

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

Name: _____

Title/Position: _____

Phone number: _____

Email: _____

These first few questions will tell us about the infrastructure of your hospital and emergency department.

1. What is the name of your hospital? _____

2. In what city is your hospital located? _____

3. Zip code of your hospital: _____

4. 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.)

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

- a. Pediatric ED in a Children’s hospital (hospital cares ONLY for children)
- b. Separate pediatric ED in a general hospital (adult and children within one hospital)
- c. General ED (pediatric and adult patients seen in same area)
- d. Stand-by ED (physician on call)
- e. Free-standing ED (ED unattached to a hospital with inpatient services)
- f. Other

You marked “Other” to the previous question. Please describe your ED configuration 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

6. Does your hospital have a physician coordinator 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)?

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

- Yes
 No → **Go to 8**

7. If yes, is there a job description or written list of responsibilities for this physician coordinator?

- Yes
 No

Nurse Administration/Coordination

8. Does your hospital have a nurse coordinator 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 orientation of staff)?

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

- Yes
 No → **Go to 10**

9. If yes, is there a job description or written list of responsibilities for this nurse coordinator?

- Yes
 No

The following assessment questions refer to personnel, quality improvement, and patient safety in the ED.

10. Does your hospital require specific pediatric competency evaluations of physicians staffing the ED (e.g., sedation and analgesia)?

- Yes
 No

11. Does your hospital require specific pediatric competency evaluations of nurses staffing the ED (e.g., triage, pain assessment)?

- Yes
 No

Quality Improvement

12. Does your ED have a pediatric patient care-review process? (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 → **Go to 14**

13. If yes, is each of the following components included in the Quality Improvement/Performance Improvement Plan?
 (Check Yes or No for each)

- | | |
|--|--|
| a. Identification of quality indicators for children (e.g., performing a lumbar puncture on febrile neonates) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Collection and analysis of pediatric emergency care data (e.g., admissions, transfers, death in the ED, or return visits) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Development of a plan for improvement in pediatric emergency care (e.g., process to ensure that variances in care are addressed through education or training and reassessed for evidence of improvement) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Re-evaluation of performance using outcomes-based measures (e.g., how often was pain rapidly controlled or fever properly treated) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Pediatric Patient Safety in the ED

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

**Note: This includes critical situations when a child might bypass triage and have his/her weight estimated in kilograms.*

- Yes
 No → **Go to 16**

15. Is the weight recorded in the ED medical record in kilograms only?

- Yes → **Go to 17**
 No

16. If no, how are children in the ED weighed, and how is the weight recorded in the medical record?

(Choose one)

- a. Weighed in pounds and converted to kilograms for recording in the medical record
- b. Weighed in either pounds or kilograms with an option to record in either pounds or kilograms in the medical record

17. Are temperature, heart rate, and respiratory rate recorded on all children? Yes No

18. Is blood pressure monitoring available for children of all ages based on severity of illness? Yes No

19. Is pulse oximetry monitoring available for children of all ages based on severity of illness? Yes No

20. Is a written procedure in place for notification of physicians when abnormal vital signs are found in all children? Yes No

21. Is a process in place for the use of pre-calculated drug dosing in all children? Yes No

22. Is a process in place that allows for 24/7 access to interpreter services in the ED? Yes No

Next we wish to know about policies and/or procedures that your ED has to address the needs of children. These pediatric policies may be integrated into the overall ED policy manual or may be listed separately. They should also be written and available to staff in the ED.

Policies and Procedures

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

Yes
 No → **Go to 25**

24. If yes, do you use a validated pediatric triage tool? Yes No Unsure

25. Does your ED have each of the following listed policies and procedures?
(Check Yes or No for each)

**Note: These may be part of overall hospital policies, but must clearly contain reference to children or include pediatric-specific indicators.*

- | | |
|---|--|
| a. Pediatric patient assessment and reassessment | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Immunization assessment and management of the under-immunized child | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Child maltreatment | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Death of the child in the ED | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

Yes
 No

27. Does your hospital disaster plan address issues specific to the care of children?

Yes
 No

28. Does your hospital have a policy on how to care for children with social and mental health issues?

- Yes
 No

29. Does your hospital have a written guideline for the transfer of children with social and mental health issues out of your facility to an appropriate facility?

- Yes
 No

Next we would like to know about your hospital's inter-facility transfer guidelines.

30. Does your hospital or medical facility have written inter-facility **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 inter-facility transfer guidelines. The guidelines may be a separate document or part of an inter-facility transfer agreement document.

- Yes → **Go to 31**
 No → **Go to 32**

We currently do not have written guidelines, but are in the process of developing them.

└─ If you are in the process of developing guidelines, when do you anticipate the guidelines to be ready? Month/Year (mm/yyyy): _____ → **Go to 32**

31. You answered that your facility has written inter-facility transfer **guidelines**. Please indicate whether the guidelines include the information specifically for the transfer of patients for each item below.

- | | |
|--|--|
| a. 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 <input type="checkbox"/> No <input type="checkbox"/> |
| b. Process for selecting the appropriate care facility | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Process for selecting the appropriately staffed transport service to match the patient's acuity level (level of care required by patient, equipment needed in transport, etc.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- d. Process for patient transfer (including obtaining informed consent) Yes No
- e. Plan for transfer of copy of patient medical record Yes No
- f. Plan for transfer of copy of signed transport consent Yes No
- g. Plan for transfer of personal belongings of the patient Yes No
- h. Plan for provision of directions and referral institution information to family Yes No

Now we would like to know about your hospital's inter-facility transfer agreements.

