

***PEDIATRIC CRITICAL CARE CENTER (PCCC)***

and

***EMERGENCY DEPARTMENT APPROVED  
FOR PEDIATRICS (EDAP)***

**RENEWAL PACKET  
EMS Region 3**

November 2009

**DUE DATE  
Friday, February 5, 2010**



**Illinois Emergency Medical Services for Children**

Developed by  
Illinois EMSC Facility Recognition Task Force

Approved by  
Illinois EMSC Advisory Board

**ILLINOIS EMSC  
FACILITY RECOGNITION**

**PEDIATRIC CRITICAL CARE CENTER**

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**ILLINOIS EMSC**  
**FACILITY RECOGNITION**  
*Application and Site Survey Process*

**Application Process**

The following steps outline the application process to renew your status as a Pediatric Critical Care Center (PCCC) and as an Emergency Department Approved for Pediatrics (EDAP). **PLEASE NOTE that the Pediatric Plan should be developed through interaction and collaboration with all appropriate disciplines;**

1. Review your original Pediatric Critical Care Center (PCCC) and Emergency Department Approved for Pediatrics (EDAP) Pediatric Plan;
2. Using the Pediatric Critical Care Center Plan and the Emergency Department Approved for Pediatrics Renewal checklists, complete an update of your PCCC **and** EDAP Pediatric Plan (pages 4-13). Refer to the EDAP & PCCC Criteria Requirements (see Appendix A and Appendix C). Include all appropriate supporting documentation (schedules, policies, procedures, protocols, guidelines, plans, etc.).
3. The Pediatric Plan should follow the checklist format provided in this application and include all supporting documentation, including but not limited to scope of services/care, policies (both administrative and department specific), procedures, protocols, guidelines, flow charts, rosters, calendars, schedules, etc.;
4. Complete and obtain appropriate signatures on the *Request for Re-Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form*; (page 3)
5. Complete and obtain signatures on the Physician, Mid-Level Provider and Nursing credential forms;
6. Complete the EDAP, PICU and Pediatric Unit Equipment Checklists;
7. **Submit 4 copies of your Pediatric Plan (an original signed copy plus 3 additional copies) that each contain the following:**
  - **Signed *Request for Re-Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form* (page 3);**
  - **Completed Pediatric Critical Care Center Plan Checklist and EDAP Plan Checklist (pages 4-13);**
  - **Completed PCCC Plan and EDAP Plan (including supporting documentation);**
  - **Completed Physician, Mid-Level Provider and Nursing credentialing forms (see Appendices E-L);**
  - **Completed EDAP, PICU and Pediatric Inpatient Unit Equipment Checklists (Appendices B and D).**
8. Submit these documents (including all supporting documentation) by **Friday, February 5, 2010** in the order listed in this application to: Jack Fleeharty, RN, EMT-P, Chief, Division of EMS & Highway Safety, Illinois Department of Public Health, 500 E. Monroe Street, 8<sup>th</sup> Floor, Springfield, IL 62701.
9. **The Pediatric Plan should be submitted in a single sided format and unstapled;**
10. **PLEASE NOTE that any submitted requests to waiver any of the EDAP or PCCC requirements must include THE CRITERIA BY WHICH COMPLIANCE IS CONSIDERED TO BE A HARDSHIP, AND DEMONSTRATE HOW THERE WILL BE NO REDUCTION IN THE PROVISION OF MEDICAL CARE.**
11. **For questions regarding the application process, please contact Evelyn Lyons at 708-327-2556 or Evelyn.Lyons@illinois.gov; or Paula Atteberry at 217-785-2083 or Paula.Atteberry@illinois.gov.**

\*NOTE: The term “pediatric” throughout this document refers to all children age 15 and younger.

### Site Survey Procedure

1. Within 4-6 weeks following receipt of your Pediatric Plan and supporting documents, the hospital will be informed as to the status of the application. If all documentation is in order, a site visit will be scheduled.
2. In preparation for the site visit, hospital personnel will prepare evidence to verify adherence to the facility recognition requirements.
3. The site visit will include a survey of the Emergency Department, Pediatric Intensive Care Unit, the Pediatric units and a meeting with the following individuals:
  - a. The Hospital's Chief Administrative/Executive Officer or designee.
  - b. The Chief of Pediatrics.
  - c. The Medical Director of the Pediatric Intensive Care Services
  - d. The Medical Director(s) of the Pediatric Units.
  - e. The Medical Director of Pediatric Ambulatory Care
  - f. The Nursing Director or Nurse Manager of the Pediatric Intensive Care Services.
  - g. The Nursing Director or Nurse Manager of the Pediatric Units.
  - h. The Administrator of Pediatric Services
  - i. The Administrator of Emergency Services
  - j. The Pediatric CQI Liaison/Quality Coordinator
  - k. The Hospital Quality Improvement Department Director or designee
  - l. The Emergency Department Medical Director and/or the Pediatric Emergency Department Medical Director
  - m. The Emergency Department Nurse Manager and/or the Pediatric Emergency Department Nurse Manager
  - n. The Hospital Emergency/Disaster Preparedness Coordinator
  - o. The Transport Team Medical Director
  - p. The Transport Team Nurse Coordinator
  - q. Mid-Level provider, i.e. Nurse Practitioner or Physician Assistant for those facilities that utilize mid-level providers in their emergency department and/or on their pediatric units.
  - r. **For EMS Resource or Associate Hospitals:** The EMS Medical Director and EMS Coordinator.

### Site Survey Team

The survey team will be appointed by the Chief, Division of EMS & Highway Safety, in coordination with the Illinois EMSC Advisory Board. Site survey teams will be composed of a physician/nurse team along with a representative from the Illinois Department of Public Health. All team members will attend formal training in the site survey responsibilities, expectations and process.

### Following the Site Survey

1. Within four to six (4-6) weeks following the site visit, the hospital shall receive the results of the survey from the Department. Those facilities meeting all requirements will receive a formal recognition of their Pediatric Critical Care capabilities.
2. Hospitals that do not meet the requirements will receive a letter from the Illinois Department of Public Health outlining the areas of non-compliance. The Department can deny a request for recognition if findings show failure to substantially comply with the EDAP and/or PCCC requirements. Hospitals may appeal the results of the survey by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.
3. Re-recognition shall occur every three years, with site visits scheduled as necessary.

**ILLINOIS EMSC  
FACILITY RECOGNITION**

**Request for Re-recognition of Pediatric Critical Care Center (PCCC) and  
Emergency Department Approved for Pediatrics (EDAP) Status**

*Application Form*

Name of hospital and address (typed)

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**The above named facility is requesting renewal of PCCC and EDAP status. In addition, the above named facility certifies that each requirement in this Request for Recognition is met.**

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Typed name – CEO/Administrator

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Signature - CEO/Administrator

Date

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Typed name – Chairman of the Department of Pediatrics

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Signature – Chairman of the Department of Pediatrics

Date

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Typed name – Medical Director of Emergency Services

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Signature – Medical Director of Emergency Services

Date

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Contact Person – Typed name, credentials and title

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Contact Person – Phone number, fax number and email

## PEDIATRIC CRITICAL CARE CENTER PLAN CHECKLIST

**Instructions: Please follow and complete this checklist carefully. It outlines the components that must be included in the submitted plan. Please include any applicable supplemental documentation.**

Use the tabs provided by the EMSC office to organize your application.

### **A. Organizational Structure**

1.	<p><b>Enclosed is an Organizational Table identifying the administrative relationships among all departments in the hospital especially as they relate to the pediatrics department. The table must include but is not limited to the following:</b></p> <ul style="list-style-type: none"> <li>_____ Board of Directors</li> <li>_____ Chief Executive Officers</li> <li>_____ Emergency Department</li> <li>_____ Department of Pediatrics</li> <li>_____ Pediatric Ambulatory Care</li> <li>_____ Trauma Service</li> <li>_____ Department of Radiology</li> <li>_____ Laboratory Services</li> <li>_____ Transport Service Team</li> <li>_____ Social Services</li> </ul>	
2.	<p><b>Enclosed is an organizational table showing the organizational structure of the Department of Pediatrics, including the relationship of the physician, nursing and ancillary services for both the PICU and Pediatric units. Include the reporting structure for the Pediatric Chairman (who he/she reports to).</b></p> <p>_____ Department of Pediatrics Organizational Structure (Table)</p>	
3.	<p><b>Enclosed is an organizational table showing the organizational structure of the Emergency Department, including the relationship of the physician, nursing and ancillary services. Include the reporting structure for the Emergency Department Director (who he/she reports to).</b></p> <p>_____ Emergency Department Organizational Structure (Table)</p>	

**B. EDAP Renewal Checklist**

**For each requirement outlined below, select the response(s) as directed and attach supporting documentation.**

<p><b>Review the criteria in section 515.4000 a, 1 and 2, for the physician staff qualifications and continuing medical education and <u>submit each of the below.</u></b></p> <p><input type="checkbox"/> Enclosed is a policy or medical staff bylaws that incorporate the physician qualifications and CME requirements.</p> <p><input type="checkbox"/> Enclosed is a completed <b>CREDENTIALS OF EMERGENCY DEPARTMENT PHYSICIANS</b> Form.(Appendix E)</p> <p><input type="checkbox"/> Enclosed is the curriculum vitae for the ED Medical Director.</p> <p><input type="checkbox"/> Enclosed is a current one-month physician schedule for the ED.</p>	
<p><b>Review the criteria in section 515.4000 a, 3, for the ED Physician coverage and <u>submit one of the below.</u></b></p> <p><input type="checkbox"/> Enclosed is a previously approved policy. There are no changes.</p> <p><input type="checkbox"/> Enclosed is a revised policy for approval. (Necessary if any ED physicians have a waiver).</p>	
<p><b>Review the criteria in section 515.4000 a, 4, for ED Consultation and <u>submit the below.</u></b></p> <p><input type="checkbox"/> Enclosed is a one month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians.</p>	
<p><b>Review the criteria in section 515.4000 a, 5, for ED Physician Back-up and <u>submit one of the below.</u></b></p> <p><input type="checkbox"/> Enclosed is a previously approved policy. There are no changes.</p> <p><input type="checkbox"/> Enclosed is a revised policy for approval</p>	
<p><b>Review the criteria in section 515.4000 a, 6, for On Call Specialty Physician Response Time and <u>submit one of the below.</u></b></p> <p><input type="checkbox"/> Enclosed is a previously approved policy. There are no changes.</p> <p><input type="checkbox"/> Enclosed is a revised policy for approval</p>	
<p><b>Review the criteria in section 515.4000 b, 1 and 2 for Mid-Level Provider qualifications and continuing medical education and <u>submit both of the below.</u></b></p> <p><input type="checkbox"/> Enclosed is a policy (s) that incorporates the mid-level provider qualifications and continuing education requirements.</p> <p><input type="checkbox"/> Enclosed is a completed <b>CREDENTIALS OF EMERGENCY DEPARTMENT MID-LEVEL PROVIDERS FORM.</b> (Appendix F)</p> <p><input type="checkbox"/> Enclosed is a current one-month mid-level provider schedule.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> Enclosed is documentation that mid-level providers are not utilized in the ED)</p>	
<p><b>Review the criteria in section 515.4000 c, 1 and 2 for Nursing qualifications and continuing education and <u>submit each of the below.</u></b></p> <p><input type="checkbox"/> Enclosed is a policy that incorporates the nursing qualifications and CE requirements.</p> <p><input type="checkbox"/> Enclosed is a completed <b>CREDENTIALS OF EMERGENCY DEPARTMENT NURSING STAFF</b> Form. (Appendix G)</p> <p><input type="checkbox"/> Enclosed is a one-month Nurse staffing schedule for the emergency department.</p>	

