

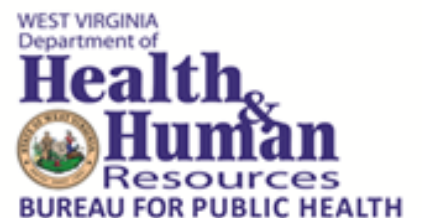


West Virginia
Always Ready for Kids

ARK

Hospital Recognition
Program

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services
Division of Trauma Designation and Categorization
Emergency Medical Services for Children
www.wvoems.org · (304) 558-3956





ALWAYS READY FOR KIDS (ARK)

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West Virginia Emergency Medical Services for Children (EMSC)

ALWAYS READY FOR KIDS (ARK)

Introduction

The Federal Emergency Medical Services for Children (EMSC) Program is designed to ensure that all children and adolescents, regardless of where they live, attend school, or travel, receive appropriate care in a health emergency. This program is administered by the U.S. Department of Health and Human Services' Health Resources and Services Administration's Maternal and Child Health Bureau. Since its establishment, the EMSC Program has provided grant funding to all 50 states, the District of Columbia, and five U.S. territories.

The West Virginia EMSC Program is housed within the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Emergency Medical Services (OEMS), Division of Trauma, Designation and Categorization. This program has received consistent federal funding since 2009. The Federal EMSC Grant mandates responsibilities for meeting Performance Measures 74 and 75. These two performance measures are designed to ensure that a statewide, standardized system exists in which all hospital emergency departments demonstrate an established plan and/or the ability to manage medical and trauma pediatric emergencies.

In 2009, a committee was formed to develop an *Always Ready for Kids (ARK)* program in West Virginia to assist in meeting Performance Measures 74 and 75. This committee consisted of pediatricians, paramedics, registered nurses, emergency medical technicians, and WV Office of Emergency Medical Services staff. American Academy of Pediatrics (AAP) Joint Policy Statement – Guidelines for Care of Children in the Emergency Department and Federal EMSC Guidelines for Care of Children in the Emergency Department were utilized in the development of this program. The goal of this *ARK* program is to create an effective and sustainable method to ensure that children who need treatment for life threatening illnesses or injuries have access to appropriate facilities, equipment and trained personnel at no cost to the facility. In January 2011, all 51 West Virginia acute care facilities were invited to attend one of six (6) regional educational rollouts to learn about the program. Attendance at one of these rollouts was supported by the West Virginia Hospital Association through collaborative efforts with the EMS for Children Coordinator. Invitations to participate were sent to hospital administrators, Director of Emergency Nursing, Director of Nursing, Designated Emergency Department Medical Director, and Lead Pharmacists. The first *ARK* verification site visits was successfully conducted in July 2011.

To successfully achieve ARK recognition, a facility is evaluated on criteria in each of the following categories:

- Airway Management
- Continuing Education
- Emergency Department Services
- Immobilization
- Miscellaneous (scales, external heat sources, etc.)
- Monitoring/Assessment
- Pediatric Resuscitation
- Personnel
- Policies and Procedures
- Quality Assurance
- Performance Improvement
- Radiology
- Specialized Pediatric Tray
- Vascular Access
- Chart Review – five (5) charts from each of the following categories:
 - Trauma
 - Illness
 - Respiratory Disease
 - Deaths

Each facility must demonstrate 100% compliance with “Essential” elements and 70% of “Desired” elements to receive ARK recognition. Compliance with the ARK guidelines are determined through a completed application and verified by an onsite visit with a four (4) member team consisting of a pediatric physician specialist, registered nurses, an emergency medical technician and others as deemed appropriate.

ARK recognition is valid for a three (3) year period. Prior to a facility expiring, the EMSC Coordinator contacts the facility with the most up-to-date document.

The ARK program criteria and strategies are reviewed annually by the ARK Medical Advisory Team. This team consists of pediatric physician specialists from a variety of disciplines statewide with guidance and support from the West Virginia Office of Emergency Medical Services, EMSC Program. The most current revision to ARK criteria was implemented November 2014 based on ARK Medical Advisory Team recommendations.

