IDAHO

Hospital Pediatric Readiness Recognition Program Manual

IDAHO
EMSC State Partnership Program

STACY RODGERS – Idaho EMS for Children (EMSC) Program Manager
Idaho Bureau of Emergency Medical Services
Idaho Military Division
4732 S. Ingalls St., Bldg. 668
Boise, ID 83705
PHONE 208-484-7137

July 1, 2025

Dear Hospital Representative,

The Idaho Emergency Medical Services for Children Program (EMSC) is proud to present the Idaho Hospital Pediatric Readiness Recognition Program. The goal of this program is to improve pediatric emergency care in the state. Children have unique health needs that differ from adults. These differences are especially important when children are acutely ill or injured. In emergency departments (EDs), adhering to national guidelines for pediatric emergency care, known as being "pediatric ready," is associated with improved survival. We hope to increase the number of facilities ready to provide initial stabilization, treatment, and necessary transfers to definitive care for injured and ill children.

To accomplish this goal, the Idaho EMSC program developed a system that is attainable, promotes evidence-based practice, and integrates into the National Pediatric Readiness Project (NPRP), which is a federally administered program. Idaho has three levels of recognition: Pediatric Capable, Pediatric Advanced, and Pediatric Expert. Facilities can refer to the program criteria to determine the most appropriate level of recognition.

This program is voluntary and at no cost to facilities. The intention is to improve pediatric patient care, increase pediatric emergency readiness, and to make the entire state of Idaho safer for kids. A recent study found that if all EDs in the United States were pediatric ready, it could save at least 2,100 lives a year.

The EMSC program is prepared to support you with this process. If you need any assistance, please do not hesitate to contact me.

Respectfully,

Stacy Rodgers

Stacy Rodgers

Program Manager, Emergency Medical Services for Children (EMSC)

Bureau of EMS & Preparedness | Idaho Military Division

Office (208) 334-5526 Cell (208) 484-7137

Stacy.Rodgers@dhw.idaho.gov

Idaho Hospital Pediatric Readiness Recognition Program

A. Facility Recognition Levels

a. Pediatric Expert
b. Pediatric Advanced
c. Pediatric Capable

B. Application and Review Process

1. Review the Idaho Hospital Pediatric Readiness Recognition Program manual to determine which level of recognition is appropriate for your facility.
2. Retake the National Pediatric Readiness Project (NPRP) assessment prior to applying at: Pediatric Readiness Assessment - Home Page (pedsready.org)
3. Submit a completed application with supporting documentation, NPRP results, and the required patient charts to the EMSC program manager via secure email, fax, or mail. (Supporting documentation is only mandatory for criteria in sections Administration/Coordination and Patient Safety).
4. The EMSC program manager will review the application for completeness, request any additional information, and/or specific charts for physician review.
5. An EMSC Advisory Committee physician independently reviews the charts to determine compliance prior to the onsite review.
6. The EMSC Program Manager will schedule an onsite review with the facility, which can be combined with another Time Sensitive Emergency (TSE) Designation survey.
7. After the onsite review, a survey and physician chart review report will be presented to the EMSC Advisory Committee for a final decision (meetings are held quarterly, but additional meetings may be scheduled for recognition).
8. The facility will be notified within a week of the EMSC Advisory Committee meeting.
9. Recognition is valid for 3 years. Facilities will be required to submit a renewal application, which opens 9 months prior to expiration.

C. Physician Chart Review

Charts will be reviewed based on the criteria and physician grading system. The overall goal is to provide opportunities for growth. After review, the physician will submit a report to the EMSC Advisory Committee or may request additional clarification or documentation from the facility.

Expert and Advanced applicants must submit 5 charts to include:

- At least two critical charts ESI 1 or 2. Examples: severe asthma, major trauma, or requiring transfer or admission.
- Three pediatric charts ESI 1-4. Preferably one medical, one injury/trauma, and one of your preferences.
- One of the five charts above must have gone through the Performance Improvement Process that resulted in a practice or process change.

Capable applicants must submit 3 charts to include:

- At least one critical chart ESI 1 or 2. Examples: severe asthma, major trauma, or requiring transfer or admission.
- Two pediatric charts: i.e. ESI 1-4. Preferably one medical and one injury/trauma.