<p><b>Review the criteria in section 515.4000 d, 1, for inter-facility transfer and <u>submit the below.</u></b></p> <p>_____ Enclosed is an interfacility transfer policy that addresses pediatric transfers.</p> <p>_____ Enclosed is a copy of our current pediatric specific transfer agreements (signed within past 3 years) with hospitals that provide pediatric specialty services, pediatric intensive care and burn care not available at this facility.</p>	
<p><b>Review the criteria in section 515.4000 d, 2, for suspected child abuse and <u>submit one of the below.</u></b></p> <p>_____ Enclosed is a previously approved policy. There are no changes.</p> <p>_____ Enclosed is a revised policy for approval</p>	
<p><b>Review the criteria in section 515.4000 d, 3, for treatment protocols and <u>submit the below.</u></b></p> <p>_____ Enclosed are all newly developed and revised pediatric treatment protocols.</p>	
<p><b>Review the criteria in section 515.4000 d, 4, for Latex-free policy and <u>submit the below.</u></b></p> <p>_____ Enclosed is a copy of our latex-free policy that addresses latex allergies and the availability of latex-free equipment and supplies.</p>	
<p><b>Review the criteria in section 515.4000 e, 1, for quality improvement activities and the multidisciplinary quality improvement committee and <u>submit both of the below.</u></b></p> <p>_____ Enclosed is our quality improvement plan including our QI policy, pediatric indicators, feedback loop and target timeframes for closure of issues.</p> <p>_____ Enclosed is the composition of our multidisciplinary QI committee.</p>	
<p><b>Review the criteria in section 515.4000 e, 2, for the Pediatric CQI Liaison responsibilities and <u>submit both of the below.</u></b></p> <p>_____ Enclosed is a curriculum vitae for the Pediatric CQI Liaison</p> <p>_____ Enclosed is documentation detailing the participation of the Pediatric CQI Liaison in Regional QI activities and how that has impacted pediatric quality care in the ED.</p>	
<p><b>Review the criteria in section 515.4000 f, for the list of Emergency Department Equipment Requirements and <u>submit the below.</u></b></p> <p>_____ Enclosed is a completed checklist indicating that all equipment is present.</p> <p>Using the equipment list provided in Appendix B, place an “X” next to each item that is <b>currently available</b>. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order <b>or</b> a waiver must be submitted for each item. <b>Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.</b></p> <p><b>Please note: If assistance is needed in identifying specific vendors for any of the equipment or supply items in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.</b></p>	

## C. PCCC Renewal Checklist

### 1. Facility Requirements

<p><b>Review the criteria in section 1.1 of the PCCC requirements as related to hospital resources and submit documentation identifying the ability to meet each of the below:</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a scope of services/policy outlining PICU services, unit resources and capabilities. Include any guidelines that outline pediatric admission criteria based on age parameters and/or diagnoses.</li><li>_____ Enclosed is a list of the members of the PICU Committee, as well as their disciplines to meet requirement 1.1.3. (Meeting minutes from the past year will be requested at the time of site survey)</li><li>_____ Enclosed is documentation to substantiate that requirement 1.1.4 (Helicopter landing) is met.</li><li>_____ Enclosed is a statement regarding 24 hour availability to meet requirement 1.1.5 (CAT Scan)</li><li>_____ Enclosed is a statement regarding the ability to meet the requirements of 1.1.6 (Laboratory)</li><li>_____ Enclosed is a statement of availability or transfer agreement to meet requirement 1.1.7 (Hemodialysis capabilities)</li><li>_____ Enclosed is a statement or scope of service from each program identifying the availability of staff as required in criteria 1.1.8 (Other staffing/services)</li><li>_____ Enclosed is a list of professional pediatric critical care educational classes your staff has provided in the past year to meet requirement 1.1.9 (include information on classes held within your facility and within the region or surrounding geographic area)</li><li>_____ Enclosed is a list of pediatric emergency care classes your staff has provided in the past year to meet requirement 1.1.10 (CPR, first aid, health fairs, etc conducted for your patient population and within the community, region or surrounding geographic area)</li><li>_____ Enclosed is documentation of any pediatric research your facility has been engaged in during the past year to meet requirement 1.1.11 (include the research project abstract, summary of projects or listing of research activities)</li></ul>	
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## PICU SERVICE REQUIREMENTS

## D. Professional Staff

### 2. Pediatric Intensive Care Unit Medical Director

<p><b>Review the criteria in section 2.1 for the Medical Director and Co-Director requirements and submit each of the below:</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a curriculum vitae for the appointed PICU Medical Director</li><li>_____ Enclosed is a copy of board certification or verification of board certification</li><li>_____ Enclosed is a curriculum vitae and board certification for the Co-Director (<b>as applicable - see requirement 2.1.1</b>)</li></ul>	
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3. PICU Medical Staff Requirements

<p><b>Review the criteria in section 3.1 and submit each of the below:</b></p> <p><u>PICU Medical Staff</u></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy outlining PICU physician staffing, coverage, availability, and CME requirements that incorporate criteria 3.1.1 and 3.1.2</li><li>_____ Enclosed is a completed <b>Credentials of PICU Physicians</b> form that includes the Medical Director (and Co-Director as applicable)</li><li>_____ Enclosed is a one month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).</li></ul> <p><u>Physician Specialist Availability (criteria 3.2.1- 3.2.4)</u></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy or by-laws that address the response time and on-call scheduling of Pediatric surgeons.</li><li>_____ Enclosed is a policy/process outlining board, sub-board certification or board preparedness for all specialist physicians.</li><li>_____ Enclosed is a policy/process outlining how pediatric proficiency is defined and assuring all specialist physicians maintain 10 hours of pediatric CME per year</li><li>_____ Enclosed is a policy/process outlining anesthesiologist on-call staffing and response time; subspecialty training in pediatric anesthesiology or pediatric proficiency as defined by institution and 10 hours of pediatric CME per year. For Certified Nurse Anesthetists, provide a copy of the By-Laws that address their responsibilities and back up.</li><li>_____ Enclosed are on-call schedules from the last month that list physician availability to meet requirements 3.2.3 and 3.2.4</li></ul>	
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4. PICU Mid-Level Providers (Physician Assistant or Nurse Practitioner) Requirements  
**NOTE – Complete this section only if physician assistants and/or nurse practitioners practice in the PICU.**

<p><b>Review the criteria in section 4.1 and submit each of the below:</b></p> <p><u>Nurse Practitioner Requirement 4.1.1</u></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy outlining PICU nurse practitioner staffing, coverage, availability, responsibilities and credentialing process.</li><li>_____ Enclosed is a copy of a one-month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).</li><li>_____ Enclosed is a completed <b>Credentials of PICU Mid-Level Providers</b> form.</li></ul> <p><u>Physician Assistant Requirement 4.1.2</u></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy outlining PICU physician assistant staffing, coverage, availability, responsibilities and credentialing process</li><li>_____ Enclosed is a copy of a one-month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).</li><li>_____ Enclosed is a completed <b>Credentials of PICU Mid-Level Providers</b> form.</li></ul> <p><u>Educational Requirement 4.1.3 and 4.1.4</u></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy that incorporates APLS, PALS, or ENPC requirement 4.1.3</li><li>_____ Enclosed is a copy of the PICU physician assistant/nurse practitioner continuing education policy that incorporates requirement 4.1.4</li></ul>	
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5. PICU Nursing Staff Requirements

<p><b>Review the criteria in section 5.1, 5.2 and 5.3 and submit each of the below:</b></p> <p><b>PICU Nurse Manager</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a curriculum vitae for the PICU manager</li><li>_____ Enclosed is a policy or job description that incorporates requirement 5.1.3</li></ul> <p><b>PICU Advanced Practice Nurse</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy or job description of the role and responsibilities of the advanced practice nurse in the PICU</li><li>_____ Enclosed is a roster of advanced practice nurses in the PICU</li><li>_____ Enclosed is a policy that incorporates requirements 5.2.3 and 5.2.4</li></ul> <p><b>Nursing Patient Care Services</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy/documentation outlining current nursing shift staffing plan/patterns.</li><li>_____ Enclosed is a completed <b>Credentials of PICU Nursing Staff</b> form that includes the PICU Nurse Manager and PICU Advanced Practice Nurse</li><li>_____ Enclosed is a policy or job description for the PICU nurse that outlines the orientation process to the unit responsibilities and requirements of the Department (5.3.3 and 5.3.4)</li><li>_____ Enclosed is a copy of a one month nurse staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).</li><li>_____ Enclosed is a policy reflecting yearly competency review requirements for the PICU Staff.</li></ul>	
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**E. Policies, Procedures and Treatment Protocols**

<p><b>Review the criteria in section 6.1 and submit each of the below:</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is an Admission and discharge criteria policy.</li><li>_____ Enclosed is a staffing policy that addresses nursing shift staffing patterns based on patient acuity.</li><li>_____ Enclosed is a policy for managing the psychiatric needs of the PICU patient.</li><li>_____ Enclosed are protocols, order sets, pathways or guidelines for management of high and low frequency diagnoses.</li></ul>	
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**F. Inter-facility Transfer/Transport Requirements**

<p><b>Review the criteria in section 7.1 and submit each of the below:</b></p> <p>_____ Enclosed is a copy of the last Annual report containing the number of annual transfers to your facility from transferring institutions</p> <p>_____ Enclosed is a policy outlining the feedback process to transferring hospitals on the status of the referral patient and your methods for quality review of the transfer process.</p> <p>_____ Enclosed is documentation outlining the pediatric inter-facility transport system capabilities and resources.</p> <p>_____ Enclosed is a transfer policy that addresses pediatric inter-facility transfers.</p>	
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**G. Quality Improvement**

<p><b>Review the criteria in section 8.1 and submit each of the below:</b></p> <p>_____ Enclosed is a list of the members of the Multidisciplinary Pediatric CQI Committee, and their respective positions/disciplines.</p> <p>_____ Enclosed is an institutional Quality Improvement Organizational Chart</p> <p>_____ Enclosed is the PICU outcome analysis plan and pediatric monitoring activities that meet requirement 8.1.2 (Minutes from the past year that reflect the activities of the Multidisciplinary Pediatric CQI Committee will be requested at the time of site survey).</p>	
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**H. Equipment**

<p><b>Review the criteria in section 9.1 and submit the below:</b></p> <p>_____ Enclosed is a completed checklist indicating that all equipment is present</p> <p>Using the equipment list provided in Appendix D, place an “X” next to each equipment item that is <b>currently available</b>. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order <b>or</b> a waiver must be submitted for each item. <b>Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.</b></p> <p><b>Please note: If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.</b></p>	
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# PEDIATRIC INPATIENT CARE SERVICE REQUIREMENTS