Becoming an ARK recognized facility is a positive occurrence for both the hospital and community. Benefits include:

- Creating a culture driven to continue improvement of pediatric patient outcomes, availability of equipment, services, and up-to-date treatment policies and protocols.
- Increasing the public’s confidence in overall quality of a hospital’s ability to address medical needs of children.

- Recognizing physicians, nurses, specialists, and other clinical staff for their knowledge, abilities, and commitment through their employment in an ARK recognized facility; therefore demonstrating a solid hospital-wide commitment to excellent health care of West Virginia's pediatric population through their support of the ARK program.
- Increasing exposure in local communities as a facility prepared for addressing critical pediatric needs during a medical or trauma emergency. This is visible in the form of a plaque displayed in the facility's emergency department and through listing the facility on the West Virginia Department of Health and Human Resources, West Virginia Office of Emergency Medical Services', EMSC website, and, additionally through self-promoting this accomplishment through local and/or statewide media outlets.
- Utilizing it as a recruiting and marketing tool to attract high quality physicians, nurses and other healthcare specialists.
- Enhancing potential educational and grant funding opportunities developed for rural hospitals and staff.

The West Virginia EMS for Children's Program would like to take this opportunity to invite your facility to review the enclosed information. Your facility's participation in the ARK initiative is vital to West Virginia becoming a nationwide model for the positive treatment outcomes of children during a medical or trauma emergency.

If your facility receives ARK recognition, it will remain valid for a period of three (3) years. At that time, your facility has the option of reapplying. If your hospital is interested in participating in the ARK initiative, please complete the application online or submit via e-mail to Vicki L. Hildreth, EMSC Coordinator, at Vicki.L.Hildreth@wv.gov or facsimile at (304) 558-8379. Questions may be forwarded to Ms. Hildreth at (304) 558-3956.



West Virginia Office of Emergency Medical Services (OEMS)
Division of Trauma, Designation and Categorization
Policies and Procedures

**Always Ready for Kids (ARK) Hospital Recognition Program
DTC5.1**

MISSION: To provide an effective and sustainable process for the review of acute care facilities in West Virginia (WV) in regard to their ability to manage medical and trauma pediatric emergencies.

SCOPE: The Emergency Medical Services for Children (EMSC) Program is designed to ensure that all children and adolescents, regardless of where they live, attend school, or travel receives appropriate care in a health emergency. The WV EMSC Program receives federal EMSC grant funding and thus is mandated to ensure a statewide, standardized system exists in which all hospital emergency departments demonstrate an established plan and/or the ability to manage medical and trauma pediatric emergencies.

PURPOSE: The ARK Hospital Recognition Program recognizes acute care facilities that have the capability to manage medical and trauma pediatric emergencies per established ARK Hospital Recognition Program essential and desired elements.

GOALS:

1. Provide an evidence-based, standardized statewide evaluation process for WV hospital emergency departments in their ability to manage medical and trauma pediatric emergencies.
2. Promote optimal hospital-based pediatric emergency care.
3. Provide a hospital pediatric emergency department recognition program at no cost to the facility.
4. Identify opportunities for hospital-based pediatric emergency care system evaluation and improvement.
5. Identify opportunities for WV pediatric emergency care system evaluation and system improvement.

PROCESS: After completion of the ARK application and pre-review element questionnaire, the WV EMSC Program Coordinator will review submitted paperwork and make a preliminary determination of facility's ability to meet requirements for successful ARK recognition. If it is determined that the facility is missing essential elements, a consultation conference call will be scheduled with the facility representative responsible for the ARK process. Once it is determined a facility is compliant with ARK essential elements, an ARK verification site visit will be scheduled. The verification team will consist of at least three (3) members (one physician from the ARK Medical Advisory Committee, one registered nurse from the WV OEMS office and the WV EMSC Program Coordinator). If a facility is found to have 100% compliance on "Essential" elements and 70% on "Desired" elements, the facility receives WV ARK recognition which remains valid for a period of three (3) years. Prior to the facility's ARK



West Virginia Office of Emergency Medical Services (OEMS)
Division of Trauma, Designation and Categorization
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**Always Ready for Kids (ARK) Hospital Recognition Program
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recognition expiration, the WV EMSC Program Coordinator will contact the facility and provide an updated application and pre-review element questionnaire.

