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1. Label			FORM 19-27-2002 NHAMCS-901 U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2003 Panel Emergency Pediatric Services and Equipment Supplement		
Disposition — <i>To be completed by Census Field Representative</i>					
1 <input type="checkbox"/> Hospital HAS an eligible ED - <i>Complete Supplement</i>					
2 <input type="checkbox"/> Hospital does NOT have an eligible ED - STOP! Return to RO					
2a. Hospital contact information			b. ED contact information		
Name			Name		
Title			Title		
Telephone	Area code	Number	Telephone	Area code	Number

A message from the National Center for Health Statistics . . .

Children requiring care for serious and life-threatening emergencies have unique and special needs. Over the past ten years, guidelines for pediatric preparedness have been developed by various pediatric and emergency medicine associations, most recently in April of 2001. In order to gather current information on hospital emergency department readiness for the care of children, a new form, based in part on the April, 2001 guidelines, has been added to the 2003 National Hospital Ambulatory Medical Care Survey (NHAMCS). This new form will take about 30 minutes to complete.

INSTRUCTIONS FOR COMPLETING THE FORM

The form consists of a short set of questions related to hospital characteristics and services, followed by a list of pediatric equipment from the 2001 guidelines. If you have any questions or need assistance completing this form, you may contact

_____ at _____

• Questions

Please answer only the questions that apply based on the "skip instructions" next to specific check boxes. If there is no skip instruction following a check box, proceed to the next question.

• Equipment List

Please mark (X) "Yes" **only** for the equipment and supplies that are actually present in the emergency department in your hospital, otherwise mark (X) "No." If you have a separate pediatric emergency department, please answer these questions for that location only. If possible, you are encouraged to physically verify the presence of each of these items when you complete the list.

DEFINITIONS OF TERMS

- **Pediatric patient** - A person less than 18 years old who is treated in the emergency department or admitted to the hospital.
- **Pediatric ward/department** - A hospital inpatient unit exclusively for pediatric patients.
- **Pediatric trauma service** - An organized multidisciplinary team that provides coordinated care of severely injured children from the emergency department, through care in the operating room, intensive care unit, inpatient unit of the hospital, and rehabilitation.
- **Transfer agreement** - A written guideline for the transfer of pediatric patients from one specified hospital facility to another specified hospital facility, often to get the child moved from a community hospital to a tertiary hospital with pediatric intensive care capability or specialty physician expertise.
- **Critical injury** - An injury that is potentially or actually life threatening without rapid resuscitation and surgical or intensive care intervention.
- **Intensive care** - A hospital unit that provides high technology monitoring and medical intervention for life-threatening illnesses and injuries or the post-surgical care of such children.

Thank you

. . . for taking time from your busy schedule to contribute to this important study. The success of this survey depends on the cooperation of people like you.

Section I - YOUR HOSPITAL

These first questions are about hospital procedures and services related to treating and caring for children.

