Pediatric Emergency Medicine Committee

Chair: Ann Dietrich, MD, FACEP
Board Liaison: Jeffrey M. Goodloe, MD, FACEP
Staff Liaison: Sam Shahid, MBBS, MPH

1. Develop a policy statement on the role and responsibilities of emergency medicine providers in the initial management of acute pediatric mental health emergencies.

**OUTCOME:** The Subcommittee [constituting of representatives from ACEP PEM Committee, American Academy of Pediatrics (AAP) Committee on Pediatric Emergency Medicine (COPEM) and Emergency Nurses Association (ENA)] has worked to draft the policy statement as well as supporting Technical Report. Currently it is being reviewed by the primary-involved committees form all three organizations, after which they are planning to submit to the leadership bodies from all organizations. The objective will continue and move forward into the next committee year.

2. Develop the following information papers:
   - role of telemedicine in pediatric emergency care and in support of community emergency departments. Seek input from the Emergency Telehealth Section. (Pediatric Emergency Medicine is the lead committee)

**OUTCOME:** This information paper has been completed and submitted for the Board for review and comment.

3. Support the Pediatric Readiness Project and assist in developing resources to promote ED preparedness.

**OUTCOME:** The PEM Committee continues to be involved the National Pediatric Readiness Project (NPRP). We have numerous committee members, including staff, that is serving on the Steering Committee for this project, as well as members involved in the update and development of the toolkit. PEM Committee and Section members were also involved in the piloting of the checklist. ACEP has helped connect the NPRP representative with multiple State Chapter representatives as well as developed communication and information on the National Pediatric Readiness for the ACEP State Chapter Newsletter. The objective will continue and move forward into the next committee year.

4. Work with the EMSC Innovation & Improvement Center (EIIC) to:
   - Ensure ACEP is recognized as a full partner of the EIIC.
   - Create its leadership and policy infrastructure and to develop strategies to optimize resource utilization between general emergency medicine and pediatric emergency medicine.
   - Ensure ongoing collaboration with the committee and the ACEP grant-funded staff from EIIC.

**OUTCOME:** ACEP continues to support the EMSC Innovation and Improvement Center (EMSC-IIC) by:
   - Providing information and regular updates from the ACEP regarding important publications, tools, resources and opportunities for collaboration
     - This may require gathering additional information on the best practices to be highlighted in the newsletter.
     - Assist in identifying education opportunities
     - Assist in updating educational content as new information becomes available
   - Supporting the work of the EMSC-IIC and assist in recruitment, promotion and dissemination.
     - Utilization of ACEP communication channels to disseminate information on the work of the EMSC-IIC
     - Utilization of State communication opportunities, such as chapter newsletters, to create awareness on specific updates for the EMSC

The PEM Committee also has representation on numerous groups within the EMSC-IIC, including:
   - PRQC SME: Dr. Madeline Joseph (other PEM Committee members are serving on the SME panel as well, including Dr. Gausche-Hill)
   - NPRP Toolkit: Dr. Mohsen Saidinejad (other PEM Committee members are serving on the Toolkit Subcommittee as well, including Dr. Auerbach, Dr. Walls, Dr. Gausche-Hill)
   - Data Registry:
     - QI Advisory Board: Dr. Isabel Barata
   - Additional representation to this group is being provided by CEDR and the ACEP Rural Section
     - National Stakeholder Assembly: Dr. Marc Auerbach and Dr. Mohsen Saidinejad

The objective will continue and move forward into the next committee year.
5. Collaborate with the American College of Radiology to provide pediatric content expertise in generating recommendations for radiographic tests in the emergency management of children.

OUTCOME: The PEM Committee continues to provide representative for topics and panels related to Pediatric EM as requested by ACR. The objective will continue and move forward into the next committee year.

6. Collaborate with the American Academy of Pediatrics and the Emergency Nurses Association (ENA) to develop a policy statement to optimize pediatric safety in the emergency care setting.

OUTCOME: The joint policy statement is currently under development and is being updated based on comments and edits submitted by AAP COPEM. Next steps involved will be submission to the ACEP PEM Committee as well as ENA Committees before submission for approval, followed by leadership review. The objective will continue and move forward into the next committee year.

7. Work with the American Academy of Pediatrics to develop new and review current technical report papers and policy statements as needed.

OUTCOME: The PEM Committee Chair serves as the liaison to the AAP COPEM, and the COPEM Chair serving in a reciprocal relationship as a liaison to the ACEP PEM Committee. PEM Committee and AAP COPEM also work together to review documents and policy statements as needed.

8. Review the following policies per the Policy Sunset Review Process:
   - Patient and Family Centered Care of Children in the Emergency Department

   Determine by December 15 if the policy should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

OUTCOME: The Committee will be recommending reaffirmation of the policy being reviewed.

9. Develop an open access simulation-based consensus curriculum for pediatric emergency medicine, in collaboration with other organizations and stakeholders. Seek input from the Education Committee, Simulation Subcommittee, and the Pediatric Emergency Medicine Section. (Pediatric Emergency Medicine is the lead committee.)