PROCEDURE:

1. The WV EMCS Program Coordinator makes contact with the facility's Emergency Department Nurse Manager or Trauma Program Manager and the Hospital Administrator explaining the mission, scope, and objectives of the WV ARK Hospital Recognition Program. The WV ARK Hospital Recognition Program application and pre-review element questionnaire are available on the WV OEMS, EMSC Website. The EMSC website is <http://www.wvoems.org/designation-and-categorization/ems-for-children>.
2. Each facility is reminded of their ability to access an online readiness toolkit to assist with addressing policy, procedure or protocol questions. This ability was made possible because of the 100% compliance of WV hospitals completing the National Pediatric Readiness Project. The link is http://www.pediatricreadiness.org/PRP_Resources/Policies_Procedures_Protocols.aspx.
3. The hospital completes the ARK application and pre-review element questionnaire and returns to the WV EMSC Program Coordinator.
4. The WV EMSC Program Coordinator and the Director of the Division of Trauma, Designation and Categorization will review the submitted material for completeness and ensure compliance with essential and desired elements.
5. If the facility has met the criteria, the WV EMSC Program Coordinator will coordinate an ARK site evaluation visit with the ARK Site Verification Team and the hospital.
6. When the ARK site evaluation has been requested and dates/times coordinated, the facility will receive additional instructions, expectations and requests.
7. Compliance with the ARK requirements is verified by an on-site verification visit. This visit consists of an emergency department walk through, element verification, policy and procedure review, continuing education and pediatric chart review. Five (5) charts from each of the following categories will be reviewed: trauma, illness, respiratory distress, and death. A total of twenty (20) charts will be reviewed by the physician site verification team member.
8. An exit interview will be conducted to review and discuss the preliminary findings, any areas of non-compliance, corrections or request for additional information, if required. If scoring determines the facility has successfully met compliance with the ARK requirements, the facility will be made aware of their achievement
9. The facility will be notified, in writing, within four (4) weeks of the on-site verification visit outlining the site visit findings. If a facility does not meet requirements or if

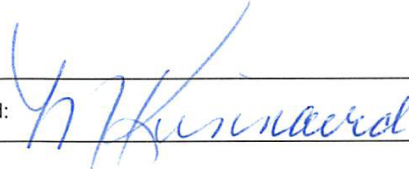


West Virginia Office of Emergency Medical Services (OEMS)
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corrections/additional information is needed, the areas of noncompliance will be outlined.

10. Upon successful completion, an invitation is sent to the hospital administrator, outlining details regarding a media event should the facility choose this option. The hospital will receive a plaque indicating the facility's name, successful ARK Hospital Recognition Program completion and certification period.

Effective Date: August 31, 2015	Approved: 
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ALWAYS READY FOR KIDS (ARK) HOSPITAL SITE EVALUATION REQUEST



COMPLETE FORM ONLINE AND RETURN TO VICKI L. HILDRETH, COORDINATOR, EMS FOR CHILDREN AT: VICKI.L.HILDRETH@WV.GOV OR FACSIMILE AT (304) 558-8379.

Hospital	_____		
Contact Person	_____		
Mailing Address	_____		
City	State	Zip	
_____	_____	_____	
Phone Number	Fax Number		
_____	_____		
Physical Address	_____		

STAFF	E-MAIL ADDRESS
Director of Emergency Nursing: _____	_____
Director of Nursing: _____	_____
Designated ED Medical Director: _____	_____
Lead Pharmacist: _____	_____
Hospital Administrator _____	_____

WV OFFICE OF EMS USE ONLY	
Date of Site Evaluation:	_____
Site Evaluation Team Members:	_____ _____
Final Scoring:	Date of Final Scoring: _____
ARK Recognition Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	_____ _____ _____



