CHECK YOUR OWN PEDIATRIC READINESS

A Resource Document

Prepared by the National EMS for Children Data Analysis Resource Center

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children
About the Project

The National Pediatric Readiness Project is a national multi-phase quality improvement initiative to ensure all U.S. emergency departments (EDs) have the essential guidelines and resources in place to provide effective emergency care to children. (1) The support for this project is provided by the Emergency Medical Services (EMS) for Children Program, the American Academy of Pediatrics, the American College of Emergency Physicians, and the Emergency Nurses Association.

In 2013, the first National Pediatric Readiness Assessment was completed and results have been published. (2) The overall data from the assessment have been studied by several investigators who demonstrated that high levels of pediatric readiness result in improved outcomes for critically ill and injured children. (3-5)

In May through August 2021, the second web-based assessment was completed. Over 3,600 EDs responded, representing 71% of EDs in the United States (www.pedsready.org). Upon completion of the assessment, respondents were encouraged to explore a list of resources provided to address any gaps in the readiness of their ED.

Downloadable Sample 2021 Assessment with Point Totals

This document includes a copy of the assessment with point totals indicated for scored questions that were used to generate an overall pediatric readiness score for each participating ED. This information can be helpful for EDs as they launch quality improvement efforts and want to track changes in their score over time. (7)

How to Read This Document

If a question in the assessment was used as part of the pediatric readiness score, it will be followed by the total points possible for that question as shown in red in the example below:

Does your ED have a **physician coordinator**—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—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)? **(Choose only one):**

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

☐ **[9.5 points]** Our hospital has a physician coordinator that is filled by an MD or DO
This document contains similar questions to those from the 2013 pediatric readiness assessment, but because the guidelines have been updated in 2018 (6-8) and questions modified in part, scores from 2013 and 2021 cannot be directly compared.

This document is a sample assessment ONLY for your own records and purposes. You will need to generate your own pediatric readiness score using the point totals indicated when answering “Yes” or affirmatively. The total number of points possible is 100. A score of 100 represents the essential components needed to establish a foundation for pediatric readiness but is in no way inclusive of all the components recommended for pediatric readiness.

ED personnel are encouraged to carefully review the nationally published guidelines “Pediatric Readiness in the Emergency Department”, which served as the basis for the 2021 assessment and to develop a comprehensive pediatric readiness program for their ED. (6-8)

Questions about the Document or the Project

If you have questions about this document or the NPRP assessment, you are invited to contact the PedsReady Support Team at PedsReady@hsc.utah.edu.

If you would like more information about the EMS for Children Program in your state or NPRP resources, contact the EMS for Children Innovation and Improvement Center.

For additional information see links to the EMS for Children Innovation and Improvement Center (1, 9-10) and pediatric readiness references (2-8).

Additional Resources

1. EMS for Children Innovation and Improvement Center: The National Pediatric Readiness Project; accessed 12-05-21; https://emscimprovement.center/domains/pediatric-readiness-project/


9. EMS for Children Innovation and Improvement Center; Quality Collaboratives; accessed 12-05-21; [https://emscimprovement.center/collaboratives/](https://emscimprovement.center/collaboratives/)

10. EMS for Children Innovation and Improvement Center Toolkits; accessed 12-05-21 [https://emscimprovement.center/education-and-resources/toolkits/](https://emscimprovement.center/education-and-resources/toolkits/)
PEDiatric READINESS ASSESSMENT

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

1. Name: _________________________________________________________

2. Title/Position: ________________________________________________

3. Phone number: ________________________________________________

4. Email: _________________________________________________________

5. Name of your facility/hospital: __________________________________

6. Address of your facility/hospital: _________________________________

7. City your facility/hospital is located in: ____________________________

8. Zip code of your facility/hospital: _________________________________

From this point forward, we will use the term “hospital” to indicate a hospital or facility where your emergency department is located.

9. 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.)

These first few questions will help us understand the infrastructure of your hospital and emergency department.