Recognition Criteria for Pediatric Expert

Criteria for recognition of Pediatric Expert is based upon the National Pediatric Readiness Project (NPRP) supported by the American College of Emergency Physicians, the Emergency Nurses Association, the Federal Emergency Medical Services for Children (EMSC) Program, and the American Academy of Pediatrics. The following elements must be met for your facility's ED to be recognized as Pediatric Expert in Idaho. The facility must submit **5 patient charts** for physician review.

1. ADMINISTRATION/COORDINATION		✓
1.1	Physician **and** Nurse Pediatric Emergency Care Coordinator (PECC) required	
1.2	Physician Coordinator is filled by a physician	
1.3	The physician **and** nurse PECC have defined roles and responsibilities with dedicated non clinical time allotted to improving pediatric care	
1.4	Board certified/Board Eligible EM physician 24/7	
1.5	Policy for physician/APP credentialing to support the care of pediatric patients	
1.6	Nurse PECC has additional training and/or certification in pediatric emergency care	
1.7	Policy for nurse credentialing to support the care of pediatric patients	
1.8	At least annual pediatric training opportunities are available and encouraged for ED staff	
1.9	Pediatric competency evaluations are required for nurses (skills, knowledge, and behavior)	
1.10	ED has QI/PI plan for pediatrics	
1.11	Quality Improvement plan that includes: • Patient care chart review process (review of all deaths) • Identification of quality indicators • Collection and analysis of pediatric emergency care data • Reevaluation of performance using outcome-based measures	
2. PATIENT SAFETY		✓
2.1	All children are weighed and recorded in the medical record in kilograms (children defined as any person up to the age of 18 years old)	
2.2	Vitals signs recorded on all children (e.g. temperature, HR, RR, BP, pulse oximetry, pain)	
2.3	Blood pressure monitor available based on triage acuity	
2.4	Pulse oximetry monitoring available based on severity of illness	
2.5	End tidal CO2 monitoring available based on severity of illness	
2.6	There is process in place for physician notification of abnormal vital signs	
2.7	There is a process for use of pre calculated emergency drug dosing in children (e.g. length-based tape)	
2.8	Level of consciousness assessed (e.g. GCS, AVPU)	
2.9	Level of pain assessed using age/developmentally appropriate pain assessment tools	
2.10	ED has a triage policy that addresses ill or injured children	
2.11	There is a plan for assessment and reassessment of the pediatric patient	
2.12	There is a plan for immunization assessment and management of the under immunized child	
2.13	There is a child maltreatment policy	
2.14	There is a plan for death of a child in the ED	
2.15	Policy for reduced dose radiation for CT and Xray based on pediatric age and weight	
2.16	There is a plan for behavioral health issues for all children	