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
1.	Bag-valve-mask resuscitator, self-inflating			
	<input type="checkbox"/> Infant (240 cc)	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child (500 cc)	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult (1000 cc)	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Masks to fit bag-mask device adaptor			
	<input type="checkbox"/> Neonatal	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Infant	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Continuous Positive Airway Pressure Device (CPAP)	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
4.	Chest tubes			
	<input type="checkbox"/> Infant (8.5 – 12 F) [at least one size in this range]	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child (16 – 24 F) [at least one size in this range]	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult (28 – 40 F) [at least one size in this range]	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Endotracheal tubes (Cuffed Preferred)			
	Cuffed <u>or</u> Uncuffed			
	<input type="checkbox"/> 2.5 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3.0 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3.5 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 4.0 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 4.5 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
<input type="checkbox"/> 5.0 mm		E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 5.5 mm		E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cuffed				
<input type="checkbox"/> 6.0 mm		E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 6.5 mm		E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 7.0 mm		E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 7.5 mm		E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 8.0 mm		E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Laryngoscope blades			
Curved				
<input type="checkbox"/> 2		E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 3		E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
	Straight <input type="checkbox"/> 0	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 1	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 2	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Laryngoscope Handle	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Nasal cannula			
	<input type="checkbox"/> Infant	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Feeding Tubes			
	<input type="checkbox"/> 5 F	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 8 F	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
10.	Nasopharyngeal Airways to include:			
	<input type="checkbox"/> Infant	D	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child	D	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	D	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Nebulizer	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Oral airways	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 00	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 1	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 2	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 4	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 5	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
13.	Clear oxygen masks (standard and nonrebreathing)			
	Standard			
	<input type="checkbox"/> Infant	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Nonrebreathing			
	<input type="checkbox"/> Infant	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Magill Forceps to include			
	<input type="checkbox"/> Pediatric	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
15.	Nasogastric tubes			
	Infant <input type="checkbox"/> 5 F or 6 F	D	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 8 F	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child <input type="checkbox"/> 10 F	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Adult <input type="checkbox"/> 14 F	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 16 F	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 18 F	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Stylets (for endotracheal tubes)			
	<input type="checkbox"/> Pediatric	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
17.	Suction catheters (flexible)			
	Infant <input type="checkbox"/> 6 F	E	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 8 F	D	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Child <input type="checkbox"/> 10 F	E	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 12 F	D	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Adult <input type="checkbox"/> 18 F	E	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Tracheostomy tubes (Available within the hospital)			
	<input type="checkbox"/> 2.5 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3.0 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3.5 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 4.0 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
	<input type="checkbox"/> 4.5 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 5.0 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 5.5 mm	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Yankauer suction tip	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Laryngeal Mask Airway (LMA)	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Size 1	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Size 1.5	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Size 2	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Size 2.5	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Size 3	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Size 4	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Size 5	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



AIRWAY/RESPIRATORY MANAGEMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
21.	Needle Cricothyrotomy Supplies	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Surgical Cricothyrotomy Kit	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)		Essential (E) Desired (D)	Available
1.	Death of a child in Emergency Department/SIDS <input type="checkbox"/> PALS; or <input type="checkbox"/> ENPC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Cardiac care to include: Bradycardia, Ventricular Fibrillation/Pulseless Ventricular Tachycardia, Asystole/Pulseless Electrical Activity, and Narrow Complex Tachycardia <input type="checkbox"/> ACLS; or <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> PEPP	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Community, staff, and physician education programs in pediatric emergency care <input type="checkbox"/> APLS; or <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS, or <input type="checkbox"/> PEPP <input type="checkbox"/> Hospital education for staff in pediatric patients and age specific/cultural diversity education may be hospital specific, trauma community or injury prevention.	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Infectious Diseases <input type="checkbox"/> ENPC; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> Yearly Individual Infection Control Program (hospital specific)	D	<input type="checkbox"/> Yes <input type="checkbox"/> No