32. Does your hospital or medical facility have written inter-facility **agreement(s)** with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

- Yes
- No
- We currently do not have written agreements, but are in the process of developing them.
- ↳ If you are in the process of developing agreements, when do you anticipate the agreements to be ready? Month/Year (mm/yyyy): _____

We would like to know about the equipment and supplies for children in your ED and how they are stored and resupplied. If you have not already printed the entire assessment, we recommend printing this portion of the assessment and taking it to your equipment and supply areas to complete to ensure accurate reporting.

Equipment and Supplies

33. Is the ED staff trained on the location of all pediatric equipment and medications?

- Yes
- No

34. Is there a daily method used to verify the proper location and function of pediatric equipment and supplies?

- Yes
- No

35. Is a medication chart, length-based tape, medical software, or other system readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications?

- Yes
 No

36. Is each of the following monitoring equipment items available for immediate use in the ED?
 (Check Yes or No for each)

- | | | |
|---|------------------------------|-----------------------------|
| a. Neonatal blood pressure cuff | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Infant blood pressure cuff | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Child blood pressure cuff | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Defibrillator with pediatric and adult capabilities including pads/paddles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Pulse oximeter with pediatric and adult probes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Continuous end-tidal CO ₂ monitoring device | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

37. Is each of the following fluid resuscitation equipment items available for immediate use in the ED?

(Check Yes or No for each)

- | | | |
|--|------------------------------|-----------------------------|
| a. 22 gauge catheter-over-the-needle | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. 24 gauge catheter-over-the-needle | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Pediatric intra-osseous needles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. IV administration sets with calibrated chambers and extension tubing and/or infusion devices with ability to regulate rate and volume of infusate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Umbilical vein catheters (3.5F or 5.0F) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Central venous catheters (any two sizes in range, 4F-7F) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

(Check Yes or No for each)

- | | | |
|--|------------------------------|-----------------------------|
| a. Endotracheal tubes: cuffed or uncuffed 2.5 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Endotracheal tubes: cuffed or uncuffed 3.0 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Endotracheal tubes: cuffed or uncuffed 3.5 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Endotracheal tubes: cuffed or uncuffed 4.0 mm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- e. Endotracheal tubes: cuffed or uncuffed 4.5 mm Yes No
- f. Endotracheal tubes: cuffed or uncuffed 5.0 mm Yes No
- g. Endotracheal tubes: cuffed or uncuffed 5.5 mm Yes No
- h. Endotracheal tubes: cuffed 6.0 mm Yes No
- i. Laryngoscope blades: straight, size 00 Yes No
- j. Laryngoscope blades: straight, size 0 Yes No
- k. Laryngoscope blades: straight, size 1 Yes No
- l. Laryngoscope blades: straight, size 2 Yes No
- m. Laryngoscope blades: curved, size 2 Yes No
- n. Pediatric-sized Magill forceps Yes No
- o. Nasopharyngeal airways: infant-sized Yes No
- p. Nasopharyngeal airways: child-sized Yes No
- q. Oropharyngeal airways: size 0 (50mm) Yes No
- r. Oropharyngeal airways: size 1 (60mm) Yes No
- s. Oropharyngeal airways: size 2 (70mm) Yes No
- t. Oropharyngeal airways: size 3 (80mm) Yes No
- u. Stylets for pediatric/infant-sized endotracheal tubes Yes No
- v. Tracheostomy tubes: size 3.0 mm Yes No
- w. Tracheostomy tubes: size 3.5 mm Yes No
- x. Tracheostomy tubes: size 4.0 mm Yes No
- y. Bag-mask device, self inflating: infant, 450 ml Yes No
- z. Masks to fit bag-mask device adaptor: neonatal Yes No
- aa. Masks to fit bag-mask device adaptor: infant Yes No
- bb. Masks to fit bag-mask device adaptor: child Yes No
- cc. Clear oxygen masks: standard infant Yes No
- dd. Clear oxygen masks: standard child Yes No
- ee. Non-rebreather masks: infant-sized Yes No
- ff. Non-rebreather masks: child-sized Yes No
- gg. Nasal cannulas: infant Yes No
- hh. Nasal cannulas: child Yes No
- ii. Laryngeal mask airways: size 1 Yes No
- jj. Laryngeal mask airways: size: 1.5 Yes No

- kk. Laryngeal mask airways: size: 2 Yes No
- ll. Laryngeal mask airways: size: 2.5 Yes No
- mm. Laryngeal mask airways: size: 3 Yes No
- nn. Suction catheters: at least one in range 6-8F Yes No
- oo. Suction catheters: at least one in range 10-12F Yes No
- pp. Supplies/kit for pediatric patients with difficult airways (supraglottic airways of all sizes, needle cricothyrotomy supplies, surgical cricothyrotomy kit) Yes No

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

39. List 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 _____

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

- a. Low: <1,800 pediatric patients (average of 5 or fewer a day)
- b. Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)
- c. Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)
- d. High: >=10,000 pediatric patients (average of 27 or more a day)

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

Number of Pediatric Patients _____

Finally, please provide information about your hospital's trauma designation.

42. Is your hospital verified or designated as a trauma facility?

- Yes → **Go to 43**
- No → **Go to End of Survey**

43. At what trauma level is your facility designated?

(Choose one)

- Level I
- Level II
- Level III
- Level IV
- Pediatric Level I
- Pediatric Level II
- Combined Level I and Pediatric Level I
- Combined Level I and Pediatric Level II
- Combined Level II and Pediatric Level II
- Other: _____

If you have any comments, please note them here:

Please return to www.pedsready.org to enter your electronic assessment responses and to receive your pediatric readiness score. Also, you can return to the website at any time and click “2013-14 National Results” to view previous national averages.