## I. Professional Staff

### 10. Pediatric Unit Physician Requirements

<p><b>Review the criteria in section 10.1 and submit each of the below:</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a curriculum vitae and a copy of board certification for the Pediatric Inpatient Director</li><li>_____ Enclosed is a policy or a scope of services for the pediatric unit that defines responsibility for medical management of care.</li><li>_____ Enclosed is a roster of physician coverage of the pediatric units and identify any hospitalists. If pediatric hospitalists are utilized, define their scope of service including their responsibilities to other attendings.</li><li>_____ Submit a completed <b>Credentials of Pediatric Unit Hospitalists</b> form</li><li>_____ Enclosed is a policy that incorporates requirement 10.1.2</li><li>_____ Enclosed is a policy or scope of services outlining the responsibility of the PICU medical director or his/her designee as being available on call and for consultation on all pediatric in-house patients who may require critical care.</li></ul>	
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### 11. Pediatric Unit Nurse Manager Requirements

<p><b>Review the criteria in section 11.1 and submit each of the below:</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a curriculum vitae for the pediatric unit manager</li><li>_____ Enclosed is job description or policy incorporating requirement 11.1.3.</li></ul>	
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### 12. Pediatric Unit Nursing Care Services

<p><b>Review the criteria in section 12.1 and submit each of the below:</b></p> <ul style="list-style-type: none"><li>_____ Enclosed is a policy/documentation outlining current nursing shift staffing plan/patterns.</li><li>_____ Enclosed is a policy describing annual competency review requirements for the pediatric nursing staff (12.1.2).</li><li>_____ Enclosed is a policy or job description for the pediatric unit nurse that outlines the orientation process to the unit responsibilities and requirements of the department that address requirements 12.1.1 – 12.1.4.</li><li>_____ Enclosed is a copy of a one month nursing staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).</li><li>_____ Enclosed is a completed <b>Credentials for the Pediatric Unit Nursing Staff</b> form that includes the Pediatric Unit Nurse Manager.</li></ul>	
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## J. Policies, Procedures and Treatment Protocols

Review the criteria in section 13.1 and submit each of the below:

- \_\_\_\_\_ Enclosed is a policy or scope of services that outlines the Pediatric Department services, ages of patients served, admission guidelines
- \_\_\_\_\_ Enclosed is a staffing policy that addresses nursing shift staffing patterns based on patient acuity.
- \_\_\_\_\_ Enclosed is a safety and security policy for the patient in the unit.
- \_\_\_\_\_ Enclosed is an inter-facility transport policy that addresses safety and acuity.
- \_\_\_\_\_ Enclosed is an intra-facility transport policy that addresses safety and acuity.
- \_\_\_\_\_ Enclosed is a latex-allergy policy
- \_\_\_\_\_ Enclosed is a pediatric organ procurement/donation policy
- \_\_\_\_\_ Enclosed is an isolation precautions policy that incorporates appropriate infection control measures.
- \_\_\_\_\_ Enclosed is a disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population.
- \_\_\_\_\_ Enclosed are protocols, order sets, pathways or guidelines for management of high and low frequency diagnoses.
- \_\_\_\_\_ Enclosed is a pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators. (See Pediatric Bill of Rights in Appendix N).
  - Death of a child
  - Child has been a victim of, or witness to violence
  - Family needs assistance in obtaining resources to take the child home.
  - Family needs a payment resource for their child's health needs
  - Family needs to be linked back to their primary health, social service or educational system.
  - Family needs support services to adjust to their child's health condition(s) or the increased demands related to changes in their child's health condition(s).
  - Family needs additional education related to the child's care needs in order to care for the child at home.
- \_\_\_\_\_ Enclosed is a discharge planning policy and/or protocol that includes the following:
  1. Documentation of appropriate primary care/ specialty follow-up provisions.
  2. Mechanism to access a primary care resource for children who do not have a provider.
  3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes:
    - Information on the child's hospital course
    - Discharge instructions and education
    - Follow-up arrangements
  4. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:
    - Require the assistance of medical technology
    - Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms.

<ul style="list-style-type: none"> <li>• Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services</li> <li>• Have a brain injury – mild, moderate or severe.</li> <li>• Have a spinal cord injury.</li> <li>• Exhibit seizure behavior during his or her acute care episode or the child has a history of seizure disorder and is not currently linked with specialty follow up.</li> <li>• Have a submersion injury, such as a near-drowning.</li> <li>• Have a burn (other than a superficial burn)</li> <li>• Have a pre-existing condition that experiences a change in health or functional status.</li> <li>• Have a neurological, musculoskeletal, or developmental disability</li> <li>• Have a sudden onset of behavioral change, for example, in cognition, language or affect.</li> </ul>	
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**K. CQI Requirements**

<p><b>Review the criteria in section 14.1 and submit the below:</b></p> <p>_____ Enclosed are the titles of the pediatric unit representatives that serve on the multidisciplinary Pediatric CQI Committee</p>	
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**L. Equipment Requirements**

<p><b>Review the criteria in section 15.1 and submit the below:</b></p> <p>_____ Enclosed is a completed checklist indicating that all equipment is present</p> <p>Using the equipment list provided in Appendix D, place an “X” next to each equipment item that is <b>currently available</b>. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order <b>or</b> a waiver must be submitted for each item. <b>Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.</b></p> <p><b>Please note: If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.</b></p>	
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**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER I: DEPARTMENT OF PUBLIC HEALTH**  
**SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY**  
**PART 515 EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE**  
**SECTION 515.4000 FACILITY RECOGNITION CRITERIA FOR THE EMERGENCY DEPARTMENT**  
**APPROVED FOR PEDIATRICS (EDAP)**

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**Section 515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)**

a) Professional Staff: Physicians

1) Qualifications

Twenty-four hour coverage of the emergency department shall be provided by at least one physician responsible for the care of critically ill or injured children who holds one of the following qualifications:

- A) Certification in emergency medicine by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) or residency trained/board eligible in emergency medicine and in the first cycle of the board certification process; or
- B) Certification in pediatric emergency medicine by the American Board of Pediatrics/American Board of Emergency Medicine (ABP/ABEM) or residency trained/board eligible in pediatric emergency medicine and in the first cycle of the board certification process; or
- C) Certification by one of the following boards and current American Heart Association – American Academy of Pediatrics (AHA-AAP) Pediatric Advanced Life Support (PALS) recognition or American College of Emergency Physicians – American Academy of Pediatrics (ACEP-AAP) Advanced Pediatric Life Support (APLS) recognition or equivalent course.
  - i) Certification in family practice by the American Board of Family Practice (ABFP) or American Osteopathic Board of Family Practice (AOBFP); or
  - ii) Certification in pediatrics by the ABP or American Osteopathic Board of Pediatrics (AOBP); or
  - iii) Residency trained/board eligible in either family practice or pediatrics and in the first cycle of the board certification process; or
- D) A physician who has received a waiver from the Illinois Department of Public Health based on one of the following criteria:
  - i) An emergency department physician who has already received a waiver in accordance with Section 515.2030(e) or Section 515.2040(f) of this Part; or
  - ii) Completion of 12 months of internship followed by at least 7000 hours of hospital-based emergency medicine, including pediatric patients, over the last 60-month period (including 2800 hours within one 24-month period), verified in writing by the hospitals at which the internship and subsequent hours were completed and current AHA-AAP PALS or ACEP-AAP APLS recognition; or
  - iii) Completion of professional activities spent in the practice of pediatric emergency medicine (PEM), over the last 60-month period and totaling a

minimum of 6000 hours, focused on the care of patients in the pediatric age group (<21 years) in the emergency department. Of the 6000 hours, 2800 hours must have been accrued in a 24-month (maximum) consecutive period of time. A minimum of 4000 of the 6000 hours must have been spent in the clinical practice of PEM. (If practiced in general ED, only time spent exclusively in pediatric practice can be used for credit.) The remaining 2000 hours may be spent in either clinical care or a mixture of related non-clinical activities clearly focused on PEM, including administration, teaching, prehospital care, quality improvement, research or other academic activities.

- 2) Continuing Medical Education  
All full- or part-time emergency physicians shall have documentation of completion of a minimum of 16 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics within a 2-year period.
  - 3) Physician Coverage  
At least one physician meeting the requirements of subsection (a)(1) shall be on duty in the emergency department 24 hours a day.
  - 4) Consultation  
Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation can be with an on-staff physician or in accordance with Appendix M of this Part.
  - 5) Physician Backup  
A backup physician whose qualifications and training are equivalent to subsection (a)(1) shall be available to the EDAP within 1 hour after notification to assist with critical situations or disasters.
  - 6) On-Call Physicians  
Protocols shall be established that address maximum response time for on-call physicians.
- b) Professional Staff: Mid-Level Practitioners  
A mid-level practitioner is a nurse practitioner or physician assistant working under the supervision of a physician who meets the qualifications of subsection (a)(1) of this Section.
- 1) Qualifications
    - A) Nurse practitioners shall have:
      - i) Completed a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program, or the Department will grant a waiver based on the following criteria: has completed 2000 hours of hospital-based emergency department or acute care over the last 24-month period that includes the care of the pediatric patient; and
      - ii) An Illinois advanced practice nursing license within one year after employment; and
      - iii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient.
    - B) Physician assistants shall have:
      - i) Current Illinois licensure (permanent or temporary); and
      - ii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient.
    - C) All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) course, the ACEP-AAP Advanced Pediatric Life Support (APLS) course or the ENA Emergency Nursing Pediatric course (ENPC).
  - 2) Continuing Education

- A) All full- or part-time nurse practitioners shall have documentation of a minimum of 16 hours of approved continuing education units in pediatric emergency topics within a 2-year period.
  - B) All full- or part-time physician assistants shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I) in pediatric emergency topics within a 2-year period. Credit for CME shall be approved by the Accreditation Council on Continuing Medical Education (ACCME), American Osteopathic Association Council on Continuing Medical Education (AOCCME), American Academy of Family Physicians (AAFP) or American Academy of Physicians Assistants (AAPA).
- c) Professional Staff: Nursing
- 1) Qualifications
    - A) At least one registered nurse (RN) on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:
      - i) AHA-AAP Pediatric Advanced Life Support (PALS) course;
      - ii) ACEP-AAP Advanced Pediatric Life Support (APLS) course; or
      - iii) ENA Emergency Nursing Pediatric course (ENPC).
    - B) All emergency department nurses shall successfully complete and maintain current recognition in one of the above educational requirements within 24 months after employment.
  - 2) Continuing Education

All nurses assigned to the emergency department shall have documentation of a minimum of 8 hours of pediatric emergency/critical care continuing education hours within a 2-year period. Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and/or publications. These continuing education hours can be integrated with other existing continuing education requirements, provided that the content is pediatric specific.
- d) Policies and Procedures
- 1) Interfacility Transfer

The facility shall have transfer agreements with Pediatric Critical Care Centers (PCCC) and policies/procedures concerning transfer of critically ill and injured patients to PCCCs. Incorporating the components of Appendix M of this Part into the emergency department transfer policy/procedure will meet this requirement.
  - 2) Suspected Child Abuse

The facility shall have policies/procedures addressing the identification, evaluation, treatment and referral of victims of suspected child abuse in accordance with State law.
  - 3) Treatment Protocols

The facility shall have protocols addressing appropriate stabilization measures in response to critically ill or injured pediatric patients (i.e., trauma, respiratory distress, seizures).
  - 4) Latex-free Policy

The facility shall have a policy addressing the availability of latex-free equipment and supplies.
- e) Quality Improvement
- 1) Multidisciplinary Committee
    - A) Pediatric emergency medical care shall be included in the EDAP's emergency department or section quality improvement (QI) program and reported to the hospital QI committee.