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)		Essential (E) Desired (D)	Available
5.	Neonatal resuscitation <input type="checkbox"/> ENPC; or <input type="checkbox"/> NRP; or <input type="checkbox"/> In-hospital neonatal staff that responds to Emergency Department for imminent delivery.	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Neurologic <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> TNCC	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Organ donation <input type="checkbox"/> ENPC; or <input type="checkbox"/> TNCC; or <input type="checkbox"/> Yearly Organ Procurement Organization (hospital specific)	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Pediatric Advanced Life Support <input type="checkbox"/> PALS	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pediatric Basic Life Support <input type="checkbox"/> CPR	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)		Essential (E) Desired (D)	Available
10.	Pediatric Interfacility transport, evaluation, and management <input type="checkbox"/> ENPC, or <input type="checkbox"/> PALS, or <input type="checkbox"/> TNCC; or <input type="checkbox"/> Yearly Hospital protocols, policies, and transfer agreements (hospital specific)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Poisoning <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Respiratory to include:		
	Asthma/bronchiolitis <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS, or <input type="checkbox"/> PEPP	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Croup <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> PEPP	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)	Essential (E) Desired (D)	Available
Epiglottitis <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> PEPP	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumonia <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory failure <input type="checkbox"/> PALS, or <input type="checkbox"/> PEARS; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> TNCC; or <input type="checkbox"/> ENPC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory arrest <input type="checkbox"/> PALS; or <input type="checkbox"/> PEARS; or <input type="checkbox"/> TNCC; or <input type="checkbox"/> ENPC; or <input type="checkbox"/> ACLS	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)		Essential (E) Desired (D)	Available
13.	Shock to include:		
	Dehydration/hypovolemic shock <input type="checkbox"/> ACLS; or <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> PEARS; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Septic shock <input type="checkbox"/> PALS; or <input type="checkbox"/> PEARS; or <input type="checkbox"/> ENPC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cardiogenic shock <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> PEARS; or <input type="checkbox"/> PEPP	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)		Essential (E) Desired (D)	Available
14.	Trauma to include:		
	Abdominal trauma/multi-trauma <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Amputations/avulsions <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Burns – cyanide poisoning <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Burns – smoke inhalation <input type="checkbox"/> ENPC; or <input type="checkbox"/> PALS; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)		Essential (E) Desired (D)	Available
Chest Trauma <input type="checkbox"/> ENPC; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child abuse <input type="checkbox"/> ENPC; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> TNCC; or <input type="checkbox"/> Yearly Hospital in-service program; or <input type="checkbox"/> Other (Please List):	E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Extremity fractures <input type="checkbox"/> ENPC; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head Trauma <input type="checkbox"/> ENPC; or <input type="checkbox"/> TNCC	E	<input type="checkbox"/> Yes <input type="checkbox"/> No	



CONTINUING Education (At least ONE RN per shift must meet these qualifications.)		Essential (E) Desired (D)	Available
	<p>Sexual assault</p> <ul style="list-style-type: none"> <input type="checkbox"/> ENPC; or <input type="checkbox"/> PEPP; or <input type="checkbox"/> Hospital based SANE program with protocol for in-house response; or <input type="checkbox"/> Yearly hospital in-service program; or <input type="checkbox"/> Other (Please List): 	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



EMERGENCY DEPARTMENT SERVICES		Essential (E) Desired (D)	Available
1.	24-hour operating room	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Helipad (on-site/on-campus)	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Transfer guidelines and agreements (are capable of evaluating, managing, and transferring)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Pre-hospital education program offerings	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Telemedicine: Capability with pediatric regional referral center.	Recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No



IMMOBILIZATION		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
1.	Extremity splints			
	Femur splints			
	<input type="checkbox"/> Child	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Pediatric restraining devices (i.e. Papoose Board or other appropriate restraint device)	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Spinal stabilization devices appropriate for children of all ages			
4.	Rigid Cervical Collars			
	<input type="checkbox"/> Infant	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Pediatric	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Long Spine Board	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No



LABORATORY SERVICES		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
1.	24-hour basic clinical Lab (including techniques for small sample sizes)	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Microsampling Capability	E	<input type="checkbox"/> Yes	<input type="checkbox"/> No



