scales and intranasal management options. Pain management performance is further improved by tracking pain-score documentation and by adding a pediatric pain management scenario simulation training.



About the Author:

Lorin R. Browne, DO, is a Professor of Pediatrics and Emergency Medicine at the Medical College of Wisconsin, Associate Medical Director for Pediatrics with the Milwaukee County Office of Emergency Management EMS, and Co-chairs the Wisconsin State EMS-C Advisory Committee.

November is National Epilepsy Awareness Month

Did you know? Status epilepticus is one of the most time-critical neurologic emergencies in children. Rapid recognition and treatment are essential to reducing the risk of serious complications and improving outcomes.

To support emergency care teams, the Status Epilepticus Pediatric Education and Advocacy Kit (PEAK) provides evidence-based tools, educational resources, clinical guidance, and implementation strategies to help clinicians recognize and manage pediatric status epilepticus.

Whether you work in the prehospital or hospital setting, PEAKs offer practical resources to strengthen preparedness for this high-risk pediatric emergency, including others like agitation, asthma, blunt head trauma, child abuse, multisystem trauma, pain, procedural sedation, sepsis, suicide, and more.

Click to Learn More:
Status Epilepticus Pediatric Education and Advocacy Kit (PEAK)

Building Pediatric Readiness Across a Health System

What happens when Pediatric Readiness becomes a priority across an entire health system?

A recently published study, "Building Pediatric Readiness Across a Health System: Evaluation of a Pediatric Emergency Department Affiliation Program," found that a systemwide pediatric emergency department affiliation program was associated with substantial improvements in Pediatric Readiness across multiple emergency care settings.

The findings reinforce an important lesson: meaningful improvements in Pediatric Readiness can occur when hospitals, emergency departments, pediatric teams, and system leaders work together to standardize resources, strengthen pediatric capabilities, and support ongoing quality improvement.

For organizations looking to advance Pediatric Readiness, this publication highlights the potential impact of coordinated, health system-wide efforts.

⭐ **Key Takeaway**
Pediatric Readiness is not just an emergency care initiative. It is a system-wide commitment that can improve preparedness, processes, and care for children across the healthcare continuum.

🔍 **Read the Publication**
Building Pediatric Readiness Across a Health System: Evaluation of a Pediatric Emergency Department Affiliation Program

Upcoming Events & Training

Stay connected with pediatric emergency care opportunities statewide! Ohio EMSC offers a live calendar of hands-on and virtual trainings, symposiums, and conferences for EMS and ED professionals. Check our website for the latest updates.

Have an event you'd like to share with a broader audience? Email us or visit the Ohio EMSC website to submit your event to be listed on our Events & Training Calendar.

- **November 12, 2026**: Butler County EMS Conference [In-Person; West Chester Township, OH]
- **November 17-18, 2026**: Ohio EMS Chiefs Association Leadership Conference [In-Person; Newark, OH]
- **December 3-4, 2026:** Ohio-Kentucky Emergency Nurses Association CPEN and Education Conference [In-Person; Erlanger, KY]
- **March 5, 2027: 4th Annual Ohio EMSC Conference [In-Person; Columbus, OH]**
- **April 9-11, 2027**: Ohio Association of EMS Spring Conference
- **June 9, 2027**: Ohio ACEP Annual Meeting [In-Person; Columbus, OH]
- **June 22-23, 2027**: 112th OHA Annual Membership Meeting [In-Person; Columbus, OH]
- **August 12-13, 2027**: Ohio Rural Health Conference [In-Person; Fairborn, OH]

Thank you for reading the November 2026 issue of the Ohio EMSC Newsletter. Stay tuned for future issues featuring new insights, resources, and upcoming events for EMS and ED professionals. Have questions or suggestions? Reach out using the contact information below—we'd love to hear from you!

Resources & Information

Ohio Resources:

Ohio EMSC Website
Ohio EMSC General Email: OhioEMSC@nationwidechildrens.org
Ohio EMSC State Partnership Program Manager Email: Kyle Smith
Ohio ED PECC Contact Portal
Ohio EMS PECC Contact Portal

National Resources:

EMSC Innovation and Improvement Center
National Pediatric Readiness Project (Hospital)
Prehospital Pediatric Readiness Project (EMS)
Pediatric Prevention Network
Region V for Kids (ASPR)
Pediatric Mental Health Care Access Program
EMSC Pulse Newsletter
EMSC ED PECC Learning Modules

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Ohio EMSC & PECC Website QR

Pediatric Clinical Save Awards QR

Read more on our website: Ohio EMSC & PECC Website