OUTCOME: The Collaborative successfully completed the modified Delphi survey for prioritization of the learning objectives of the curriculum. The results of the survey and prioritization process was successful published (Mitzman J, Bank I, Burns RA, et al. A Modified Delphi Study to Prioritize Content for a Simulation-based Pediatric Curriculum for Emergency Medicine Residency Training Programs. AEM Education and Training 2019; 00: 1–10). Following this, a team of Pediatric Emergency Medicine and simulation experts subsequently then mapped objectives to 15 cases. Each case was piloted with Emergency Medicine residents, with the participants, both facilitators as well as students, providing quantitative and qualitative feedback. Based on the comprehensive feedback process, one case was subsequently split into 2 case scenarios resulting in 16 final cases. The objective will continue and move forward into the next committee year.

10. Provide input to the Disaster Preparedness & Response Committee to refine the Mass Casualty Medical Operations Management Course to include pediatric disaster education. (Disaster Preparedness & Response is the lead committee.)

OUTCOME: The Subcommittee worked with the Disaster Subcommittee representatives to review the objectives of the Mass Casualty Medical Operations Management Course to ensure the pediatric content was included throughout the course.

11. Provide input to the EMS Committee, in collaboration with AAP, NAEMSP, ENA, and other stakeholders, to develop resources for assessing pediatric readiness of EMS systems and pediatric medication dosing. (EMS is the lead committee.)

OUTCOME: The workgroup collaborated with the AAP and the EMSC-EIIC to develop additional resources for treating pediatric patients by EMS.

12. Develop resources to encourage emergency medicine residents to enter pediatric emergency medicine.
OUTCOME: The Subcommittee worked closely with the PEM Section and EMRA Pediatric EM Committee on the Virtual Mentorship Program. PEM Committee Members continue to serve as mentors in the Program. Additionally, the Subcommittee also recorded two podcasts:
  - The Nuts and Bolts of Applying to PEM Fellowship
  - Tackling the Barriers and Finding the Value of EM to PEM

The objective will be slightly modified and updated to include representation and collaboration with EMRA PEM Committee but will continue and move forward into the next committee year.

13. Complete development of a joint policy statement with the American Academy of Pediatrics and the Pediatric Trauma Society on trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients.

OUTCOME: The Subcommittee has begun working on the policy statement and information paper. The objective will continue and move forward into the next committee year.


OUTCOME: This has been completed and has been approved by the ACEP Board (available here: https://www.acep.org/patient-care/policy-statements/use-of-antitussive-medications-in-the-pediatric-population/)

15. Develop a policy statement on the importance of scheduled vaccinations. Seek input from the Public Health & Injury Prevention Committee. (Pediatric Emergency Medicine is the lead committee.)

OUTCOME: The Subcommittee is in the final stages of development of this policy statement and will be submitting for Board consideration at its October meeting.

16. Provide input to the Public Health & Injury Prevention Committee to develop a policy statement on antimicrobial stewardship. (Public Health & Injury Prevention is the lead committee.)

OUTCOME: This has been completed and has been approved by the ACEP Board (available here: https://www.acep.org/patient-care/policy-statements/antimicrobial-stewardship/)

17. Complete development of the following information papers:
   - Antibiotic stewardship in pediatric emergency care.
   - Opioid crises in children and adolescents.
   - Alternatives to opioids in management of acute pain in pediatric emergency care (including non-pharmacologic).

OUTCOME: All three papers have been completed and submitted to the ACEP Board for review. Both of opioid related papers, i.e. the Opioid crises in children and adolescents and the Alternatives to opioids in management of acute pain in pediatric emergency care (including non-pharmacologic) information did not have any comments from the Board and are now being prepared for submission for publication. The Antibiotic stewardship in pediatric emergency care information paper is currently being updated based on feedback from the Board.

18. Provide input to the Public Health & Injury Prevention Committee to develop a policy statement supporting the elimination of non-medical exclusions for vaccines as directed in Amended Resolution 53(19) Supporting Vaccination for Preventable Diseases. (Public Health & Injury Prevention is the lead committee.)

OUTCOME: The Subcommittee is in the final stages of development of this policy statement and will be submitting for Board consideration at its October meeting.

Additional PEM Committee Activities:
In response to the COVID-19 pandemic the PEM Committee:
  - Authored the ACEP statement on the role of pediatric emergency medicine in COVID-19, which stated that:
ACEP recognizes that the training* of the American Board of Pediatrics (ABP)-based Pediatric Emergency Medicine (PEM) physician may allow these individuals to safely care for certain patients with common disease patterns that extend beyond traditionally assigned age limits.

ACEP supports redeployment and utilization of ABP-boarded or ABP-eligible PEM physicians to meet the increased demand for care of patients during the current COVID-19 pandemic in which local or regional health care systems are overwhelmed, or to improve institutional pediatric readiness.

ACEP appreciates the preparation and efforts already implemented by pediatric and PEM clinicians in pediatric emergency departments and hospitals targeted to meet the current and anticipated surge demands for care of patients outside the typical pediatric age range.

- Served as Panelists in multiple COVID-19 Webinars addressing the questions and concerns around COVID-19 and Pediatrics, including MIS-C
  - Webinar #1: COVID-19 The Pediatric Perspective
  - Webinar #2: COVID-19 and Pediatrics
- Served as faculty on courses and education being developed in response to COVID-19.

Additionally, the PEM Committee manuscript “Optimizing the workforce: a proposal to improve regionalization of care and emergency preparedness by broader integration of pediatric emergency physicians certified by the American Board of Pediatrics” was also accepted and published in JACEP Open.