MISCELLANEOUS		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
1.	Weight scale locked in kilograms (not pounds)	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	External heat source must include each of the following:			
	<input type="checkbox"/> Blanket warmer	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Infrared lamps	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Overhead warmer (Available within the hospital)	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Bair Hugger	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Medication chart, tape, or other system to ensure ready access to information on proper per kilogram doses for resuscitation drugs and equipment sizes #	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type your facility uses: <ul style="list-style-type: none"> <input type="checkbox"/> Broselow® Pediatric Emergency Tape® (Current Edition) <input type="checkbox"/> Pedi-Wheel® <input type="checkbox"/> Other (please indicate): 			



MISCELLANEOUS		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
4.	Clean linen/sterile gauze (available within hospital for burn care)	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Pediatric Gowns	E	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Syringes			
	<input type="checkbox"/> 1cc	E	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3 cc	E	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 10 cc	E	5	<input type="checkbox"/> Yes <input type="checkbox"/> No



MONITORING/ASSESSMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
1.	Blood pressure cuffs			
	<input type="checkbox"/> Neonatal	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Infant	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Thigh	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Cardiopulmonary monitoring with pediatric capability (Monitors)	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Central venous catheters			
	<input type="checkbox"/> 4F	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 5 F	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 7 F	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



MONITORING/ASSESSMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
4.	Doppler ultrasonography devices	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Electrocardiography monitor/defibrillator with pediatric and adult capabilities including pediatric pads.	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	End-tidal CO2 Detection Device	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Wave Form Capnography	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Monitor Electrodes			
	<input type="checkbox"/> Pediatric	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pulse oximeter with sensors			
	<input type="checkbox"/> Neonatal	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Infant	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



MONITORING/ASSESSMENT		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
	<input type="checkbox"/> Adult	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Thermometer Suitable for hypothermic and hyperthermic measurements with temperature capability from 25° to 44° C.	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



