



## Pediatric Readiness in the Emergency Department

This checklist is based on the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and Emergency Nurses Association (ENA) 2018 joint policy statement **"Pediatric Readiness in the Emergency Department."** Use this tool to check if your hospital emergency department (ED) has the most critical components listed in the joint policy statement.

### Guidelines for Medication, Equipment, and Supplies

Pediatric equipment, supplies, and medications are appropriate for children of all ages and sizes (see list below), and are easily accessible, clearly labeled, and logically organized.

- ED staff is educated on the location of all items
- Daily method in place to verify the proper location and function of pediatric equipment and supplies
- Medication chart, length-based tape, medical software, or other systems is readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications
- Standardized chart or tool used to estimate weight in kilograms if resuscitation precludes the use of a weight scale (e.g., length-based tape)

### Medications

- Analgesics (oral, intranasal, and parenteral)
- Anesthetics (eutectic mixture of local anesthetics; lidocaine 2.5% and prilocaine 2.5%; lidocaine, epinephrine, and tetracaine; and LMX 4 [4% lidocaine])
- Anticonvulsants (benzodiazepines, levetiracetam, valproate, carbamazepine, fosphenytoin, and phenobarbital)
- Antidotes (common antidotes should be accessible to the ED, e.g., naloxone)
- Antipyretics (acetaminophen and ibuprofen)
- Antiemetics (ondansetron and prochlorperazine)
- Antihypertensives (labetalol, nicardipine, and sodium nitroprusside)
- Antimicrobials (parenteral and oral)
- Antipsychotics (olanzapine and haloperidol)
- Benzodiazepines (midazolam and lorazepam)
- Bronchodilators
- Calcium chloride and/or calcium gluconate
- Corticosteroids (dexamethasone, methylprednisolone, and hydrocortisone)
- Cardiac medications (adenosine, amiodarone, atropine, procainamide, and lidocaine)
- Hypoglycemic interventions (dextrose, oral glucose)
- Diphenhydramine
- Epinephrine (1mg/mL and 0.1 mg/mL solutions)
- Furosemide
- Glucagon
- Insulin
- Magnesium sulfate
- Intracranial hypertension medications (mannitol, 3% hypertonic saline)
- Neuromuscular blockers (rocuronium and succinylcholine)
- Sucrose solutions for pain control in infants
- Sedation medications (midazolam, etomidate and ketamine)
- Sodium bicarbonate (4.2%)
- Vasopressor agents (dopamine, epinephrine and norepinephrine)
- Vaccines (tetanus)