2.17	Written guidelines for transfer of children with behavioral health issues	
2.18	There is a plan for social services for children of all ages	
2.19	There is a policy for promoting family centered care including involving family in care decision making, family present during all aspects of care including resuscitation, education of family on treatment plan and bereavement counseling	
2.20	There is a disaster plan that addresses the needs of children	
2.21	All disaster drills include a pediatric patient at least biannually	
2.22	Adoption of a disaster triage tool validated for the pediatric population (e.g. JumpSTART)	
2.23	There are ***guidelines*** that outline the procedure with other hospitals for the transfer of children in need of a higher level of care	
2.24	There are ***written agreements*** with other hospitals for the transfer of children in need of a higher level of care	
2.25	There are pediatric sedation and analgesia guidelines	
2.26	All ED staff are trained on location of pediatric supplies and medications	
2.27	There is a process to verify the proper location and stocking of pediatric equipment (e.g. daily restocking)	
2.28	There is a standardized tool to estimate weight for resuscitation before actual weight can be obtained. (e.g. length-based tape)	
3. EQUIPMENT/SUPPLY LIST (to be evaluated during onsite survey)		✓
3.1	Patient Warming Device	
3.2	Intravenous blood/fluid warmer	
3.3	Weight scale locked in kilograms	
3.4	Length-based resuscitation tape	
3.5	Age-appropriate Pain Scale assessment tools	
3.6	Tourniquets for hemorrhage control	
3.7	Foley Catheter	
MONITORING		✓
3.8	Temperature Recorded on all children	
3.9	Blood pressure cuffs (neonatal, infant, child)	
3.10	Continuous end tidal C02 monitoring device	
3.11	Handheld doppler	
3.12	Electrocardiography monitor/defibrillator with pediatric-sized pads/paddles	
3.13	Pulse oximeter with pediatric probes	
3.14	Glucose monitor	
RESPIRATORY		✓
3.15	Endotracheal tubes cuffed or uncuffed: 2.5-5.5 mm; cuffed 6.0 mm)	
3.16	Laryngoscope blades (curved: 2 and straight: 0-2)	
3.17	Laryngoscope handle	
3.18	Oropharyngeal airways (sizes 0-3)	
3.19	Magill Forceps (pediatric)	
3.20	Naso/Orogastric Tubes (all pediatric sizes)	
3.21	Nasopharyngeal airways (infant and child)	
3.22	Stylets for endotracheal tubes (pediatric)	
3.23	Suction Catheters (one in range 6-8Fr and one in range 10-12Fr)	
3.24	Yankauer/rigid Suction Tip	
3.25	Tracheostomy tray (all sizes 2, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm)	
3.26	Supraglottic Tubes Pediatric	
3.27	Bag-mask device (manual), self-inflating (sizes 250 ml & 450 ml)	
3.28	Oxygen masks (Standard infant and child)	

3.29	Non-rebreather child	
3.30	Masks to fit bag-mask device (Neonatal, infant, and child)	
3.31	Nasal cannulas (infant and child)	
3.32	Supplies/kit for patients with difficult airway conditions (to include but not limited to supraglottic airways of all sizes, such as the laryngeal mask airway, and 2 needle cricothyrotomy supplies.)	
VASCULAR		✓
3.33	Interosseous needles AND device (pediatric size)	
3.34	Arm Boards (infant and child)	
3.35	IV (22 & 24 gauge)	
FRACTURE MANAGEMENT		✓
3.36	Pediatric sized extremity splints	
3.37	Cervical/spinal immobilization supplies with age appropriate (infant and child) including semi-rigid collars, backboards, towel rolls, straps, etc.	
SPECIALIZED PEDIATRIC TRAYS OR KITS		✓
3.38	Chest Tubes: Infant Size 10F or 12F	
3.39	Chest Tubes: Child Size 16 F or 18F	
3.40	Newborn delivery kit (including equipment for initial resuscitation, umbilical clamp, scissors, bulb syringe and towel.)	
3.41	Pediatric Bag or Cart with defined list of length-based contents, easily accessed with list on outside.	
4. PEDIATRIC EXPERT CHARTS		✓
4.1	At least two critical charts ESI 1 or 2. Examples: severe asthma, major trauma, or requiring transfer or admission	
4.2	Three pediatric charts ESI 1-4. Preferably one medical, one injury/trauma, and one of your preferences	
4.3	One of the five charts above must have gone through the Performance Improvement Process that resulted in a practice or process change	

Click the link below to access the application for **Pediatric Expert**:

Hospital Recognition Application - Expert

Recognition Criteria for Pediatric Advanced

Criteria for recognition of Pediatric Advanced is based upon the National Pediatric Readiness Project (NPRP) supported by the American College of Emergency Physicians, the Emergency Nurses Association, the Federal Emergency Medical Services for Children (EMSC) Program, and the American Academy of Pediatrics. The following elements must be met for your facility's ED to be recognized as Pediatric Advanced in Idaho. The facility must submit **5 patient charts** for physician review.