PEDIATRIC RESUSCITATION MEDICATIONS OR APPROVED ALTERNATIVES		Essential (E) Desired (D)	Available
1.	Atropine (At a minimum pediatric formulation 0.05 mg/ml)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Adenosine	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Amiodarone	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Antiemetic agents	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Calcium	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Dextrose		
	<input type="checkbox"/> D10W	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> D50W	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Sterile Water (To permit D25 dilution)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Lidocaine	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Magnesium sulfate	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Naloxone hydrochloride	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PEDIATRIC RESUSCITATION MEDICATIONS OR APPROVED ALTERNATIVES		Essential (E) Desired (D)	Available
11.	Sodium bicarbonate		
	<input type="checkbox"/> 4.2%	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 8.4%	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Activated charcoal (mixed with water)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Analgesics		
	<input type="checkbox"/> Topical	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Oral	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Parenteral	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Antimicrobial agents (including cefotaxime or gentamicin)		
	<input type="checkbox"/> Parenteral	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PEDIATRIC RESUSCITATION MEDICATIONS OR APPROVED ALTERNATIVES		Essential (E) Desired (D)	Available
15.	Anticonvulsants medications		
	<input type="checkbox"/> Levetiracetam (Keppra)	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Lorazepam	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Fosphenytoin or Phenytoin	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Phenobarbital	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Diazepam	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Antidotes (common antidotes should be accessible to the Emergency Department.)		
	N-acetylcysteine		
	<input type="checkbox"/> Oral	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> IV	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fomepizol	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PEDIATRIC RESUSCITATION MEDICATIONS OR APPROVED ALTERNATIVES		Essential (E) Desired (D)	Available
17.	Antipyretic drugs		
	Acetaminophen		
	<input type="checkbox"/> Suspension	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Tablets	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Suppository	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ibuprofen		
	<input type="checkbox"/> Suspension	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Tablets	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Bronchodilators		
	<input type="checkbox"/> Albuterol	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Racemic Epinephrine	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Corticosteroids	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PEDIATRIC RESUSCITATION MEDICATIONS OR APPROVED ALTERNATIVES		Essential (E) Desired (D)	Available
20.	Inotropic/Vasopressor agents		
	<input type="checkbox"/> Epinephrine	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dopamine	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Milrinone	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Intravenous solutions to include:		
	<input type="checkbox"/> normal saline	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> dextrose 5% in normal saline	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> dextrose 10% in water	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3% sodium chloride	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Neuromuscular blockers	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Short acting:		
	<input type="checkbox"/> Succinylcholine	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Long acting:		
	<input type="checkbox"/> Rocuronium or Vecuronium	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PEDIATRIC RESUSCITATION MEDICATIONS OR APPROVED ALTERNATIVES		Essential (E) Desired (D)	Available
23.	Pediatric Dosing Handbook	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Sedatives	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Mannitol	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Vaccines		
	<input type="checkbox"/> Rabies (Access to)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Tetanus	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PERSONNEL		Essential (E) Desired (D)	Available
1.	<p>Designated Physician Director</p> <p>Medical Director of the emergency department, responsible for quality of care of the patients. Maintains quality improvement and continuing education programs for staff. Interacts with hospital to maintain quality and availability of essential emergency services.</p>	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>Emergency Physician</p> <p>In-house physician with commitment to the care of the critically ill or injured child present in ED 24 hours per day. This may be fulfilled by a physician assistant with immediately available physician back-up.</p>	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PERSONNEL		Essential (E) Desired (D)	Available
3.	Physicians Available On-Call for Consultation (Must be capable of responding to the emergency department within 20 minutes)		
	<input type="checkbox"/> Pediatrician or Family Practice Physician with expertise and experience in the care of children or guideline for obtaining consultation with regional pediatric referral center.	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> General Surgeon	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Anesthesiologist	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Gynecologist	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Orthopedic Surgeon	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Radiologist	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Licensed Pharmacist On-Call	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Nursing		
	Director of Nursing/Chief Nursing Officer	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Director of Emergency Nursing/ED Nurse Manager	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	One Nurse per shift with PALS or ENA Pediatric Emergency Nursing Course (ENPC) Completed/Current	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



PERSONNEL		Essential (E) Desired (D)	Available
6.	Other		
	Clinical Social Worker on-call	Recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pastoral care provider on-call	Recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No



POLICIES, PROCEDURES, AND/OR PROTOCOLS		Essential (E) Desired (D)	Available
1.	ED Pediatric Triage addressing ill and injured children	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	ED Pediatric Patient Assessment and Reassessment	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Immunization Assessment and Management of the Under-immunized Child	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Child Maltreatment and Domestic Violence Reporting	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Death of the Child in the Emergency Department	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Family-Centered ED Care (e.g., family presence, family involvement in clinical decision making, education, D/C planning and instructions, etc.)	D	<input type="checkbox"/> Yes <input type="checkbox"/> No



POLICIES, PROCEDURES, AND/OR PROTOCOLS		Essential (E) Desired (D)	Available
8.	Hospital disaster plan addressing issues specific to the care and safety of children	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Hospital care for children with social and mental health issues	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Written guidelines for the transfer of children with social and mental health issues to an appropriate facility policy	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Emergency Department staff trained on the location of all pediatric equipment and medication	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Daily method for the proper location and function of pediatric supplies and equipment and method for restocking after use	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Emergency Department restocking and evaluating medication expiration dates.	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Procedure and codes for child abduction alert in your facility	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



POLICIES, PROCEDURES, AND/OR PROTOCOLS		Essential (E) Desired (D)	Available
15.	Guidelines for referring children or their laboratory specimens to an appropriate facility when the capability of the hospital is exceeded.	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Policy for obtaining and transfusing blood products in pediatric patients (Less than 20 kg)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Pediatric pain management protocol including time to treat.	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Policy regarding Pediatric Do Not Resuscitate (DNR) orders.	E	<input type="checkbox"/> Yes <input type="checkbox"/> No



QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT		Essential (E) Desired (D)	Available
1.	Structured Quality Assurance/Performance Improvement program/process for the pediatric population (Written Policy and Procedures)	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Review of all pediatric deaths	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Review of all pediatric incident reports	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Multidisciplinary trauma and resuscitation conferences	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Participate in Trauma registry	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Review of all Emergency Department readmits 48 hour <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Review of pediatric transports and pre-hospital care	D	<input type="checkbox"/> Yes <input type="checkbox"/> No



RADIOLOGY		Essential (E) Desired (D)	Available
MEDICAL IMAGING CAPABILITY			
1.	A documented process for referring pediatrics to appropriate facilities for necessary radiologic procedures when medical capabilities are unavailable (Policy can be covered through interagency agreements/guidelines).	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Computed Tomography (CT Scan)	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Magnetic Resonance Imaging (MRI)	Recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Radiography (X-ray)		
	<input type="checkbox"/> Bone	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Chest	E	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Ultrasound Capabilities	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ability to transmit/transfer radiographic images to referring center			
6.	<input type="checkbox"/> Electronic (i.e. Image Grid)	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Hard copy disk	D	<input type="checkbox"/> Yes <input type="checkbox"/> No



SPECIALIZED PEDIATRIC KIT/TRAY		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
1.	Lumbar puncture – Spinal Needle (may be inside the lumbar puncture tray)			
	<input type="checkbox"/> 20G – 1 ½ length	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 20G – 2 ½ Length	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 22G – 1 ½ Length	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 22G – 2 ½ or 3 ½ Length	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Newborn Delivery kit including equipment for resuscitation of an infant			
	<input type="checkbox"/> Bulb syringe	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Meconium aspirator	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Scissors	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Towels	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Umbilical clamp	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Umbilical vessel cannulation supplies	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



SPECIALIZED PEDIATRIC KIT/TRAY		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
3.	Obstetric pack (to include all of the following items)			
	<input type="checkbox"/> Baby Blanket (for drying)	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Bulb Syringe	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cord Clamps	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Sterile Scalpel	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Tube thoracotomy tray	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Water seal drainage capability	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Urinary catheterization with pediatric Foley catheters			
	<input type="checkbox"/> 6F or <input type="checkbox"/> 8F	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 10F or <input type="checkbox"/> 12F	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 14F or <input type="checkbox"/> 16F	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Venous cutdown	D	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



VASCULAR ACCESS		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
1.	Arm boards (Pediatric)	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Butterfly needles			
	<input type="checkbox"/> 19 g or <input type="checkbox"/> 21 g	D	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 23 g	D	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 25 g	D	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Catheter-over-needle devices			
	<input type="checkbox"/> 14 g	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 16 g	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 18 g	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 20 g	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 22 g	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 24 g	E	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No



VASCULAR ACCESS		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
4.	Central venous access kit (with pediatric catheters)	D	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Infusion Device/Pump	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Intraosseous Access Equipment:			
	Infant	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Manual Intraosseous Needle <input type="checkbox"/> EZ-IO® Intraosseous Infusion System <input type="checkbox"/> Other (please indicate)			
	Adult	E	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Manual Intraosseous Needle <input type="checkbox"/> EZ-IO® Intraosseous Infusion System <input type="checkbox"/> Other (please indicate)			
7.	Intravenous fluid/blood warmers	E	1	<input type="checkbox"/> Yes <input type="checkbox"/> No



VASCULAR ACCESS		Essential (E) Desired (D)	Minimum Quantity Necessary	Available
8.	Syringes			
	<input type="checkbox"/> 1cc	E	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3 cc	E	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 10 cc	E	5	<input type="checkbox"/> Yes <input type="checkbox"/> No



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<https://www2.aap.org/sections/PEM/pem-leadership-docs/papers/005.pdf>
3. WV ARK Hospital Recognition Program application and pre-review element questionnaire are available <http://www.wvoems.org/designation-and-categorization/ems-for-children/ark>.
4. Access to an online readiness toolkit to assist with addressing policy, procedure or protocol questions is available at http://www.pediatricreadiness.org/PRP_Resources/Policies_Procedures_Protocols.aspx