Please provide us with the following information, in case we need to contact you to clarify any of your responses:

Name: ______________________________________________________________________________________

Title/Position: ______________________________________________________________________________

Phone number: ______________________________________________________________________________

Email: _______________________________________________________________________________________  

These first few questions will tell us about the infrastructure of your hospital and emergency department.

1. What is the name of your hospital? _____________________________________________

2. In what city is your hospital located? _____________________________________________

3. Zip code of your hospital: __________________________________________________________

4. Does your hospital have an emergency department (ED) that is open 24/7?
   - Yes
   - No     (You do not need to complete the assessment...thank you for your time.)

5. Which one of the following is the best description of your ED configuration for the care of children (children as defined by your hospital)?
(Choose one)
   a. ☐ Pediatric ED in a Children’s hospital (hospital cares ONLY for children)
   b. ☐ Separate pediatric ED in a general hospital (adult and children within one hospital)
   c. ☐ General ED (pediatric and adult patients seen in same area)
   d. ☐ Stand-by ED (physician on call)
   e. ☐ Free-standing ED (ED unattached to a hospital with inpatient services)
   f. ☐ Other

You marked “Other” to the previous question. Please describe your ED configuration for the care of children: __________________________
Answers to the following questions will help us to better understand the resources available for the care of children in your ED.

**Physician Administration/Coordination**

6. Does your hospital have a physician coordinator who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., oversees quality improvement, collaborates with nursing, ensures pediatric skills of staff, develops and periodically reviews policies)?

   *Note: The physician coordinator for pediatric emergency care may have additional administrative roles in the ED.*

   - Yes
   - No  → Go to 8

7. If yes, is there a job description or written list of responsibilities for this physician coordinator?
   - Yes
   - No

**Nurse Administration/Coordination**

8. Does your hospital have a nurse coordinator who is assigned the role of overseeing various administrative aspects of pediatric emergency care (e.g., facilitates continuing education, facilitates quality improvement activities, ensures pediatric-specific elements are included in orientation of staff)?

   *Note: The nurse coordinator for pediatric emergency care may have additional administrative roles in the ED.*

   - Yes
   - No  → Go to 10

9. If yes, is there a job description or written list of responsibilities for this nurse coordinator?
   - Yes
   - No
The following assessment questions refer to personnel, quality improvement, and patient safety in the ED.

10. Does your hospital require specific pediatric competency evaluations of physicians staffing the ED (e.g., sedation and analgesia)?
   - Yes
   - No

11. Does your hospital require specific pediatric competency evaluations of nurses staffing the ED (e.g., triage, pain assessment)?
   - Yes
   - No

Quality Improvement

12. Does your ED have a pediatric patient care-review process? (This may be a separate Quality Improvement/Performance Improvement Plan for pediatric patients or integrated into the overall ED Quality Improvement/Performance Improvement Plan.)
   - Yes
   - No → Go to 14

13. If yes, is each of the following components included in the Quality Improvement/Performance Improvement Plan? (Check Yes or No for each)
   a. Identification of quality indicators for children (e.g., performing a lumbar puncture on febrile neonates)  
      - Yes  No
   b. Collection and analysis of pediatric emergency care data (e.g., admissions, transfers, death in the ED, or return visits)  
      - Yes  No
   c. Development of a plan for improvement in pediatric emergency care (e.g., process to ensure that variances in care are addressed through education or training and reassessed for evidence of improvement)  
      - Yes  No
   d. Re-evaluation of performance using outcomes-based measures (e.g., how often was pain rapidly controlled or fever properly treated)  
      - Yes  No
**Pediatric Patient Safety in the ED**

14. Are all* children seen in the ED weighed in kilograms (without conversion from pounds)?

*Note: *This includes critical situations when a child might bypass triage and have his/her weight estimated in kilograms.*

- [ ] Yes
- [ ] No → **Go to 16**

15. Is the weight recorded in the ED medical record in kilograms only?

- [ ] Yes → **Go to 17**
- [ ] No

16. If no, how are children in the ED weighed, and how is the weight recorded in the medical record?

(Choose one)

- [ ] Weighed in pounds and converted to kilograms for recording in the medical record
- [ ] Weighed in either pounds or kilograms with an option to record in either pounds or kilograms in the medical record

17. Are temperature, heart rate, and respiratory rate recorded on all children?

- [ ] Yes
- [ ] No

18. Is blood pressure monitoring available for children of all ages based on severity of illness?

- [ ] Yes
- [ ] No

19. Is pulse oximetry monitoring available for children of all ages based on severity of illness?

- [ ] Yes
- [ ] No

20. Is a written procedure in place for notification of physicians when abnormal vital signs are found in all children?

- [ ] Yes
- [ ] No

21. Is a process in place for the use of pre-calculated drug dosing in all children?

- [ ] Yes
- [ ] No

22. Is a process in place that allows for 24/7 access to interpreter services in the ED?

- [ ] Yes
- [ ] No
Next we wish to know about policies and/or procedures that your ED has to address the needs of children. These pediatric policies may be integrated into the overall ED policy manual or may be listed separately. They should also be written and available to staff in the ED.