- B) Multidisciplinary continuous quality improvement (CQI) activities shall be established with documented CQI monitors addressing pediatric care within the emergency department, with identified clinical indicators and/or outcomes for care. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all pediatric emergency department deaths, resuscitations, and interfacility transfers.
- 2) Pediatric CQI Liaison  
A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated and supported by the hospital as the pediatric liaison. This individual may be employed in an area other than the emergency department and shall have a minimum of 2 years of pediatric critical care or emergency department experience. The responsibilities of the pediatric liaison shall include:
  - A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department staff in accordance with subsections (a), (b), and (c) of this Section.
  - B) Maintaining a data summary and working in conjunction with the multidisciplinary CQI committee to coordinate criteria-based review and followup of sample pediatric emergency department visits.
  - C) Coordinating a review of pre-hospital provider transported pediatric cases and providing feedback to the EMS System Coordinator and the EMS Regional Advisory Board.
  - D) Preparing a written CQI report and attending the EMS Regional CQI subcommittee, which activities shall be supported by the hospital. One representative from the CQI subcommittee shall report to the EMS Regional Advisory Board.
  - E) Providing CQI information to the Illinois Department of Public Health upon request. (See Section 3.110(a) of the Act.)
- f) Equipment, Trays, and Supplies  
See Appendix L of this Part.

(Source: Added at 26 Ill. Reg. 18367, effective December 20, 2002)

## Illinois EMSC Facility Recognition

### Pediatric Equipment Recommendations for Emergency Departments

The following list identifies pediatric equipment items that are recommended for the two emergency department facility recognition levels, Emergency Department Approved for Pediatrics (EDAP) and Standby Emergency Department for Pediatrics (SEDP). Equipment items are all classified as **ESSENTIAL "E"**. In addition, each equipment item should be stocked in the **EMERGENCY DEPARTMENT (ED)**.

\* **Must minimally stock the full range of each commonly available size noted or comparable size.**

<b>MONITORING DEVICES</b>	<b>EDAP</b>	Check if present in EDAP	<b>SEDP</b>	Check if present in SEDP
Blood glucose measurement device (i.e. chemistry strip or glucometer)	E (ED)		E (ED)	
Doppler ultrasound blood pressure device (neonatal – adult thigh cuffs)	E (ED)		E (ED)	
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles, with pediatric dosage settings and pediatric-adult packing electrodes	E (ED)		E (ED)	
Pediatric monitor electrodes	E (ED)		E (ED)	
End-tidal PCO2 monitor and/or pediatric CO2 detector (disposable units may be substituted)	E (ED)		E (ED)	
Otoscope/ophthalmoscope/stethoscope	E (ED)		E (ED)	
Pulse oximeter with pediatric adapter	E (ED)		E (ED)	
Sphygmomanometer with cuffs (neonatal – adult thigh)	E (ED)		E(ED)	
Hypothermia Thermometer (NOTE: with a range of 28-42° C)	E (ED)		E (ED)	
<b>VASCULAR ACCESS SUPPLIES AND EQUIPMENT</b>	<b>EDAP</b>	Check if present in EDAP	<b>SEDP</b>	Check if present in SEDP
Arm boards (sized infant through adult)	E (ED)		E (ED)	
Blood gas kits	E (ED)		E (ED)	
Butterfly type needles (19-25 g) *	E (ED)		E (ED)	
Catheter-over-needle devices (16-24 g)*	E (ED)		E (ED)	
Infusion pumps, drip or volumetric, with microinfusion capability, appropriate tubing & connectors	E (ED)		E (ED)	
Intraosseous needles or bone marrow needles (13 – 18 g size range) - stock one large and one small bore	E (ED)		E (ED)	
IV administration sets with calibrated chambers, extension tubing, stopcocks, & T-connectors	E (ED)		E(ED)	
IV fluid/blood warmer	E (ED)		E (ED)	
IV solutions: standard crystalloid and colloid solutions (D10W, D5/.2 NS, D5/.45 NS and 0.9 NS)	E (ED)		E (ED)	

Single or multiple lumen vascular access supplies utilizing the Seldinger technique (stock one small and one large size)	E (ED)		E (ED)	
Syringes (TB, Insulin U100, 1ml – 20ml)	E (ED)		E (ED)	
Tourniquets	E (ED)		E (ED)	
Umbilical vein catheters (3.5 and 5 Fr; The same size feeding tube may be used for 5 Fr)*	E (ED)		E (ED)	
<b>RESPIRATORY EQUIPMENT AND SUPPLIES</b>	<b>EDAP</b>	Check if present in EDAP	<b>SEDP</b>	Check if present in SEDP
Bag-valve-mask device, self-inflating infant/child and adult (1000 ml) with O <sub>2</sub> reservoir and clear masks (neonatal through large adult sizes)* ; PEEP valve and manometer	E (ED)		E(ED)	
Bulb syringe	E (ED)		E(ED)	
Cricothyrotomy capabilities (i.e. 10 g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter) or cricothyrotomy kit	E (ED)		E (ED)	
Endotracheal Tubes:				
Uncuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)	E (ED)		E (ED)	
Cuffed (sizes 5.5, 6.0, 6.5, 7.0, 7.5, 8.0)	E (ED)		E (ED)	
Stylets for endotracheal tubes (pediatric and adult)	E (ED)		E (ED)	
Laryngoscope handle (pediatric and adult)	E (ED)		E (ED)	
Laryngoscope blades (Curved 2,3; Straight or Miller 0, 1, 2, 3)*	E (ED)		E (ED)	
Magill forceps (pediatric and adult)	E (ED)		E (ED)	
Meconium Aspirator	E (ED)		E (ED)	
Nasopharyngeal airways (sizes 12, 16, 20, 24, 28, 30 Fr)*	E (ED)		E (ED)	
Nebulized medication, administration set with pediatric and adult masks	E (ED)		E (ED)	
Oral airways (sizes 0, 1, 2, 3, 4, 5 or size 50mm, 60mm, 70mm, 80mm, 90mm, 100mm)*	E (ED)		E (ED)	
Oxygen delivery device with flow meter and tubing	E (ED)		E (ED)	
Oxygen delivery adjuncts:				
Tracheostomy collar	E (ED)		E (ED)	
Partial non-rebreather masks, clear (pediatric and adult sizes)	E (ED)		E (ED)	
Nasal cannula (pediatric and adult)	E (ED)		E (ED)	
Nasal cannula (infant)	E (ED)		E (ED)	

Peak flow meter	E (ED)		E(ED)	
Suction capability (wall)	E (ED)		E (ED)	
Suction capability (portable)	E (ED)		E (ED)	
Suction catheters (sizes 6, 8, 10, 12, 14, 16 Fr and Yankauer-tip catheter)*	E (ED)		E(ED)	
Tracheostomy tubes (sizes PED* 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)* (Correspond to PT 00, 0, 1, 2, 3, 4 in old schematization)	E (ED)		- -	
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 12-32 Fr)*	E (ED)		- -	
<b>MEDICATIONS (unit dose, prepackaged)</b>	<b>EDAP</b>	Check if present in EDAP	<b>SEDP</b>	Check if present in SEDP
Access to the Illinois Poison Center 1-800-222-1222 through posting of phone number in ED	E (ED)		E (ED)	
Activated charcoal (Consider with and without Sorbitol)	E (ED)		E (ED)	
Adenosine	E (ED)		E (ED)	
Amiodarone	E (ED)		E (ED)	
Antipyretics	E (ED)		E (ED)	
Atropine	E (ED)		E (ED)	
Barbiturates	E (ED)		E (ED)	
Benzodiazepines	E (ED)		E (ED)	
Beta agonist for inhalation (Albuterol, Levalbuterol)	E (ED)		E (ED)	
Beta blockers	E (ED)		E (ED)	
Calcium (chloride or gluconate)	E (ED)		E (ED)	
Dexamethasone	E (ED)		E (ED)	
Dextrose (25% and 50%)	E (ED)		E (ED)	
Diphenhydramine	E (ED)		E (ED)	
Dobutamine	E (ED)		- - -	
Dopamine	E (ED)		- - -	
Epinephrine (1:1,000 and 1:10,000)	E (ED)		E (ED)	
Epinephrine (Racemic)	E (ED)		E (ED)	

Furosemide	E (ED)		E (ED)	
Glucagon or Glucose Paste	E (ED)		E (ED)	
Hydrocortisone	E (ED)		E (ED)	
Insulin, regular	E (ED)		E (ED)	
Lidocaine 1%	E (ED)		E (ED)	
Magnesium Sulfate	E (ED)		E (ED)	
Mannitol	E (ED)		E (ED)	
Methylprednisolone	E (ED)		E (ED)	
Narcotics	E (ED)		E (ED)	
Neuromuscular blocking agents (i.e. succinylcholine, rocuronium, vecuronium)	E (ED)		E (ED)	
Ocular anesthetics	E (ED)		E (ED)	
Phenytoin and/or Fosphenytoin	E (ED)		E (ED)	
<u>Poison Specific Antidotes</u>				
Cyanide kit (amyl nitrate, sodium nitrate, sodium thiosulfate)	E (ED)		E (ED)	
Flumazenil	E (ED)		E (ED)	
Naloxone	E (ED)		E (ED)	
Procainamide	E (ED)		E (ED)	
Sodium bicarbonate – 8.4% and 4.2%	E (ED)		E (ED)	
Sedative/Hypnotic (i.e. Thiopental, Ketamine, Etomidate, Midazolam)	E (ED)		E (ED)	
Tetanus Immune Globulin (Human)	E (ED)		E (ED)	
Tetanus Vaccines – (Single or in combination with other vaccines)	E (ED)		E (ED)	
<b>MISCELLANEOUS EQUIPMENT</b>	<b>EDAP</b>	Check if present in EDAP	<b>SEDP</b>	Check if present in SEDP
Dosing device - length or weight based system for dosing and equipment	E (ED)		E(ED)	
Dosing/equipment chart by weight	E (ED)		E (ED)	
EMS communication equipment (i.e. telemetry, MERCI, cellular or dedicated phone)	E (ED)		E (ED)	
Examination gloves, disposable	E (ED)		E (ED)	

Feeding tubes (8 Fr) *	E (ED)		E (ED)	
Fluorescein (Eye strips)	E (ED)		E (ED)	
Gastric lavage equipment	E (ED)		E(ED)	
Infant formulas, dextrose in water with various nipple sizes	E (ED)		E (ED)	
Lubricant, water soluble	E (ED)		E (ED)	
Nasogastric tubes (8-18 Fr)*	E (ED)		E (ED)	
Oral rehydrating solution	E (ED)		E (ED)	
Pediatric emergency cart or bag with defined list of contents attached to bag/cart	E (ED)		E (ED)	
Restraining device, pediatric (papoose)	E (ED)		E (ED)	
Resuscitation board	E (ED)		E(ED)	
Urinary catheters (8-22 Fr)*	E (ED)		E (ED)	
Warming devices, age appropriate	E (ED)		E (ED)	
Weighing scales for infant and adult	E (ED)		E (ED)	
Woods lamp (Blue light)	E (ED)		E (ED)	
<b>SPECIALIZED PEDIATRIC TRAYS</b>	<b>EDAP</b>	Check if present in EDAP	<b>SEDP</b>	Check if present in SEDP
Lumbar puncture capability (20-25 g, 1-1/2 inch needle)	E (ED)		E (ED)	
Minor surgical instruments and sutures	E (ED)		E (ED)	
Newborn kit/OB kit	E (ED)		E (ED)	
<b>FRACTURE MANAGEMENT DEVICES</b>	<b>EDAP</b>	Check if present in EDAP	<b>SEDP</b>	Check if present in SEDP
Extremity splints	E (ED)		E(ED)	
Femur splint (child and adult)	E (ED)		E (ED)	
Semi-rigid neck collars (child through adult) or cervical immobilization equipment suitable for children	E (ED)		E (ED)	
Spinal immobilization board (child and adult)	E (ED)		E (ED)	

**NOTE: LATEX-FREE SUPPLIES SHOULD BE AVAILABLE WHENEVER POSSIBLE**  
**(Refer to EMS System Latex-Free policy)**

\*Must minimally stock the full range of each commonly available size noted or comparable size.

## ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN

### *FACILITY RECOGNITION CRITERIA FOR THE PEDIATRIC CRITICAL CARE CENTER (PCCC)*

ANY FACILITY SEEKING PCCC LEVEL RECOGNITION SHALL MEET REQUIREMENTS FOR BOTH THE EDAP AND PCCC LEVELS. AS WITH THE EDAP CRITERIA, PEDIATRIC PATIENTS ARE DEFINED AS ALL CHILDREN AGE 15 AND YOUNGER.

**If applying Facility is a Pediatric Trauma Center – Follow the applicable Trauma Center Rules and Regulations for physician response times that meet the Trauma Requirements of sections 515.2035 and 515.2045**

#### DEFINITION OF TERMS:

**PCCC – A Hospital which meets designated capabilities and provides comprehensive specialized pediatric medical and surgical care to all acutely ill or injured pediatric patients from stabilization through return to optimal functional ability by meeting the criteria set forth within these requirements.**

**Child Life Specialist – A person whose primary role is to minimize the adverse effects of children’s experiences, by facilitating coping and the psychosocial adjustment of children and their families through the continuum of care.**

**Pediatric Hospitalist – Pediatricians who spend the majority of their time providing hospital services.**

#### 1.1 FACILITY REQUIREMENTS

A facility recognized as a PCCC Center shall provide:

- 1.1.1 An EDAP recognized emergency department
- 1.1.2 A distinct Pediatric Intensive Care Unit
- 1.1.3 A PICU Committee will be established as a standing (interdisciplinary) committee within the hospital with membership including, but not limited to: physicians, nurses, respiratory therapists, and others directly involved in PICU activities.
- 1.1.4 Helicopter landing capabilities approved by State and Federal authorities
- 1.1.5 Computerized axial tomography (CAT) scan availability 24 hours a day
- 1.1.6 Laboratory –24 hours a day in-house providing:

- A. Standard analysis of blood, urine, and body fluids
  - B. Blood typing and cross-matching
  - C. Coagulation studies
  - D. Comprehensive blood bank or an agreement with a community central blood bank
  - E. Blood gases and pH determinations
  - F. Microbiology, to include the ability to initiate aerobic and anaerobic cultures on site
  - G. Drug and alcohol screening
- 1.1.7 Hemodialysis capabilities or a transfer agreement
- 1.1.8 Staff shall include a child life specialist, occupational therapy, speech therapy, physical therapy, social work, dietary, psychiatry and child protective services staff.
- 1.1.9 Support hospital staff to act as a resource and participate in multidisciplinary regional pediatric critical care education
- 1.1.10 Develop a plan for implementing a program of public information/education concerning emergency care services for pediatrics
- 1.1.11 Support active institutional and collaborative regional research.

### **PEDIATRIC INTENSIVE CARE UNIT (PICU) MEDICAL DIRECTOR REQUIREMENTS**

A Medical Director shall be appointed and a record of appointment and acceptance shall be in writing.

#### **2.1 QUALIFICATIONS**

The PICU shall have a dedicated Medical Director who is:

- 2.1.1 A. Board-certified in Pediatrics by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), and Board certified or in the process of certification in Pediatric Critical Care Medicine by ABP, or Pediatric Intensive Care by AOBP;  
**or**
- B. Board-certified in Pediatrics by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), and Board-certified in a pediatric subspecialty with at least 50% practice in pediatric critical care. In this situation, a physician who meets criteria 2.1.1 A (above), shall be appointed as Co-director; **or**
- C. Board-certified in Anesthesiology by the American Board of Anesthesiology (ABA), or the American Osteopathic Board of Anesthesiology (AOBA), with practice limited to infants and children and with a subspecialty Certification in Critical Care Medicine. In this situation, a physician who meets criteria 2.1.1 A (above), shall be appointed as Co-director; **or**
- D. Board-certified in Pediatric Surgery, by the American Board of Surgery (ABS) with a subspecialty Certification in Surgical Critical Care Medicine by the ABS. In this situation (ABS), a physician who meets criteria 2.1.1 A (above), shall be appointed as Co-director.
- 2.1.2 The Medical Director and/or Co-Director must achieve certification within 5 years of their initial acceptance into the certification process for pediatric critical care or intensive care medicine, and maintain certification.

### 3.1 QUALIFICATIONS

- 3.1.1 The PICU shall have Twenty-four hour in-hospital coverage provided by:  
Board Certified Pediatric Intensivist, certified by ABP or AOBP, or Board Eligible Pediatric Intensivist in the process of certification by ABP or AOBP, who is responsible for the supervision of those listed below, and who is available within 30 minutes in-house after the determination is made that they are needed. If the intensivist is not in-house, then one of the following shall be available in-house:
1. Board Certified Pediatrician, certified by ABP or AOBP or Board Eligible in Pediatrics, and in the process of board certification.
  2. A Resident of PGY-2 or greater under the auspices of a Pediatric Training Program shall be in the unit, with a PGY-3 in house.
- 3.1.2 All above physicians shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course, or the ACEP-AAP Advanced Pediatric Life Support (APLS) Course.

- 3.2 PHYSICIAN SPECIALIST AVAILABILITY (NOTE: If applying Facility is a Pediatric Trauma Center, follow the applicable Trauma Center Rules and Regulations for physician response times that meet the Trauma Requirements of sections 515.2035 and 515.2045).

The following Attending Level Physician Specialists shall be on staff and are required to have:

- Pediatric proficiency as defined by the hospital credentialing process; and
  - Board/sub-board certification in their specialty. If residency trained/board prepared in their specialty, they must achieve certification within 5 years of their initial acceptance into the board/sub-board certification process, and maintain certification; and
  - 10 hours per year of pediatric continuing medical education (category I or II CME) in their specialty.
- 3.2.1 The following on-call surgeons with pediatric proficiency shall be available in house within 60 minutes after the determination is made that they are needed.
- Surgeon
  - Neurosurgeon, or transfer agreement with another facility
- 3.2.2 On-call attending anesthesiologists with pediatric proficiency shall be available in house within 60 minutes after the determination is made that they are needed. Certified Nurse Anesthetists (CRNA) with pediatric proficiency may initiate appropriate procedures as identified in hospital by-laws.

3.2.3 On Staff subspecialists with pediatric proficiency listed below shall be available to the institution or by phone for consultation within 60 minutes after the determination is made that they are needed.

- Cardiologist
- Neonatologist
- Nephrologist
- Neurologist
- Orthopedic Surgeon
- Otolaryngologist
- Radiologist

3.2.4 These Physician Specialists shall be available in the institution or by Consultation or Transfer agreement with another hospital:

- Allergist or Immunologist
- Cardiothoracic Surgeon
- Craniofacial (plastic) Surgeon
- Endocrinologist
- Gastroenterologist
- Hand Surgeon
- Hematologist-Oncologist
- Infectious Disease
- Micro-vascular Surgeon
- Obstetrics/Gynecology
- Ophthalmologist
- Oral Surgeon
- Physiatrist (Physical Medicine & Rehabilitation)
- Psychiatrist/Psychologist
- Pulmonologist
- Urologist

**PEDIATRIC INTENSIVE CARE UNIT (PICU) MID-LEVEL PROVIDERS** (Mid-Level Provider is defined as a Nurse Practitioner or Physician Assistant who works under the supervision of a licensed physician who satisfies criteria 3.1)

4.1 QUALIFICATIONS

4.1.1 Nurse Practitioner shall have credentialing as evidenced by:

- A. Completion of a Pediatric Nurse Practitioner program or Pediatric Critical Care Nurse Practitioner Program and shall have certification as an Acute Care Nurse Pediatric Practitioner.
- B. An Illinois Advanced Practice Nurse license within one year of hire.

4.1.2 Physician Assistant shall have credentialing as evidenced by:

- A. Current Illinois Physician Assistant licensure (permanent or temporary).
- B. Shall have completed a documented, precepted, post graduate clinical experience, in the management of critically ill pediatric patients.

4.1.3 All Nurse Practitioners and Physician Assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course, the ACEP-AAP Advanced Pediatric Life Support (APLS) Course or the ENA Emergency Nursing Pediatric Course (ENPC).

4.1.4 All Nurse Practitioners and Physician Assistants shall have documentation of a minimum of 50 hours of Continuing Medical Education or Continuing Education Units in pediatric critical care topics within a two year period.

**PEDIATRIC INTENSIVE CARE UNIT (PICU) NURSING STAFF REQUIREMENTS**

5.1 NURSE MANAGER

The PICU shall have a designated Nurse Manager who:

- 5.1.1 Shall be recognized under the Illinois Nurse Practice Act as an RN
- 5.1.2 Shall have three years of clinical critical care experience, with a minimum of one year in clinical pediatric care.
- 5.1.3 Shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course, the ACEP-AAP Advanced Pediatric Life Support (APLS) Course or the ENA Emergency Nursing Pediatric Course (ENPC).

**5.2 ADVANCED PRACTICE NURSE****CLINICAL NURSE SPECIALIST (CNS), NURSE PRACTITIONER (NP)**

The PICU shall have a designated pediatric CNS or pediatric NP who is available to provide clinical leadership in the nursing management of patients.

- 5.2.1 Certified Advanced Practice Nurses shall have completed a documented, precepted, post graduate clinical experience in the management of critically ill pediatric patients.
- 5.2.2 Shall have an Illinois Advanced Practice Nurse License within one year of hire
- 5.2.3 Shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course, the ACEP-AAP Advanced Pediatric Life Support (APLS) Course or the ENA Emergency Nursing Pediatric Course (ENPC).
- 5.2.4 Shall have documentation of a minimum of 50 hours of Continuing Medical Education or Continuing Education Units in pediatric critical care topics within a two year period.

**5.3 NURSING PATIENT CARE SERVICES****ALL NURSES ENGAGED IN DIRECT PATIENT CARE ACTIVITIES:**

- 5.3.1 Shall successfully complete a documented hospital and unit orientation according to hospital guidelines, before assuming full responsibility for patient care.
- 5.3.2 Shall complete a yearly competency review of high-risk, low-frequency therapies.
- 5.3.3 Shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course, the ACEP-AAP Advanced Pediatric Life Support (APLS) Course or the ENA Emergency Nursing Pediatric Course (ENPC).
- 5.3.4 Shall complete a minimum of 16 hours of pediatric emergency/critical care continuing education hours within a 2-year period. Continuing education may include, but is not limited to CEU offerings, case presentations, competency testing, teaching courses related to pediatrics and/or publications.

**6.1 PICU POLICIES, PROCEDURES AND TREATMENT PROTOCOLS**

The PICU will include, but not be limited to having the following age specific policies/protocols in place.