1. ADMINISTRATION/COORDINATION		✓
1.1	Physician **and** Nurse Pediatric Emergency Care Coordinator (PECC) required	
1.2	Physician Coordinator is filled by MD or APP	
1.3	The physician and nurse PECC have defined roles and responsibilities	
1.4	Physician 24/7	
1.5	Policy for physician/APP credentialing to support the care of pediatric patients	
1.6	Nurse PECC has additional training and/or certification in pediatric emergency care	
1.7	Policy for nurse credentialing to support the care of pediatric patients	
1.8	At least annual pediatric training opportunities are available and encouraged for ED staff	
1.9	ED has QI/PI plan for pediatrics	
1.10	Quality Improvement plan that includes: • Chart review process for all critical (ESI 1) pediatric charts and at least 5 lower acuity pediatric charts • Formulate a corrective action plan to identify and correct deficiencies	
2. PATIENT SAFETY		✓
2.1	All children are weighed and recorded in the medical record in kilograms (children defined as any person up to the age of 18 years old)	
2.2	Vitals signs recorded on all children (e.g. temperature, HR, RR, BP, pulse oximetry, pain)	
2.3	Blood pressure monitor available based on triage acuity	
2.4	Pulse oximetry monitoring available based on severity of illness	
2.5	End tidal CO2 monitoring available based on severity of illness	
2.6	There is process in place for physician/APP notification of abnormal vital signs	
2.7	There is a process for use of pre calculated emergency drug dosing in children (e.g. length-based tape)	
2.8	Level of consciousness assessed (e.g. GCS, AVPU)	
2.9	Level of pain assessed using age/developmentally appropriate pain assessment tools	
2.10	ED has a triage policy that addresses ill or injured children	
2.11	There is a plan for assessment and reassessment of the pediatric patient	
2.12	There is a plan for immunization assessment and management of the under immunized child	
2.13	There is a child maltreatment policy	
2.14	There is a plan for death of a child in the ED	
2.15	Policy for reduced dose radiation for CT and Xray based on pediatric age and weight	
2.16	There is a plan for behavioral health issues for all children	
2.17	Written guidelines for transfer of children with behavioral health issues	
2.18	There is a plan for social services for children of all ages	

2.19	There is a policy for promoting family centered care including involving family in care decision making, family present during all aspects of care including resuscitation and education of family on treatment plan	
2.20	There is a disaster plan that addresses issues specific to the care of children	
2.21	All disaster drills include a pediatric patient at least biannually	
2.22	Adoption of a disaster triage tool validated for the pediatric population (e.g. JumpSTART)	
2.23	There are ***guidelines*** that outline the procedure with other hospitals for the transfer of children in need of a higher level of care	
2.24	There are ***written agreements*** with other hospitals for the transfer of children in need of a higher level of care	
2.25	All ED staff are trained on location of pediatric supplies and medications	
2.26	There is a process to verify the proper location and stocking of pediatric equipment (e.g. daily restocking)	
2.27	There is a standardized tool to estimate weight for resuscitation before actual weight can be obtained. (e.g. length-based tape)	
3. EQUIPMENT/SUPPLY LIST (to be evaluated during onsite survey)		✓
3.1	Patient Warming Device	
3.2	Intravenous blood/fluid warmer	
3.3	Weight scale locked in kilograms	
3.4	Length-based resuscitation tape	
3.5	Age-appropriate Pain Scale assessment tools	
3.6	Tourniquets for hemorrhage control	
3.7	Foley Catheter	
MONITORING		✓
3.8	Temperature Recorded on all children	
3.9	Blood pressure cuffs (neonatal, infant, child)	
3.10	Continuous end tidal C02 monitoring device	
3.11	Electrocardiography monitor/defibrillator with pediatric-sized pads/paddles	
3.12	Pulse oximeter with pediatric probes	
3.13	Glucose monitor	
RESPIRATORY		✓
3.14	Endotracheal tubes cuffed or uncuffed: 2.5-5.5 mm; Cuffed 6.0 mm)	
3.15	Laryngoscope blades (curved: 2 and straight: 0-2)	
3.16	Laryngoscope handle	
3.17	Oropharyngeal airways (sizes 0-3)	
3.18	Magill Forceps (pediatric)	
3.19	Naso/Orogastric Tubes (all pediatric sizes)	
3.20	Nasopharyngeal airways (infant and child)	
3.21	Stylets for endotracheal tubes (pediatric)	
3.22	Suction Catheters (one in range 6-8Fr and one in range 10-12Fr)	
3.23	Yankauer/rigid Suction Tip	
3.24	Tracheostomy tray (all sizes 2, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm)	
3.25	Supraglottic Tubes Pediatric	
3.26	Bag-mask device (manual), self-inflating (sizes 250 ml & 450 ml)	
3.27	Oxygen masks (Standard infant and child)	
3.28	Non-rebreather child	
3.29	Masks to fit bag-mask device (Neonatal, infant, and child)	
3.30	Nasal cannulas (infant and child)	