Policies and Procedures

23. Does your ED have a triage policy that specifically addresses ill and injured children?

☐ Yes  ☐ No  ➔ Go to 25

24. If yes, do you use a validated pediatric triage tool?  Yes ☐  No ☐  Unsure ☐

25. Does your ED have each of the following listed policies and procedures?
   (Check Yes or No for each)

   *Note: These may be part of overall hospital policies, but must clearly contain reference to children or include pediatric-specific indicators.

   a. Pediatric patient assessment and reassessment  Yes ☐  No ☐

   b. Immunization assessment and management of the under-immunized child  Yes ☐  No ☐

   c. Child maltreatment  Yes ☐  No ☐

   d. Death of the child in the ED  Yes ☐  No ☐

   e. Reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight  Yes ☐  No ☐

26. Does your ED have a policy for promoting family-centered care? (e.g., family presence, family involvement in clinical decision making, etc.)

☐ Yes  ☐ No

27. Does your hospital disaster plan address issues specific to the care of children?

☐ Yes  ☐ No
28. Does your hospital have a policy on how to care for children with social and mental health issues?
   ☐ Yes
   ☐ No

29. Does your hospital have a written guideline for the transfer of children with social and mental health issues out of your facility to an appropriate facility?
   ☐ Yes
   ☐ No

Next we would like to know about your hospital’s inter-facility transfer guidelines.

30. Does your hospital or medical facility have written inter-facility guidelines that outline procedural and administrative policies with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

   Note: Compliance with EMTALA does not constitute having inter-facility transfer guidelines. The guidelines may be a separate document or part of an inter-facility transfer agreement document.

   ☐ Yes ✅ Go to 31
   ☐ No ✅ Go to 32

☐ We currently do not have written guidelines, but are in the process of developing them.

   If you are in the process of developing guidelines, when do you anticipate the guidelines to be ready? Month/Year (mm/yyyy):__________ ➔ Go to 32

31. You answered that your facility has written inter-facility transfer guidelines. Please indicate whether the guidelines include the information specifically for the transfer of patients for each item below.

   a. Defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication)
   ☐ Yes ☐ No

   b. Process for selecting the appropriate care facility
   ☐ Yes ☐ No

   c. Process for selecting the appropriately staffed transport service to match the patient’s acuity level (level of care required by patient, equipment needed in transport, etc.)
   ☐ Yes ☐ No
d. Process for patient transfer (including obtaining informed consent) Yes ☐ No ☐

e. Plan for transfer of copy of patient medical record Yes ☐ No ☐

f. Plan for transfer of copy of signed transport consent Yes ☐ No ☐

g. Plan for transfer of personal belongings of the patient Yes ☐ No ☐

h. Plan for provision of directions and referral institution information to family Yes ☐ No ☐

Now we would like to know about your hospital’s inter-facility transfer agreements.

32. Does your hospital or medical facility have written inter-facility agreement(s) with other hospitals for the transfer of patients of all ages including children in need of care not available at your hospital?

☐ Yes
☐ No
☐ We currently do not have written agreements, but are in the process of developing them.

If you are in the process of developing agreements, when do you anticipate the agreements to be ready? Month/Year (mm/yyyy):_________________________

We would like to know about the equipment and supplies for children in your ED and how they are stored and resupplied. If you have not already printed the entire assessment, we recommend printing this portion of the assessment and taking it to your equipment and supply areas to complete to ensure accurate reporting.

Equipment and Supplies

33. Is the ED staff trained on the location of all pediatric equipment and medications?

☐ Yes
☐ No

34. Is there a daily method used to verify the proper location and function of pediatric equipment and supplies?

☐ Yes
☐ No
35. Is a medication chart, length-based tape, medical software, or other system readily available to ensure proper sizing of resuscitation equipment and proper dosing of medications?

☐ Yes
☐ No

36. Is each of the following monitoring equipment items available for immediate use in the ED? (Check Yes or No for each)

   a. Neonatal blood pressure cuff ☐ Yes ☐ No
   b. Infant blood pressure cuff ☐ Yes ☐ No
   c. Child blood pressure cuff ☐ Yes ☐ No
   d. Defibrillator with pediatric and adult capabilities including pads/paddles ☐ Yes ☐ No
   e. Pulse oximeter with pediatric and adult probes ☐ Yes ☐ No
   f. Continuous end-tidal CO2 monitoring device ☐ Yes ☐ No

37. Is each of the following fluid resuscitation equipment items available for immediate use in the ED? (Check Yes or No for each)

   a. 22 gauge catheter-over-the-needle ☐ Yes ☐ No
   b. 24 gauge catheter-over-the-needle ☐ Yes ☐ No
   c. Pediatric intra-osseus needles ☐ Yes ☐ No
   d. IV administration sets with calibrated chambers and extension tubing and/or infusion devices with ability to regulate rate and volume of infusate ☐ Yes ☐ No
   e. Umbilical vein catheters (3.5F or 5.0F) ☐ Yes ☐ No
   f. Central venous catheters (any two sizes in range, 4F-7F) ☐ Yes ☐ No

