

Mind the Children in Reshaping ER Care

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The anniversaries of Sept. 11, 2001, and Hurricane Katrina were painful reminders that the United States needs to be better prepared for the unexpected. A three-part report by the Institute of Medicine released this summer underscores the need for major reordering of priorities in emergency medicine, but the portion of the report devoted to the needs of children has not received the attention it deserves.

Although children account for nearly 30 percent of all emergency department visits, only 6 percent of emergency departments are properly equipped to handle them. Reports have shown that emergency medical technicians, nurses and even doctors lack adequate pediatric training, that health-care facilities lack sufficient pediatric resources and that emergency department policies often overlook children.

As an emergency physician at Children's National Medical Center in Washington, I know firsthand that pediatric emergency departments differ immensely from adult facilities. For instance, each year overcrowded emergency rooms divert 500,000 ambulance patients to more distant facilities. Children's medical center, like many regional pediatric hospitals, does not have the option of diverting ambulances to other hospitals. In fact, we employ a "no-diversion" policy, requiring that all children transported to our emergency department be stabilized and treated.

Children are not mini-adults; their size is accompanied by fragility, fear and impatience. Caring for them is typically more labor-intensive, so we must recognize the need for health-care workers who are not only better trained but also more abundant. For instance, it may take a team of three or four to start an intravenous line in a frightened 3-year-old, as opposed to one person for an adult.

Pediatric-specific facilities must equip themselves to handle large influxes of people, including parents and caretakers, during mass-casualty emergencies. Pediatric hospitals must have a comprehensive approach to treating both children and accommodating those who come with them, because separating families may cause additional stress.

The Institute of Medicine recommends that emergency departments and emergency medical services ensure appropriate staff and equipment to treat children; that there be explicit pediatric-specific preparations in disaster planning; that research into medications and technologies for pediatrics be supported; and that funding be increased for the Emergency Medical Services for Children program, a national initiative designed to reduce child disability and death due to severe illness and injury.

The Institute of Medicine's recommendations to Congress should be considered and implemented immediately if we, as a society, want to properly address the emergency needs of children.

-- Joseph L. Wright

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