3.31	Supplies/kit for patients with difficult airway conditions (to include but not limited to supraglottic airways of all sizes, such as the laryngeal mask airway, and 2 needle cricothyrotomy supplies)	
VASCULAR		✓
3.32	Interosseous needles AND device (pediatric size)	
3.33	Arm Boards (infant and child)	
3.34	IV (22 & 24 gauge)	
FRACTURE MANAGEMENT		✓
3.35	Pediatric sized extremity splints	
3.36	Cervical/spinal immobilization supplies with age appropriate (infant and child) including semi-rigid collars, backboards, towel rolls, straps, etc.	
SPECIALIZED PEDIATRIC TRAYS OR KITS		✓
3.37	Chest Tubes: Infant Size 10F or 12F	
3.38	Chest Tubes: Child Size 16F or 18F	
3.39	Newborn delivery kit (including equipment for initial resuscitation, umbilical clamp, scissors, bulb syringe and towel.)	
3.40	Pediatric Bag or Cart with defined list of length-based contents, easily accessed with list on outside	
4. PEDIATRIC ADVANCED CHARTS		✓
4.1	At least two critical charts ESI 1 or 2. Examples: severe asthma, major trauma, or requiring transfer or admission.	
4.2	Three pediatric charts ESI 1-4. Preferably one medical, one injury/trauma, and one of your preferences.	
4.3	One of the five charts above must have gone through the Performance Improvement Process that resulted in a practice or process change.	

Click the link below to access the application for **Pediatric Advanced**:

Hospital Recognition Application - Advanced

Recognition Criteria for Pediatric Capable

Criteria for recognition of Pediatric Capable is based upon the National Pediatric Readiness Project (NPRP) supported by the American College of Emergency Physicians, the Emergency Nurses Association, the Federal Emergency Medical Services for Children (EMSC) Program, and the American Academy of Pediatrics. The following elements must be met for your facility's ED to be recognized as Pediatric Capable in Idaho. The facility must submit **3 patient charts** for physician review.

1. ADMINISTRATION/COORDINATION		✓
1.1	Physician **and** Nurse Pediatric Emergency Care Coordinator (PECC) required	
1.2	Physician PECC is filled by physician or APP	
1.3	The physician and nurse PECC have defined roles and responsibilities	
1.4	ED is staffed at minimum with an APP 24/7	
1.5	Policy for physician/APP credentialing to support the care of pediatric patients	
1.6	Nurse PECC has additional training in pediatric emergency care	
1.7	Policy for nurse credentialing to support the care of pediatric patients	
1.8	Pediatric training opportunities available for ED staff	
1.9	The program will identify at least one item to improve pediatric emergency care	
2. PATIENT SAFETY		✓
2.1	All children are weighed and recorded in the medical record in kilograms (children defined as any person up to the age of 18 years old)	
2.2	Vitals signs recorded on all children (e.g. temperature, HR, RR, BP, pulse oximetry, pain)	
2.3	Blood pressure monitor available based on triage acuity	
2.4	Pulse oximetry monitoring available based on severity of illness	
2.5	End tidal CO2 monitoring available based on severity of illness	
2.6	There is process in place for physician/APP notification of abnormal vital signs	
2.7	There is a process for use of pre calculated emergency drug dosing in children (e.g. length-based tape)	
2.8	Level of consciousness assessed (e.g. GCS, AVPU)	
2.9	Level of pain assessed using age/developmentally appropriate pain assessment tools	
2.10	ED has a triage policy that addresses ill or injured children	
2.11	There is a plan for assessment and reassessment of the pediatric patient	
2.12	There is a plan for immunization assessment and management of the under immunized child	
2.13	There is a child maltreatment policy	
2.14	There is a plan for death of a child in the ED	
2.15	Policy for reduced dose radiation for CT and Xray based on pediatric age and weight	
2.16	There is a plan for behavioral health issues for all children	
2.17	Written guidelines for transfer of children with behavioral health issues	
2.18	There is a policy for promoting family centered care including involving family in care decision making, family present during all aspects of care including resuscitation and education of family on treatment plan	
2.19	There is a disaster plan that addresses issues specific to the care of children	
2.20	All disaster drills include a pediatric patient at least biannually	
2.21	Adoption of a disaster triage tool validated for the pediatric population (e.g. JumpSTART)	