- 6.1.1 Admission and discharge criteria.
- 6.1.2 A staffing policy that addresses nursing shift staffing patterns based on patient acuity.
- 6.1.3 A policy for managing the psychiatric needs of the PICU patient.
- 6.1.4 Protocols, order sets, pathways or guidelines for management of high and low frequency diagnoses.

## **7.1 INTERFACILITY TRANSFER/TRANSPORT REQUIREMENTS**

A PCCC Shall:

- 7.1.1 Provide necessary consultation to those hospitals with which a Transfer Agreement is established; accept pediatric transfers from those hospitals; provide feedback as well as quality review to those facilities on the transfer and management process.
- 7.1.2 Have or be affiliated with a transport system and team to assist referral hospitals in arranging safe pediatric patient transport.
- 7.1.3 Have a transfer/transport policy that addresses the special needs of the pediatric population during transport.

## **8.1 COI REQUIREMENTS**

Each PCCC shall:

- 8.1.1 Have members from the PICU, including the Medical Director, and from the Pediatric Department, who serve on the Multidisciplinary Pediatric CQI Committee, which will include, but not be limited to: Emergency Department staff, Pediatric Department Staff, Respiratory, Laboratory, Social Service and Radiology.
- 8.1.2 This committee shall perform focused outcome analyses of its PICU services on a quarterly basis that consist of at least the following:
  - Review of all pediatric deaths
  - Review of all pediatric interfacility transfers
  - Review of all pediatric morbidities, or negative outcomes that are a result of treatment rendered or omitted
  - Review of pediatric audit filters. An audit filter is a clinical and/or internal resource indicator used to examine the process of care and to identify potential patient care and/or internal resource problems.
  - Review of child abuse cases unless performed by another committee in the hospital.
  - Review of all re-admissions within 48 hours of being discharged from the emergency department or in-patient that result in admission to the PICU.
  - Review of all potential and unanticipated adverse outcomes.

## **9.1 PICU EQUIPMENT (See Appendix D)**

**A specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.**

**NOTE: Broselow™ Pediatric Tape will meet this requirement.**

**PEDIATRIC INPATIENT CARE SERVICE REQUIREMENTS****10.1 PHYSICIAN REQUIREMENTS**

- 10.1.1 The Chair of Pediatrics or the Pediatric Inpatient Director shall have certification in pediatrics by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP).
- 10.1.2 All hospitalists, credentialed by their hospital to provide pediatric unit care, shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course or the ACEP-AAP Advanced Pediatric Life Support (APLS) Course
- 10.1.3 The Medical Director of the PICU, or their designee, shall be available on call and for consultation for all pediatric in-house patients who may require critical care.

**11.1 NURSE MANAGER REQUIREMENTS****NURSE MANAGER**

- 11.1.1 Shall be recognized under the Illinois Nurse Practice Act as an RN
- 11.1.2 Shall have three years pediatric experience.
- 11.1.3 Shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course, the ACEP-AAP Advanced Pediatric Life Support (APLS) Course or the ENA Emergency Nursing Pediatric Course (ENPC).

**12.1 NURSING PATIENT CARE SERVICES****ALL NURSES ENGAGED IN DIRECT PATIENT CARE ACTIVITIES:**

- 12.1.1 Shall successfully complete a documented hospital and unit orientation according to hospital guidelines, before assuming full responsibility for patient care.
- 12.1.2 Shall complete a yearly competency review of high-risk, low-frequency therapies based on patient population.
- 12.1.3 Shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP Pediatric Advanced Life Support (PALS) Course, the ACEP-AAP Advanced Pediatric Life Support (APLS) Course or the ENA Emergency Nursing Pediatric Course (ENPC).
- 12.1.4 Shall complete a minimum of 16 hours of pediatric continuing education hours within a 2-year period. Continuing education may include, but is not limited to CEU offerings, case presentations, competency testing, teaching courses related to pediatrics and/or publications.

**13.1 HOSPITAL/GENERAL PEDIATRIC DEPARTMENT POLICIES, PROCEDURES AND TREATMENT PROTOCOLS**

The Pediatric Department shall have, but not be limited to:

- 13.1.1 A policy or scope of services that outlines the Pediatric Department services, ages of patients served, admission guidelines
- 13.1.2 A staffing policy that addresses nursing shift staffing patterns based on patient acuity.
- 13.1.3 A safety and security policy for the patient in the unit.
- 13.1.4 An inter-facility transport policy that addresses safety and acuity.
- 13.1.5 An intra-facility transport policy that addresses safety and acuity.
- 13.1.6 A latex-allergy policy
- 13.1.7 A pediatric organ procurement/donation policy
- 13.1.8 An isolation precautions policy that incorporates appropriate infection control measures.
- 13.1.9 A disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population.
- 13.1.10 Protocols, order sets, pathways or guidelines for management of high and low frequency diagnoses.
- 13.1.11 A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators. (See *Pediatric Bill of Rights* in Appendix N).
  - Death of a child
  - Child has been a victim of, or witness to violence
  - Family needs assistance in obtaining resources to take the child home.
  - Family needs a payment resource for their child's health needs
  - Family needs to be linked back to their primary health, social service or educational system.
  - Family needs support services to adjust to their child's health condition(s) or the increased demands related to changes in their child's health condition(s).
  - Family needs additional education related to the child's care needs in order to care for the child at home.
- 13.1.12 A discharge planning policy and/or protocol that includes the following:
  1. Documentation of appropriate primary care/ specialty follow-up provisions.
  2. Mechanism to access a primary care resource for children who do not have a provider.
  3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes:
    - Information on the child's hospital course
    - Discharge instructions and education
    - Follow-up arrangements
  4. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:
    - Require the assistance of medical technology
    - Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms.
    - Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services.

- Have a brain injury – mild, moderate or severe.
- Have a spinal cord injury.
- Exhibit seizure behavior during his or her acute care episode or the child has a history of seizure disorder and is not currently linked with specialty follow up.
- Have a submersion injury, such as a near-drowning.
- Have a burn (other than a superficial burn)
- Have a pre-existing condition that experiences a change in health or functional status.
- Have a neurological, musculoskeletal, or developmental disability
- Have a sudden onset of behavioral change, for example, in cognition, language or affect.

#### **14.1 CQI REQUIREMENTS**

Representatives from the pediatric unit shall participate in the multidisciplinary Pediatric CQI Committee (see requirement 8.1).

#### **15.1 EQUIPMENT REQUIREMENTS**

**A specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.**

**NOTE: Broselow™ Pediatric Tape will meet this requirement.**

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN**

**Pediatric Critical Care Center (PCCC)**

**Pediatric Equipment/Supplies/Medications Guidelines and Checklist  
for the Pediatric Intensive Care Unit (PICU)**

**X- Indicates whether item needs to be located in the crash cart or immediately available.**

<b>AIRWAY</b>	<b>CRASH CART</b>	<b>Present</b>	<b>Immedi- ately available</b>	<b>Present</b>
Cricothyrotomy capabilities (i.e. 10g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter)			X	
Endotracheal tubes: Uncuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0) Cuffed (sizes 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5) Stylets for endotracheal tubes (pediatric and adult)	X			
Laryngoscope handle (pediatric and adult); bulbs (small and large); extra batteries	X			
Laryngoscope blades (Curved 1, 2, 3; Straight or Miller 00, 0, 1, 2, 3)	X			
Local anesthetic (i.e. lidocaine gel, cetacaine spray)	X			
Magill forceps (pediatric and adult)	X			
Oral airways (sizes 00, 1, 2, 3, 4, 5)	X			
Stylets (pediatric and adult)	X			
Tongue blades	X			
Tracheostomy collar			X	
Tracheostomy tubes (sizes PED 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 or ET may be substituted); trach ties; surgilube			X	
<b>BREATHING</b>				
Bag-valve-mask device, self-inflating with O <sub>2</sub> reservoir and without pop-off valve – pediatric (450ml) and adult (1000 ml)	X			
C-PAP			X	
End-tidal PCO <sub>2</sub> monitor and/or pediatric CO <sub>2</sub> detector (disposable units may be substituted)	X			
Flow meter	X			
Masks, clear (neonatal, toddler, infant, child, medium adult)	X			
Nasogastric tubes (sizes 6, 8, 10, 12, 14 Fr). NOTE: Cannot use feeding tubes as a substitute.	X			
Nasopharyngeal airways (sizes 12, 16, 20, 24, 28, 30 Fr)	X			
O <sub>2</sub> Tank	X			
O <sub>2</sub> Blender			X	
O <sub>2</sub> connectors and spare O <sub>2</sub> tubing	X			
Partial non-rebreather O <sub>2</sub> masks (neonatal, pediatric, adult)	X			

PEEP valves			X	
Pulse oximeter with probes (neonatal, infant, child)			X	
Stethoscope	X			
Suction supplies (bulb syringe, suction catheters sizes 6, 8, 10, 12, 14 Fr and Yankauer-tip catheter)	X			
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 8 – 40 Fr)			X	
Ventilator-respirator, pediatric			X	
<b>CIRCULATION</b>	<b>Crash Cart</b>	<b>Present</b>	<b>Immediately Available</b>	<b>Present</b>
Blood collection tubes, culture bottles, arterial blood gas syringe	X			
Butterfly needles (19, 21, 23, 25 g)	X			
Cardiac resuscitation board	X			
Catheter over needle IV access (sizes 16, 18, 20, 22, 24 g)	X			
CVP and arterial monitors			X	
Doppler device			X	
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles (and/or pads), with pediatric dosage settings (0-400 joules) and pediatric/adult packing electrodes, plus, gel.	X			
Intraosseous needles or Bone-marrow aspiration needles (one large, one smaller bore)	X			
IV fluid warmer			X	
IV pump(s)			X	
IV tubing and extension tubing	X			
Minidrip with metered chamber	X			
Needles (sizes 16, 18, 20, 22/23, 25; intracardiac needle 21 g, 1 ½ “; filter needle)	X			
Non-invasive blood pressure device (neonatal thru adult cuffs)			X	
Rapid infusion pumps			X	
Sphygmomanometer with cuffs (newborn, infant, child, small adult, adult)	X			
Stopcocks	X			
Syringes (TB, insulin U100, 1ml – 20ml and catheter tip)	X			
T-connectors	X			
Tourniquets, arm boards, tape, alcohol wipes, skin prep, razor	X			
Vascular access supplies utilizing the Seldinger technique (3 – 8 Fr)			X	
Warming devices, age appropriate			X	
<b>MEDICATIONS</b>	<b>CRASH CART</b>	<b>Present</b>	<b>Immediately Available</b>	<b>Present</b>
Activated Charcoal			X	
Adenosine	X			