<p>1. Does your hospital admit pediatric patients ("Admit" means for an overnight stay in the hospital of at least 24 hours)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to question 3</i></p>
<p>2. Does your hospital have a separate pediatric ward or department, that is, one intended for exclusively treating children?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>3. Does your hospital have a 23 hour observation area exclusively for pediatric patients, that is, an area for pediatric patients who are not admitted to the hospital but whose condition following treatment may warrant further assessment before being admitted or discharged?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4. Does your hospital have a pediatric trauma service, that is, coordinated trauma care for a pediatric patient from admittance to discharge?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to question 6</i> 2 <input type="checkbox"/> No</p>
<p>5. Does your hospital have a written transfer agreement with a facility that has a pediatric trauma service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6. Generally, critically injured pediatric trauma patients requiring hospitalization would be cared for: <i>Mark (X) one</i></p>	<p>1 <input type="checkbox"/> In your hospital 2 <input type="checkbox"/> In another hospital, per written transfer agreement 3 <input type="checkbox"/> In another hospital, but no written transfer agreement exists 4 <input type="checkbox"/> Other - <i>Explain</i> <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>7. Pediatric patients requiring intensive care (such as brain injury, multiple severe traumatic injuries, meningitis, and respiratory failure requiring intubation) would be cared for: <i>Mark (X) one</i></p>	<p>1 <input type="checkbox"/> In the pediatric ICU in your hospital 2 <input type="checkbox"/> In the adult ICU in your hospital 3 <input type="checkbox"/> In another hospital 4 <input type="checkbox"/> Other - <i>Explain</i> <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>8. Does your hospital have a written transfer agreement with a facility that has a pediatric intensive care unit?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>9. Do you have written protocols stating under what conditions a pediatrician will be called to the emergency department?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA - Have a pediatrician on duty in Emergency Department 24 hours, 7 days per week.</p>
<p>10. Does your emergency department have 24 hour 7 day a week access to the following attending physicians (either in-house or on call)?</p> <p>a. Board certified emergency medicine attending physician</p> <p>b. Board certified pediatric emergency medicine attending physician</p> <p>c. Board certified pediatric attending physician</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

PLEASE CONTINUE WITH SECTION II ON NEXT PAGE.

Section II – YOUR HOSPITAL EMERGENCY DEPARTMENT

Please check the equipment and supplies listed below that are actually present in the emergency department in your hospital. If you have a separate pediatric emergency department, please answer these questions for that location only. It is anticipated that most facilities will NOT have all of the items listed in this table. You are also encouraged to physically verify the presence of each of these items in your emergency department when you complete this checklist.

EMERGENCY SUPPLIES		YES	NO			YES	NO
A. Monitoring							
1.	Cardiorespiratory monitor with strip recorder			3.	Oralpharyngeal airways–		
2.	Defibrillator (0-400 J capability) with 4.5 cm paddles			a.	Sizes 00		
3.	Pediatric monitor electrodes			b.	Size 0		
4.	Pulse oximeter with –			c.	Size 1		
a.	Newborn sensor size			d.	Size 2		
b.	Child sensor size			e.	Size 3		
5.	Thermometer/rectal probe with capability 25°C to 44°C			4.	Nasopharyngeal airways –		
6.	Doppler blood pressure device			a.	Size 10 Fr		
7.	Blood pressure cuffs –			b.	Size 12 Fr		
a.	Neonatal size			c.	Size 14 Fr		
b.	Infant size			d.	Size 16 Fr		
c.	Child size			e.	Size 20 Fr		
d.	Small adult size			f.	Size 24 Fr		
8.	Method to monitor ET tube and placement ¹			g.	Size 28 Fr		
B. Vascular Access				5.	Bag-valve-mask resuscitator, self-inflating, 450 mL size		
1.	Butterfly needles –			6.	Nasal cannulae –		
a.	19-gauge			a.	Infant size		
b.	21-gauge			b.	Child size		
c.	23-gauge			7.	Uncuffed endotracheal tubes –		
d.	25-gauge			a.	Size 2.5		
2.	Catheter-over-needle devices –			b.	Size 3.0		
a.	16-gauge			c.	Size 3.5		
b.	18-gauge			d.	Size 4.0		
c.	20-gauge			e.	Size 4.5		
d.	22-gauge			f.	Size 5.0		
e.	24-gauge short			g.	Size 5.5		
f.	24-gauge long			h.	Size 6.0		
3.	Infusion device to regulate rate and volume			i.	Size 6.5		
4.	Tubing for infusion device			j.	Size 7.0		
5.	Intraosseous needles ²			k.	Size 7.5		
a.	16-gauge			8.	Cuffed endotracheal tubes –		
b.	18-gauge			a.	Size 5.5		
6.	Umbilical vein catheters ³			b.	Size 6.0		
a.	Size 3.5 Fr			c.	Size 6.5		
b.	Size 5 Fr			d.	Size 7.0		
7.	Seldinger technique vascular access kit –			e.	Size 7.5		
a.	Size 3 Fr catheters			9.	Stylets –		
b.	Size 4 Fr catheters			a.	Infant size		
c.	Size 5 Fr catheters			b.	Pediatric size		
C. Airway Management				10.	Laryngoscope handle, pediatric		
1.	Clear oxygen masks –			11.	Curved laryngoscope blades –		
a.	Preterm/neonatal size			a.	Size 2		
b.	Infant size			b.	Size 3		
c.	Child size			12.	Straight laryngoscope blades –		
2.	Non-rebreathing masks –			a.	Size 0		
a.	Infant size			b.	Size 1		
b.	Child size			c.	Size 2		
				d.	Size 3		

