# Pediatric Readiness in the ED Checklist

This checklist is based on the American Academy of Pediatrics, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, and Emergency Nurses Association 2026 joint policy statement "Pediatric Readiness in the Emergency Department." Use this checklist to confirm your hospital emergency department (ED) has the most critical components listed in the joint policy statement. Access the National Pediatric Readiness Project's (NPRP) corresponding assessment, toolkit, and more at **www.pediatricreadiness.org**.

## Administration and Coordination

- ☐ Physician Pediatric Emergency Care Coordinator (PECC)*
  - Board certified/eligible in EM or PEM (preferred but not required)
  - If not board certified in EM or PEM, meets qualifications for credentialing by the hospital as an emergency clinician specialist with special training and experience in the evaluation and management of the critically ill/injured child
  - Role may be shared with an advanced practice provider who is credentialed to care for patients in the ED
- ☐ Nurse PECC*
  - Has special interest, knowledge, and skill in the emergency nursing care of children
  - Certified Emergency Nurse (CEN)/Certified Pediatric Emergency Nurse (CPEN) is desired
  - Other credentials (CPN, CCRN) are acceptable.

**The Physician and Nurse PECCs work collaboratively on Pediatric Readiness initiatives. See the technical report for detailed roles and responsibilities.*

## Support Services

- ☐ Evidenced-based imaging and laboratory testing policies and guidelines (e.g., Choosing Wisely) are used.
  - Medical imaging capabilities and protocols address age- or weight-appropriate dose reductions.
  - The laboratory has the skills, personnel, and capability to perform laboratory tests for children of all ages, including obtaining samples and the availability of microtechnique for small sample sizes.
- ☐ All efforts are made to transfer completed images and laboratory results when a patient is transferred from one facility to another.
- ☐ There is collaboration with other ED support services to meet the needs of children in the community.
- ☐ There are personnel capable of providing supportive, family-centered, trauma-informed care, including specially trained social workers, nurses, chaplains, mental health professionals, or child life specialists.

## Competencies for Physicians, Advanced Practice Providers, Nurses, and Other ED Health Care Clinicians

- ☐ Health care providers who staff the ED have baseline and interval updates of skills and procedures to maintain pediatric competencies for neonates, infants, children, adolescents, and children with special health care needs. Continuing education may be used to fulfill certain competencies, but interval updates of skills and procedures are strongly encouraged.

Areas of pediatric competencies and professional performance evaluations may include but are not limited to:

- Assessment and treatment (e.g., triage, Illness and injury, pain, mental/behavioral health emergencies)
- Medication administration and delivery
- Device/equipment safety (e.g., low-volume infusion pumps)
- Critical procedures
- Resuscitation (neonatal and pediatric)
- Trauma resuscitation and stabilization
- Patient- and family-centered care
- Team training and effective communication

## Quality/Performance Improvement (QI/PI)

- ☐ A defined QI/PI plan that involves chart review of all pediatric deaths and pediatric-specific indicators where:
  - Data are collected and analyzed.
  - Process improvement strategies are implemented.
  - System changes are implemented based on performance.
  - Performance is monitored over time.

*Please see the guidelines and NPRP toolkit for recommended quality metrics for pediatric emergency care.*

## Policies, Procedures, and Protocols

These policies may be integrated into overall ED policies as long as pediatric-specific issues are addressed.