PEDIATRIC EQUIPMENT/SUPPLIES/MEDICATIONS GUIDELINES AND CHECKLIST FOR THE PEDIATRIC INTENSIVE CARE UNIT APPENDIX D 3

Albumin 5% and 25%			X	
Amiodarone	X			
AquaMEPHYTON			X	
Atropine	X			
Bacteriostatic Water, 30ml	X			
Beta-agonist for inhalation			X	
Calcium Chloride 10%	X			
Calcium Gluconate 10%			X	
Dexamethasone	X			
Dextrose 10%, 25% and 50%	X			
Diazepam	X			
Digitalis antibody			X	
Digoxin			X	
Diphenhydramine	X			
Dobutamine			X	
Dopamine			X	
Dosing device – length or weight based system for dosing and equipment/supplies	X			
Epinephrine (1:1000 and 1:10,000)	X			
Factor VIII, IX concentrate (pharmacy or blood bank)			X	
Flumazenil	X			
Furosemide	X			
Glucagon	X		X	
Insulin			X	
IV solutions (D5W and 0.9 NS)	X			
IV solutions, standard crystalloid (D10W, D5.2 NS, D5.45 NS and 0.9 NS)			X	
Kayexalate			X	
Ketamine			X	
Lidocaine 1% and 2%	X			
List of resuscitation drug dosages at patient bedside (based on child’s weight)			X	
Lorazepam (may be located in unit refrigerator)	X			
Magnesium sulfate 10% and 50%			X	
Mannitol 25%	X			
Methylene blue			X	
N-acetyl cysteine			X	
Naloxone	X			
Narcotics			X	

PEDIATRIC EQUIPMENT/SUPPLIES/MEDICATIONS GUIDELINES AND CHECKLIST FOR THE PEDIATRIC INTENSIVE CARE UNIT APPENDIX D 4

Norepinephrine			X	
Neuromuscular blocking agents (i.e. succinylcholine, pancuronium, vecuronium) (NOTE: May be refrigerated)	X			
Oral rehydrating solution			X	
Phenobarbital			X	
Phenytoin and/or fosphenytoin			X	
Potassium			X	
Procainamide	X			
Propranolol			X	
Prostaglandin E1			X	
Sodium Bicarbonate, 8.4% and 4.2%	X			
Sodium Chloride 10 ml (multiple)	X			
Steroids – parenteral	X			
Thiopental			X	
Topical anesthetic agent			X	
Vasopressin (DDAVP)			X	
Whole bowel irrigation solution			X	
<b>MISCELLANEOUS</b>			<b>Immedi- ately Available</b>	<b>Present</b>
Lumbar puncture capability (20-25 g, 1 ½ - 3 ½ inch needle size range)			X	
Feeding tubes (8-14)			X	
Foley catheters (sizes 6, 8, 10, 12 Fr)			X	
Hypothermia thermometer with rectal probe (28 <sup>0</sup> – 42 <sup>0</sup> C)			X	
Otoscope/ophthalmoscope			X	
Weighing scales for infants and children			X	

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN**

**Pediatric Critical Care Center (PCCC)**

**Pediatric Equipment/Supplies/Medications Guidelines and Checklist  
for the Pediatric Inpatient Areas**

**NOTE: A crash cart shall be present on each pediatric unit.**

**X- Indicates whether item needs to be located in the crash cart or immediately available.**

<b>AIRWAY</b>	<b>CRASH CART</b>	<b>Present</b>	<b>Immedi- ately Available</b>	<b>Present</b>
Cricothyrotomy capabilities (i.e. 10g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter)			X	
Endotracheal tubes: Uncuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0) Cuffed (sizes 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5) Stylets for endotracheal tubes (pediatric and adult)	X			
Laryngoscope handle (pediatric and adult); bulbs (small and large); extra batteries	X			
Laryngoscope blades (Curved 1, 2, 3; Straight or Miller 00, 0, 1, 2, 3)	X			
Local anesthetic (i.e. lidocaine gel, cetacaine spray)	X			
Magill forceps (pediatric and adult)	X			
Oral airways (sizes 00, 1, 2, 3, 4, 5)	X			
Stylets (pediatric and adult)	X			
Tongue blades	X			
Tracheostomy collar			X	
Tracheostomy tubes (sizes PED 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 or ET may be substituted); trach ties; surgilube			X	
<b>BREATHING</b>				
Bag-valve-mask device, self-inflating with O <sub>2</sub> reservoir and without pop-off valve – pediatric (450ml) and adult (1000 ml)	X			
C-PAP			X	
End-tidal PCO <sub>2</sub> monitor and/or pediatric CO <sub>2</sub> detector (disposable units may be substituted)	X			
Flow meter	X			
Masks, clear (neonatal, toddler, infant, child, medium adult)	X			
Nasogastric tubes (sizes 6, 8, 10, 12, 14 Fr). NOTE: Cannot use feeding tubes as a substitute.	X			
Nasopharyngeal airways (sizes 12, 16, 20, 24, 28, 30 Fr)	X			
O <sub>2</sub> Tank	X			
O <sub>2</sub> Blender			X	

O <sub>2</sub> connectors and spare O <sub>2</sub> tubing	X			
Partial non-rebreather O <sub>2</sub> masks (neonatal, pediatric, adult)	X			
PEEP valves			X	
Pulse oximeter with probes (neonatal, infant, child)			X	
Stethoscope	X			
Suction supplies (bulb syringe, suction catheters sizes 6, 8, 10, 12, 14 Fr and Yankauer-tip catheter)	X			
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 8 – 40 Fr)			X	
Ventilator-respirator, pediatric			X	
<b>CIRCULATION</b>	<b>Crash Cart</b>	<b>Present</b>	<b>Immediately Available</b>	<b>Present</b>
Blood collection tubes, culture bottles, arterial blood gas syringe	X			
Butterfly needles (19, 21, 23, 25 g)	X			
Cardiac resuscitation board	X			
Catheter over needle IV access (sizes 16, 18, 20, 22, 24 g)	X			
CVP and arterial monitors			X	
Doppler device			X	
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles (and/or pads), with pediatric dosage settings (0-400 joules) and pediatric/adult packing electrodes, plus, gel.	X			
Intraosseous needles or Bone-marrow aspiration needles (one large, one smaller bore)	X			
IV fluid warmer			X	
IV pump(s)			X	
IV tubing and extension tubing	X			
Minidrip with metered chamber	X			
Needles (sizes 16, 18, 20, 22/23, 25; intracardiac needle 21 g, 1 ½ “; filter needle)	X			
Non-invasive blood pressure device (neonatal thru adult cuffs)			X	
Rapid infusion pumps			X	
Sphygmomanometer with cuffs (newborn, infant, child, small adult, adult)	X			
Stopcocks	X			
Syringes (TB, insulin U100, 1ml – 20ml and catheter tip)	X			
T-connectors	X			
Tourniquets, arm boards, tape, alcohol wipes, skin prep, razor	X			
Vascular access supplies utilizing the Seldinger technique (3 – 8 Fr)			X	
Warming devices, age appropriate			X	

<b>MEDICATIONS</b>	<b>CRASH CART</b>	<b>Present</b>	<b>Immedi-ately Available</b>	<b>Present</b>
Activated Charcoal			X	
Adenosine	X			
Albumin 5% and 25%			X	
Amiodarone	X			
AquaMEPHYTON			X	
Atropine	X			
Bacteriostatic Water, 30ml	X			
Beta-agonist for inhalation			X	
Calcium Chloride 10%	X			
Calcium Gluconate 10%			X	
Dexamethasone	X			
Dextrose 10%, 25% and 50%	X			
Diazepam	X			
Digitalis antibody			X	
Digoxin			X	
Diphenhydramine	X			
Dobutamine			X	
Dopamine			X	
Dosing device – length or weight based system for dosing and equipment/supplies	X			
Epinephrine (1:1000 and 1:10,000)	X			
Factor VIII, IX concentrate (pharmacy or blood bank)			X	
Flumazenil	X			
Furosemide	X			
Glucagon	X		X	
Insulin			X	
IV solutions (D5W and 0.9 NS)	X			
IV solutions, standard crystalloid (D10W, D5.2 NS, D5.45 NS and 0.9 NS)			X	
Kayexalate			X	
Ketamine			X	
Lidocaine 1% and 2%	X			
List of resuscitation drug dosages at patient bedside (based on child’s weight)			X	
Lorazepam (may be located in unit refrigerator)	X			
Magnesium sulfate 10% and 50%			X	
Mannitol 25%	X			

PEDIATRIC EQUIPMENT/SUPPLIES/MEDICATIONS GUIDELINES AND CHECKLIST FOR THE PEDIATRIC INTENSIVE CARE UNIT APPENDIX D 8

Methylene blue			X	
N-acetyl cysteine			X	
Naloxone	X			
Narcotics			X	
Norepinephrine			X	
Neuromuscular blocking agents (i.e. succinylcholine, pancuronium, vecuronium) (NOTE: May be refrigerated)	X			
Oral rehydrating solution			X	
Phenobarbital			X	
Phenytoin and/or fosphenytoin			X	
Potassium			X	
Procainamide	X			
Propranolol			X	
Prostaglandin E1			X	
Sodium Bicarbonate, 8.4% and 4.2%	X			
Sodium Chloride 10 ml (multiple)	X			
Steroids – parenteral				
Thiopental			X	
Topical anesthetic agent			X	
Vasopressin (DDAVP)			X	
Whole bowel irrigation solution			X	
<b>MISCELLANEOUS</b>			<b>Immedi- ately Available</b>	<b>Present</b>
Lumbar puncture capability (20-25 g, 1 ½ - 3 ½ inch needle size range)			X	
Feeding tubes (8-14)			X	
Foley catheters (sizes 6, 8, 10, 12 Fr)			X	
Hypothermia thermometer with rectal probe (28 <sup>0</sup> – 42 <sup>0</sup> C)			X	
Otoscope/ophthalmoscope			X	
Weighing scales for infants and children			X	

## ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN EDAP/PCCC APPLICATION

### CREDENTIALS OF EMERGENCY DEPARTMENT PHYSICIANS

- List each physician by name.
- Indicate full time or part time and date of ED hire.
- Check all credentials that qualify physician for EDAP or SEDP status.
- Identify any physicians that may have received a waiver from IDPH.
- For all physicians who do not meet any of the Board Certifications listed below and do not have a waiver, submit CV, other Board Certifications and copies of their Residency Completion.
- Identify completion of APLS or PALS.
- Write the number of pediatric CME hours that have been completed within the past 2 years.

Physician Name	F=Full Time	Date of ED Hire	Certification * (Or Board Eligible in 1 <sup>st</sup> cycle) ABEM, AOBEM, ABP, AOBP, ABFP or AOBFP (Identify if waiver requested/obtained)	Exp. Date	Course Completion		Exp. Date	16 HRS. of Pediatric Emergency related CME (In last two years)
	P=Part Time				APLS	PALS		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

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Hospital CEO/Administrator

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Hospital CEO/Administrator

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Date

(Note: The signature of the Hospital CEO/Administrator verifies that all information is current and accurate.)

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
EDAP/PCCC APPLICATION  
CREDENTIALS OF EMERGENCY DEPARTMENT MID LEVEL PROVIDERS**

- List each Mid Level Provider by name.
- Indicate full time or part time and date of ED hire.
- Check all credentials and verify current license.
- Nurse Practitioners shall have completed a Pediatric NP, Emergency NP or Family Practice NP program (or meet waiver criteria identified in 515.4000 or 515.4010, b, l, A, i).
- Identify completion of APLS, PALS or ENPC.
- Write the number of pediatric CME/CEU that have been completed within the past 2 years.