38. Is each of the following respiratory/airway management equipment items available for immediate use in the ED? (Check Yes or No for each)

   a. Endotracheal tubes: cuffed or uncuffed 2.5 mm ☐ Yes ☐ No
   b. Endotracheal tubes: cuffed or uncuffed 3.0 mm ☐ Yes ☐ No
   c. Endotracheal tubes: cuffed or uncuffed 3.5 mm ☐ Yes ☐ No
   d. Endotracheal tubes: cuffed or uncuffed 4.0 mm ☐ Yes ☐ No
e. Endotracheal tubes: cuffed or uncuffed 4.5 mm
   Yes ☐  No ☐
f. Endotracheal tubes: cuffed or uncuffed 5.0 mm
   Yes ☐  No ☐
g. Endotracheal tubes: cuffed or uncuffed 5.5 mm
   Yes ☐  No ☐
h. Endotracheal tubes: cuffed 6.0 mm
   Yes ☐  No ☐
i. Laryngoscope blades: straight, size 00
   Yes ☐  No ☐
j. Laryngoscope blades: straight, size 0
   Yes ☐  No ☐
k. Laryngoscope blades: straight, size 1
   Yes ☐  No ☐
l. Laryngoscope blades: straight, size 2
   Yes ☐  No ☐
m. Laryngoscope blades: curved, size 2
   Yes ☐  No ☐
n. Pediatric-sized Magill forceps
   Yes ☐  No ☐
o. Nasopharyngeal airways: infant-sized
   Yes ☐  No ☐
p. Nasopharyngeal airways: child-sized
   Yes ☐  No ☐
q. Oropharyngeal airways: size 0 (50mm)
   Yes ☐  No ☐
r. Oropharyngeal airways: size 1 (60mm)
   Yes ☐  No ☐
s. Oropharyngeal airways: size 2 (70mm)
   Yes ☐  No ☐
t. Oropharyngeal airways: size 3 (80mm)
   Yes ☐  No ☐
u. Stylets for pediatric/infant-sized endotracheal tubes
   Yes ☐  No ☐
v. Tracheostomy tubes: size 3.0 mm
   Yes ☐  No ☐
w. Tracheostomy tubes: size 3.5 mm
   Yes ☐  No ☐
x. Tracheostomy tubes: size 4.0 mm
   Yes ☐  No ☐
y. Bag-mask device, self inflating: infant, 450 ml
   Yes ☐  No ☐
z. Masks to fit bag-mask device adaptor: neonatal
   Yes ☐  No ☐
aa. Masks to fit bag-mask device adaptor: infant
   Yes ☐  No ☐
bb. Masks to fit bag-mask device adaptor: child
   Yes ☐  No ☐
c. Clear oxygen masks: standard infant
   Yes ☐  No ☐
dd. Clear oxygen masks: standard child
   Yes ☐  No ☐
e. Non-rebreather masks: infant-sized
   Yes ☐  No ☐
ff. Non-rebreather masks: child-sized
   Yes ☐  No ☐
gg. Nasal cannula: infant
   Yes ☐  No ☐
hh. Nasal cannula: child
   Yes ☐  No ☐
i. Laryngeal mask airways: size 1
   Yes ☐  No ☐
jj. Laryngeal mask airways: size 1.5
   Yes ☐  No ☐
Please provide actual data or estimations of ED patient volume for the following:

39. List the total number of patients (adult and pediatric) seen in your ED in the last year. (Numeric data only, e.g., 5000, not “five thousand”)
   Number of Total Patients ____________________________

40. Estimate the number of pediatric patients (as defined by your hospital) seen in your ED in the last year. (Choose one)
   a. Low: <1,800 pediatric patients (average of 5 or fewer a day)
   b. Medium: 1,800 – 4,999 pediatric patients (average of 6-13 a day)
   c. Medium to High: 5,000 – 9,999 pediatric patients (average of 14-26 a day)
   d. High: >=10,000 pediatric patients (average of 27 or more a day)

41. If you know the actual number or a more precise estimate of pediatric patients seen in your ED in the last year, please record below. (Numeric data only, e.g., 500, not “five hundred”)
   Number of Pediatric Patients _____________________

Finally, please provide information about your hospital’s trauma designation.

42. Is your hospital verified or designated as a trauma facility?
   □ Yes  →  Go to 43
   □ No  →  Go to End of Survey
43. At what trauma level is your facility designated?  
(Choose one)

☐ Level I
☐ Level II
☐ Level III
☐ Level IV
☐ Pediatric Level I
☐ Pediatric Level II
☐ Combined Level I and Pediatric Level I
☐ Combined Level I and Pediatric Level II
☐ Combined Level II and Pediatric Level II
☐ Other: ________________________________

If you have any comments, please note them here:
________________________________________
________________________________________
________________________________________
________________________________________

Please return to www.pedsready.org to enter your electronic assessment responses and to receive your pediatric readiness score. Also, you can return to the website at any time and click “2013-14 National Results” to view previous national averages.