- [ ] Illness and injury triage system that is validated for pediatric patients
- [ ] Assessment and reassessment, including a complete set of vital signs, pain and mental status, and frequency of reassessment that also includes:
  - Documentation of full set of vital signs
  - Weight in kilograms
  - Identification and notification of the responsible clinician of abnormal vital signs and/or assessment
- [ ] Standardized clinical pathways, order sets, or decision support available to providers in real time
- [ ] Reduced-dose radiation for imaging
- [ ] Sedation and analgesia for procedures, including medical imaging
- [ ] Family-centered care, including:
  - Involving the caregiver in patient care decision-making and medication safety processes
  - Allowing caregivers to be present during all aspects of emergency care, including resuscitation
  - Caregiver education
  - Discharge planning and education
  - Bereavement counseling
- [ ] Pediatric transfusion (e.g., blood products)
- [ ] Telehealth/telemedicine for subspecialty consults
- [ ] Suicide screening and management
- [ ] Pediatric behavioral health, including substance abuse disorders
- [ ] Trauma-informed care
- [ ] Approach and management of a child with agitation
- [ ] Social issues, including food insecurity and home safety
- [ ] Child maltreatment assessment and mandated reporting
- [ ] Human trafficking screening and management
- [ ] Consent of minors, including when a caregiver is unavailable
- [ ] Assuming temporary protective custody of a child
- [ ] Management of caregivers who exhibit verbal or physical abuse toward staff
- [ ] Communication with patient's medical home or primary caregiver
- [ ] Lack of medical home
- [ ] Children with medical complexity (coordination of care)
- [ ] Immunization assessment and management
- [ ] Written interfacility transfer agreements and guidelines that include but are not limited to the following pediatric components:
  - Defined process for initiation of transfer
  - Criteria for transfers (e.g., specialty services)
  - Process for selecting the appropriate facility
  - Criteria for selection of appropriate transport service
  - Plan for transfer
- [ ] Do-not-resuscitate orders
- [ ] Death of the child in the ED

## Patient and Medication Safety

Safety needs are addressed in the following ways:

- [ ] Weigh in kilograms only
- [ ] Record weights in kilograms only
- [ ] For children who require emergency stabilization, a standard method for estimating weight in kilograms is used (e.g., a length-based system).
- [ ] Obtain and record a full set of vital signs, including pain and mental status.
- [ ] End-tidal $CO_2$ monitoring for sedation and critical illness/injury
- [ ] Processes for safe medication delivery that include prescribing, administration, and disposal
- [ ] Independent, two-clinician double-check for high-alert medications
- [ ] Promote a culturally and linquistically appropriate environment that supports family-centered care.
- [ ] Verifying patient identification
- [ ] Timely tracking, reporting, and evaluation of safety events

## Disaster

The written all-hazard disaster preparedness plan addresses pediatric-specific needs, including:

- [ ] Triage of pediatric patients
- [ ] Decontamination, isolation, and quarantine of families and children of all ages
- [ ] Medications, vaccines, equipment, supplies, and trained providers for children during and after disasters
- [ ] Pediatric surge capacity for injured and non-injured children
- [ ] Minimization of caregiver-child separation
- [ ] Tracking and identification of unaccompanied children
- [ ] Reunification of children and families
- [ ] Access to specific behavioral health therapies and social services for children
- [ ] Care for children with special health care needs
- [ ] Disaster drills include a pediatric mass casualty incident at least every two years, and drills include pediatric patients.

## Equipment, Supplies, and Medications

**Pediatric Considerations for Medications**

- ☐ Anesthetics/topical (e.g., EMLA [eutectic mixture of local anesthetics], lidocaine 2.5% and prilocaine .5%, LET [lidocaine, epinephrine, and tetracaine], L.M.X. 4 [4% lidocaine])
- ☐ Dextrose ($D_{10}$)
- ☐ Oral glucose or sucrose solutions for pain control in infants
- ☐ Vaccines
- ☐ Oral suspensions of medications administered orally

**General Equipment**

- ☐ Patient warming device (including for infants)
- ☐ IV blood/fluid warmer
- ☐ Restraint device
- ☐ Weight scale in kilograms only (no opportunity to weigh or report in pounds), for infants and children
- ☐ Standardized chart or tool to estimate weight if resuscitation precludes the use of weight scale (e.g., length-based tape)
- ☐ Tool or chart that relies on weight (kg) to determine equipment size and correct drug dosing (by weight and total volume)
- ☐ Pain scale assessment tools that are age/developmentally appropriate
- ☐ Rigid boards for use in CPR
- ☐ Pediatric-specific AED pads