10. Which of the following best describes your hospital? (Choose one)

☐ General Hospital (a non-specialized facility treating adults and children for all medical and trauma conditions with or without a separate pediatric ED)

☐ Children’s Hospital within a General Hospital (children’s hospital located completely within a larger hospital which also sees adults)

☐ Children’s Hospital (a stand-alone, specialized facility which offers services exclusively to children and adolescents)
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Critical Access Hospital (a non-specialized facility that is typically 35 miles from another hospital and maintains no more than 25 inpatient beds)

Micro-Hospital (small scale inpatient facility that typically maintains 8 to 15 beds for observation and short-stay use for low-acuity patients)

Off-Site Hospital-Based or Satellite Emergency Department (a facility providing emergency department services, basic imaging, and laboratory services)

Independently-Owned Freestanding Emergency Department (a stand-alone facility providing emergency department services, basic imaging, and laboratory services)

Other

11. You answered “other,” please describe your hospital:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

12. 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. ☐ General ED (pediatric and adult patients seen in same area)
   b. ☐ Separate pediatric ED in a hospital that treats both adults and children
   c. ☐ Pediatric ED in a Children’s hospital (hospital cares ONLY for children)
   d. ☐ Other

13. You answered “other”, please describe your hospital’s ED configuration for the care of children: ______________________________

These next questions are about your hospital’s trauma designation.

14. Is your hospital designated as a trauma center?
   □ Yes  □ No  → Skip to Question 18
15. Which of the following are used to verify your trauma center for designation? (Check all that apply)
   a. American College of Surgeons
   b. State or Regional Level Entity (e.g., EMS authority/governing board/bureau, Department of Health)

16. At what trauma level is your hospital currently designated for adults? (Choose one)
   a. Adult Level I
   b. Adult Level II
   c. Adult Level III
   d. Adult Level IV
   e. Adult Level V
   f. None of the above

17. At what trauma level is your hospital currently designated for children? (Choose one)
   a. Pediatric Level I
   b. Pediatric Level II
   c. None of the above

Now, we would like to ask you some questions regarding your hospital's inpatient services.

18. Which of the following inpatient services does your hospital have on-site? (Check Yes or No for each)
   a. Newborn nursery
      Yes [ ] No [ ]
   b. Neonatal intensive care unit
      Yes [ ] No [ ]
   c. Pediatric intensive care unit
      Yes [ ] No [ ]
Please answer the following questions according to your hospital’s definition of children.

If you answered yes to adult intensive care unit (medical or surgical) on Question 18:

19. Does your hospital ever admit children to the adult intensive care unit (medical or surgical)?
   □ Yes
   □ No

If you answered yes to adult step-down unit for Question 18:

20. Does your hospital ever admit children to the adult step-down unit?
   □ Yes
   □ No

If you answered yes to adult inpatient ward for Question 18:

21. Does your hospital ever admit children to the adult inpatient ward?
   □ Yes
   □ No

Administration and Coordination 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

22. Does your ED have a physician coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—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)? (Choose only one):

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

☐ [9.5 points] Our hospital has a physician coordinator that is filled by an MD or DO

☐ [9.5 points] Our hospital has a physician coordinator that is filled by an Advanced Practice Provider (e.g., Physician Assistant or Nurse Practitioner) with physician oversight

☐ [0 points] Our hospital does NOT HAVE a physician coordinator at this time

23. Is dedicated non-clinical time allotted to complete the tasks associated with the physician coordinator role?

☐ Yes

☐ No

24. Which of the following statements best describes the scope of the physician coordinator role? (Choose one)

☐ An individual who coordinates care only for your hospital’s ED

☐ An individual who coordinates care for your hospital’s ED as well as other hospitals’ EDs

Nurse Administration/Coordination

25. Does your ED have a nurse coordinator—sometimes referred to as a pediatric emergency care coordinator (PECC) or pediatric champion—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)? (Choose only one):