Please continue in next column

¹ May be satisfied by a disposable ETCO₂ detector, bulb, or feeding tube methods for endotracheal tube placement.

² May be satisfied by standard bone marrow aspiration needles, 13- or 15-gauge.

³ Available within the hospital

Section II - YOUR HOSPITAL EMERGENCY DEPARTMENT - Continued

EMERGENCY SUPPLIES - Continued

C. Airway Management - Continued

	YES	NO
13. Magill forceps, pediatric		
14. Nasogastric tubes -		
a. Size 5 Fr ["smaller sizes"]		
b. Size 6 Fr		
c. Size 8 Fr		
d. Size 10 Fr		
e. Size 12 Fr		
f. Size 14 Fr		
15. Flexible suction catheters -		
a. Size 5/6 Fr		
b. Size 8 Fr		
c. Size 10 Fr		
d. Size 12 Fr		
16. Chest tubes -		
a. Size 8 Fr ["smaller sizes"]		
b. Size 10 Fr		
c. Size 12 Fr		
d. Size 14 Fr		
e. Size 16 Fr		
f. Size 18 Fr		
g. Size 20 Fr		
h. Size 22 Fr		
i. Size 24 Fr		
j. Size 26 Fr		
17. Tracheostomy tubes -		
a. Size 00 ["smaller sizes"]		
b. Size 0		
c. Size 1		
d. Size 2		
e. Size 3		
f. Size 4		
g. Size 5		
h. Size 6		

Please continue in next column →

D. Resuscitation medications

Medication chart, tape, or other system for dose estimations

YES	NO

E. Specialized pediatric trays

1. Tube thoracotomy with water seal drainage capability
2. Lumbar puncture -
 - a. Spinal needle size 20-gauge
 - b. Spinal needle size 22-gauge
 - c. Spinal needle size 25-gauge
3. Urinary catheterization w/pediatric Foley catheters
 - a. Size 5/6 Fr
 - b. Size 8 Fr
 - c. Size 10 Fr
 - d. Size 12 Fr
4. Obstetric pack
5. Newborn kit -
 - a. Umbilical vessel cannulation supplies
 - b. Meconium aspirator
6. Venous cutdown
7. Surgical airway kit⁴

F. Fracture management

1. Cervical immobilization equipment -
 - a. Infant size⁵
 - b. Child size
2. Extremity splints
3. Femur splints: child size

G. Miscellaneous

1. Infant scales
2. Infant formula
3. Oral rehydrating solutions
4. Heating source (infrared lamps or overhead warmer), Isolette
5. Pediatric restraining devices
6. Resuscitation board
7. Sterile linen (available within hospital for burn care)
8. Medical photography capability

⁴ May include any of the following items: tracheostomy tray, cricothyrotomy tray, ETJV (needle jet).

⁵ Many types of cervical immobilization devices are available. These include wedges and collars. The type of device chosen depends on local preference and policies and procedures. Whatever device is chosen should be stocked in sizes to fit infants, children, adolescents and adults. The use of sandbags to meet this requirement is discouraged because they may cause injury if the patient has to be turned.

NOTE

Please estimate the amount of time it took to complete this entire form, that is, both the questions and the list of items. →

	Minutes
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Remarks