**Monitoring Equipment**

- ☐ Blood pressure cuffs (neonatal, infant, child, and adult arm and thigh)
- ☐ Doppler ultrasonography devices
- ☐ ECG monitor/defibrillator with pediatric and adult capabilities, including pediatric-sized pads/paddles
- ☐ Pulse oximeter probes (neonatal, pediatric, adult sizes)
- ☐ Continuous end-tidal $CO_2$ monitoring for children of all ages

**Respiratory**

- ☐ Endotracheal tubes:
  - Uncuffed: 2.5, 3.0, 3.5 mm
  - Cuffed: 3.5, 4.0, 4.5, 5.0, 5.5, 6.0 mm
- ☐ Feeding tubes (5F, 8F)
- ☐ Laryngoscope blades (curved: 2, 3; straight: 0, 1, 2, 3)
- ☐ Laryngoscope handle
- ☐ Supraglottic airway devices, e.g., i-Gel or laryngeal mask airway (LMA) (sizes 1, 1.5, 2, 2.5)
- ☐ Pediatric Magill forceps
- ☐ Nasopharyngeal airways (neonatal, infant, and child sizes)
- ☐ Oropharyngeal airways (infant and child, sizes 0-3)
- ☐ Stylets for endotracheal tubes (pediatric)
- ☐ Suction catheters (infant: 6-8F; child: 10-12F)
- ☐ Rigid suction device
- ☐ Bag-mask device (manual resuscitator), self-inflating (infant, child, and adult sizes)
- ☐ Masks to fit bag-mask device adaptor (preterm, neonatal, infant, child, and adult sizes)
- ☐ Simple and nonbreather oxygen masks (infant, child, and adult sizes)
- ☐ Nasal cannula (infant, child, and adult sizes)
- ☐ Gastric tubes (infant: 8F; child: 10F)

**Vascular Access**

- ☐ Arm boards (infant, child, and adult sizes)
- ☐ Atomizer for intranasal administration of medication
- ☐ Catheter over the needle device (14-24 gauge)
- ☐ Intraosseous needles or device (neonatal, pediatric, and adult sizes)
- ☐ IV administration sets with calibrated chambers and extension tubing and/or infusion devices with ability to regulate rate and volume of infusate (including low volumes)
- ☐ IV solutions to include: NS; $D_5$ 0.9%NS; $D_5$ 0.45% NS; LR, and $D_{10}W$

## Equipment, Supplies, and Medications (continued)

**Fracture Management**

- ☐ Extremity splints, including femur splints (pediatric and adult sizes)
- ☐ Cervical collars (infant, child, and adult sizes)

**Specialized Pediatric Trays or Kits**

- ☐ Difficult airway supplies/kit
- ☐ Newborn delivery kit
- ☐ Urinary catheterization kits and urinary (indwelling) catheters (infant and child sizes)
- ☐ Hemorrhage control kits, including pediatric-sized tourniquets

**Additional Considerations**

- ☐ Alprostadil (prostaglandin E1)
- ☐ Central venous catheters (4F-7F)
- ☐ Chest tubes (infant: 8F-12F; child: 14F-22F; adult: 24F-40F) or pigtail catheter kit (8.5F-14F)
- ☐ Thermometer with low-temperature capabilities
- ☐ Inotropic agents (e.g., digoxin, milrinone)
- ☐ Laryngoscope blade size 00
- ☐ Lumbar puncture tray, including infant- (22 gauge, 1.5") and pediatric-sized (22 gauge, 2.5") spinal needles
- ☐ Noninvasive ventilation (continuous positive airway pressure or high-flow nasal cannula)
- ☐ Salem sump nasogastric tube (6F-16F)
- ☐ Self-inflating bag-mask device (pediatric size)
- ☐ Tube thoracostomy tray
- ☐ Tracheostomy tubes (tube sizes 3.5mm-5.5mm)
- ☐ Umbilical vein catheters (3.5F and 5.0F)
- ☐ Video laryngoscopy

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