Provider Name	F=Full Time P=Part Time	Date of ED Hire	License Verification * NP = Illinois Advanced Practice License (PNP, ENP, FPNP) PA = Illinois License	Exp. Date	Facility Credentialing For Pediatric Care	Course Completion			Exp. Date	Pediatric Emergency CME/CEU ** (In Last Two Years) EDAP – 16 Hours SEDP – 20 Hours
					APLS	PALS	ENPC			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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Hospital CEO/Administrator

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\*\* Physician Assistant CME's must be from ACCME, AOCCME, AAFP or AAPA

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
EDAP/PCCC APPLICATION  
CREDENTIALS OF EMERGENCY DEPARTMENT NURSING STAFF**

- List each staff nurse by name.
- Indicate full time or part time and date of ED hire.
- Identify completion of APLS, PALS or ENPC.
- Write the number of pediatric CEU's that have been completed within the past 2 years.

Staff Nurse	F=Full Time P=Part Time	Date of ED Hire	Course Completion			Expiration Date	8 HRS. of Pediatric Emergency/Critical Care CEU's (In Last Two Years) EDAP – All RN's SEDP – One RN/Shift
			APLS	PALS	ENPC		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

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Hospital CEO/Administrator

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**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
EDAP/PCCC APPLICATION  
CREDENTIALS OF PEDIATRIC INTENSIVE CARE UNIT PHYSICIANS**

- List each physician by name.
- Indicate full time or part time.
- Provide copy of Board Certification for each physician.
- Identify completion of APLS or PALS course and expiration date.

Physician Name	F=Full Time P=Part Time	Date of Hire	Certification as Pediatric Intensivist with Dual Certifications: ABP and Pediatric Critical Care Medicine <u>or</u> AOBP and Pediatric Intensive Care <u>or</u> Board Eligible Pediatric Intensivist	Exp. Date	Course Completion		Exp. Date
					APLS	PALS	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
EDAP/PCCC APPLICATION  
CREDENTIALS OF PICU MID LEVEL PROVIDERS**

- List each provider by name.
- Indicate full time or part time.
- Indicate NP or PA licensure and expiration date.
- Nurse Practitioners shall have completed a Pediatric NP or Pediatric Critical Care NP program.
- Identify completion of APLS, PALS or ENPC.
- Note the number of pediatric CME/CEU that have been completed within the past two years.

Provider Name	F=Full Time P=Part Time	Date of Hire	License Verification * NP = Illinois Advanced Practice License PA = Illinois License	Exp. Date	Nurse Practitioner (Check one)		Course Completion			Exp. Date	Pediatric/Critical Care 50 Hours CME/CEU ** (In Last Two Years)
					PNP	PCCNP	APLS	PALS	ENPC		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

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\*\* Physician Assistant CME's must be from ACCME, AOCCME, AAFP or AAPA

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
EDAP/PCCC APPLICATION  
CREDENTIALS OF PICU NURSING STAFF**

- List each staff nurse by name.
- Indicate full time or part time and date of hire.
- Identify completion of APLS, PALS or ENPC.
- Note the number of pediatric CEU's that have been completed within the past two years.

Staff Nurse	F=Full Time P=Part Time	Date of ED Hire	Course Completion			Expiration Date	16 HRS. of Pediatric CEU's (In Last Two Years)
			APLS	PALS	ENPC		
1							
2							
3							
4							
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9							
10							
11							

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Date

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**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
EDAP/PCCC APPLICATION  
CREDENTIALS OF PEDIATRIC UNIT HOSPITALISTS**

- List each physician by name.
- Indicate full time or part time.
- Provide copy of Board Certification for each physician.
- Identify completion of APLS or PALS course and expiration date.

Physician Name	F=Full Time P=Part Time	Date of Hire	Board Certification	Exp. Date	Course Completion		Exp. Date
					APLS	PALS	
1							
2							
3							
4							
5							
6							
7							
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9							
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Hospital CEO/Administrator

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Date

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**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
EDAP/PCCC APPLICATION  
CREDENTIALS OF PEDIATRIC UNIT NURSING STAFF**

- List each staff nurse by name.
- Indicate full time or part time and date of hire.
- Identify completion of APLS, PALS or ENPC.
- Note the number of pediatric CEU's that have been completed within the past two years.

Staff Nurse	F=Full Time P=Part Time	Date of ED Hire	Course Completion			Expiration Date	16 HRS. of Pediatric CEU's (In Last Two Years)
			APLS	PALS	ENPC		
1							
2							
3							
4							
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6							
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**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH**  
**CHAPTER I: DEPARTMENT OF PUBLIC HEALTH**  
**SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY**  
**PART 515 EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE**  
**SECTION 515.APPENDIX M INTERFACILITY PEDIATRIC TRAUMA AND CRITICAL CARE**  
**CONSULTATION AND/OR TRANSFER GUIDELINE**

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**Section 515.APPENDIX M Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline**

Introduction

Most ill and injured children can be successfully managed by pediatricians, emergency physicians, and other community physicians in local hospitals. However, certain types of severely ill or injured children may require specialized pediatric critical care services or specialized trauma services that are not generally available in local hospitals.

Referral centers that provide specialized pediatric critical care services or specialized trauma services for pediatric patients should be identified by local EMS agencies and included as integral components of their pediatric emergency and critical care systems and trauma care systems. The specialized referral centers provide 24-hour telephone consultation to assist community physicians in the evaluation and management of critically ill and injured children. In addition, most of these referral centers provide pediatric interfacility transport services to facilitate the transport of critically ill or injured children to specialized centers when indicated.

Decisions on when to seek consultation or to transfer pediatric patients need to be individualized, based on local needs and resources. However, children with certain categories of critical illness and injury are at high risk of death and disability. Early consultation with appropriate pediatric critical care or trauma specialists and rapid transport to specialized referral centers, when indicated, can improve the outcomes for these children. In particular, consultation should be sought for pediatric medical, surgical, and trauma patients who require intensive care when it is not locally available.

The attached guidelines are intended for use in a number of ways:

- They can be used by physicians and hospitals to identify the types of critically ill or injured children who might benefit from consultation with critical care or trauma specialists or transfer to specialized referral centers. It is recommended that hospitals and their medical staffs develop appropriate policies, procedures and staff education programs based on these guidelines. This will help to promote consultation, minimize delays, and facilitate appropriate, rapid and efficient transport of critically ill and injured children to specialty centers, when indicated.
- It is recommended that these guidelines also be used by local EMS agencies as a basis for the development of pediatric consultation and transfer guidelines based on the local needs and resources. Consultation and transfer guidelines should be integrated into local EMS agency plans for pediatric emergency, critical care, and trauma care in each region. These guidelines should become specific EMS policies and procedures in order to promote appropriate consultation and transfer of children who require specialized pediatric critical care and/or trauma services.

The following guidelines are intended to assist physicians and hospitals to identify the types of critically ill and injured children who might benefit from consultation with pediatric critical care specialists or trauma specialists and transfer to specialized pediatric critical care or trauma centers, when indicated. If an interfacility transport is required, the referring physician, in consultation with the receiving physician, should determine the method of transport and appropriate personnel to accompany the child.

Consultation with pediatric medical and surgical specialists at a pediatric tertiary care center or trauma specialists at a trauma center should occur as soon as possible after evaluation of the patient. It is recommended that each hospital and its medical staff develop appropriate emergency department and inpatient guidelines, policies and procedures for obtaining consultation and arranging transport, when indicated, for the following types of pediatric medical and trauma patients.

- I. Guidelines for Interfacility Consultation and/or Transfer for Evaluation of Pediatric Medical Patients (Non-trauma)

A. Physiologic Criteria

1. Depressed or deteriorating neurologic status
2. Severe respiratory distress responding inadequately to treatment and accompanied by any one of the following:
  - a. Cyanosis
  - b. Retractions (moderate to severe)
  - c. Apnea
  - d. Stridor (moderate to severe)
  - e. Grunting or gasping respirations
  - f. Status asthmaticus
  - g. Respiratory failure
3. Children requiring endotracheal intubation and/or ventilatory support
4. Serious cardiac rhythm disturbances
5. Status post cardiopulmonary arrest
6. Heart failure
7. Shock responding inadequately to treatment
8. Children requiring any one of the following:
  - a. Arterial pressure monitoring
  - b. Central venous pressure or pulmonary artery monitoring
  - c. Intracranial pressure monitoring
  - d. Vasoactive medications
9. Severe hypothermia or hyperthermia
10. Hepatic failure
11. Renal failure, acute or chronic requiring immediate dialysis

B. Other Criteria

1. Near drowning with any history of loss of consciousness, unstable vital signs or respiratory problems
2. Status epilepticus
3. Potentially dangerous envenomation
4. Potentially life-threatening ingestion of, or exposure to, a toxic substance
5. Severe electrolyte imbalances
6. Severe metabolic disturbances
7. Severe dehydration
8. Potentially life-threatening infections, including sepsis

9. Children requiring intensive care
10. Any child who may benefit from consultation with, or transfer to, a pediatric critical care center

II. Guidelines for Interfacility Consultation and/or Transfer for Evaluations of Pediatric Trauma Patients

A. Physiologic Criteria

1. Depressed or deteriorating neurologic status
2. Respiratory distress or failure
3. Children requiring endotracheal intubation and/or ventilatory support
4. Shock, compensated or uncompensated
5. Injuries requiring any blood transfusion
6. Children requiring any one of the following:
  - a. Arterial pressure monitoring
  - b. Central venous pressure or pulmonary artery monitoring
  - c. Intracranial pressure monitoring
  - d. Vasoactive medications

B. Anatomic Criteria

1. Fractures and deep penetrating wounds to an extremity complicated by neurovascular or compartment injury
2. Fracture of 2 or more major long bones (i.e., femur, humerus)
3. Fracture of the axial skeleton
4. Spinal cord or column injuries
5. Traumatic amputation of an extremity with potential for replanation
6. Head injury when accompanied by any of the following:
  - a. Cerebrospinal fluid leaks
  - b. Open head injuries (excluding simple scalp injuries)
  - c. Depressed skull fractures
  - d. Decreased level of consciousness
7. Significant penetrating wounds to the head, neck, thorax, abdomen or pelvis
8. Major pelvic fractures
9. Significant blunt injury to the chest or abdomen

C. Other Criteria

1. Children requiring intensive care
2. Any child who may benefit from consultation with, or transfer to, a trauma center or a pediatric critical care center

D. Burn Criteria (Thermal or Chemical) – Contact should be made with a burn center for children who meet any one of the following criteria:

1. Partial thickness burns of greater than 10% total body surface area (TBSA)
2. Third degree burns in any age group
3. Burns involving:
  - a. Signs or symptoms of inhalation injury
  - b. Respiratory distress
  - c. The face
  - d. The ears (serious full-thickness burns or burns involving the ear canal or drums)
  - e. The mouth and throat
  - f. The hands, feet, genitalia, major joints or perineum
4. Electrical burns (including lightning injury)
5. Chemical burns
6. Burns associated with trauma or complicating medical conditions
7. Burned children in hospitals without qualified personnel or equipment for the care of children
8. Burn injury in patients who will require special social, emotional, or long-term rehabilitative information

(Source: Added at 26 Ill. Reg. 18367, effective December 20, 2002)

## **PEDIATRIC BILL OF RIGHTS\***

**All children have a right to the following:**

- Ask to have a parent or another adult stay with them during their examination**
- Tell their caregiver when and where something hurts**
- Ask questions if they don't understand a medical procedure or what's happening to them**
- Choose which ear should be looked at first or which arm to have a shot in**
- Ask for something to ease their pain**
- Listen to music, play a game, or read a book to help distract them during medical procedures**
- Cry, laugh, or be mad if it helps them feel better**

**\* Source: Association for the Care of Children's Health (ACCH)**