2.22	There are ***guidelines*** that outline the procedure with other hospitals for the transfer of children in need of a higher level of care	
2.23	There are ***written agreements*** with other hospitals for the transfer of children in need of a higher level of care	
2.24	All ED staff are trained on location of pediatric supplies and medications	
2.25	There is a process to verify the proper location and stocking of pediatric equipment (e.g. daily restocking)	
2.26	There is a standardized tool to estimate weight for resuscitation before actual weight can be obtained (e.g. length-based tape)	
3. EQUIPMENT/SUPPLY LIST (to be evaluated during onsite survey)		✓
3.1	Patient Warming Device	
3.2	Weight scale locked in kilograms	
3.3	Length-based resuscitation tape	
3.4	Age-appropriate Pain Scale assessment tools	
3.5	Tourniquets for hemorrhage control	
MONITORING		✓
3.6	Temperature Recorded on all children	
3.7	Blood pressure cuffs (neonatal, infant, child)	
3.8	Electrocardiography monitor/defibrillator with pediatric-sized pads/paddles	
3.9	Pulse oximeter with pediatric probes	
3.10	Glucose monitor	
RESPIRATORY		✓
3.11	Endotracheal tubes (access to a range of pediatric sizes)	
3.12	Laryngoscope blades (curved: 2 and straight: 0-2)	
3.13	Laryngoscope handle	
3.14	Oropharyngeal airways (access to a range of pediatric sizes)	
3.15	Magill Forceps (pediatric)	
3.16	Naso/Orogastric Tubes (access to a range of pediatric sizes)	
3.17	Nasopharyngeal airways (infant and child)	
3.18	Stylets for endotracheal tubes (pediatric)	
3.19	Suction Catheters (one in range 6-8Fr and one in range 10-12Fr)	
3.20	Yankauer/rigid Suction Tip	
3.21	Tracheostomy tray (access to a range of pediatric tube sizes)	
3.22	Supraglottic Tubes Pediatric	
3.23	Bag-mask device (manual), self-inflating (sizes 250 ml & 450 ml)	
3.24	Oxygen masks (Standard infant and child)	
3.25	Non-rebreather child	
3.26	Masks to fit bag-mask device (Neonatal, infant, and child)	
3.27	Nasal cannulas (infant and child)	
3.28	Supplies/kit for patients with difficult airway conditions (to include but not limited to supraglottic airways of all sizes, such as the laryngeal mask airway, and 2 needle cricothyrotomy supplies)	
VASCULAR		✓
3.29	Interosseous needles AND device (pediatric size)	
3.30	Arm Boards (infant and child)	
3.31	IV (22 & 24 gauge)	
FRACTURE MANAGEMENT		✓
3.32	Pediatric sized extremity splints	

3.33	Cervical/spinal immobilization supplies with age appropriate (infant and child) including semi-rigid collars, backboards, towel rolls, straps, etc.	
SPECIALIZED PEDIATRIC TRAYS OR KITS		✓
3.34	Newborn delivery kit (including equipment for initial resuscitation, umbilical clamp, scissors, bulb syringe and towel)	
3.35	Pediatric bag or cart with defined list of length-based contents, easily accessed with list on outside	
4. PEDIATRIC CAPABLE CHARTS		✓
4.1	At least one critical chart ESI 1 or 2. Examples: severe asthma, major trauma, or requiring transfer or admission	
4.2	Two pediatric charts: i.e. ESI 1-4. Preferably one medical and one injury/trauma	

Click below to access the application for **Pediatric Capable**:

Hospital Recognition Application - Capable