☐ [9.5 points] Our hospital has a nurse coordinator that is filled by an RN
[9.5 points] Our hospital has a nurse coordinator that is filled by a Nurse Practitioner

[0 points] Our hospital does NOT HAVE a nurse coordinator at this time

Skip to Question 28

26. Is dedicated non-clinical time allotted to complete the tasks associated with the nurse coordinator role?

☐ Yes
☐ No

27. Which of the following statements best describes the scope of the nurse coordinator role? (Choose one)

☐ An individual who coordinates care only for your hospital’s ED
☐ An individual who coordinates care for your hospital’s ED as well as other hospitals’ EDs

The following questions refer to personnel, quality improvement, and patient safety in the ED. If you have a separate pediatric ED, then answer based on resources for that area; if you do not have a separate pediatric ED, then answer based on the overall ED resources.

Personnel – Physicians

28. Is there a physician working on-site in the ED 24/7?

☐ Yes
☐ No

Skip to Question 30

29. If yes, what types of training/certification are required for physicians who staff your ED 24/7 and care for children? (Check Yes or No for each)

a. Emergency medicine board eligible/certified
   Yes ☐ No ☐

b. Pediatric emergency medicine board eligible/certified
   Yes ☐ No ☐

c. Pediatrics board eligible/certified
   Yes ☐ No ☐

d. Family medicine board eligible/certified
   Yes ☐ No ☐

e. Internal medicine board eligible/certified
   Yes ☐ No ☐
f. Surgery board eligible/certified
   Yes [ ] No [ ]

g. Board eligible/certified physician with other training
   Yes [ ] No [ ]

h. Non-Board eligible/certified physician with other training
   Yes [ ] No [ ]

30. [2.5 points] Does your hospital have a policy for physician credentialing that requires pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of board certification, hospital specific competency evaluations)?
   Yes [ ] No [ ] → Skip to Question 34

   If yes, then which of the following are required?

31. Continuing education requirements in pediatric emergency care
   Yes [ ] No [ ]

32. [2.5 points] Maintenance of board certification
   Yes [ ] No [ ]

33. Hospital-specific competency evaluations (e.g., sedation and analgesia)
   Yes [ ] No [ ]

   Personnel – Nurses

34. [2.5 points] Does your hospital have a policy for nurse credentialing that requires pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance specialty certifications, hospital specific competency evaluations)?
   Yes [ ] No [ ] → Skip to Question 38
**If yes, which of the following are required?**

35. Continuing education requirements in pediatric emergency care (e.g., ENPC, PALS)
   - [ ] Yes
   - [ ] No

36. [2.5 points] Maintenance of specialty certification for nurses (e.g., CEN, CPEN)
   - [ ] Yes
   - [ ] No

37. Hospital-specific competency evaluations (e.g., triage, pain assessment)
   - [ ] Yes
   - [ ] No

**Personnel – Advanced Practice Providers (Nurse Practitioners, Physician Assistants)**

38. Does your hospital employ advanced practice providers (nurse practitioners and/or physician assistants) to provide care for children in the ED?
   - [ ] Yes
   - [ ] No  → **Skip to Question 43**

39. Does your hospital staff policy for advanced practice provider credentialing require pediatric-specific competencies for working in the ED (e.g., continuing education requirements, maintenance of national specialty certification, hospital specific competency evaluations)?
   - [ ] Yes
   - [ ] No  → **Skip to Question 43**

**If yes, which of the following are required?**

40. Continuing education requirements in pediatric emergency care
   - [ ] Yes
   - [ ] No
41. Maintenance of national specialty certification
   □ Yes □ No

42. Hospital specific competency evaluations (e.g., pain assessment and management)
   □ Yes □ No

Quality Improvement

43. Does your ED have a Quality Improvement/Performance Improvement Plan for pediatric patients? (e.g., chart review, collection of pediatric emergency care data, development of a plan to improve pediatric emergency care)

   *Note: 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  → **Skip to Question 45**

44. If yes, are each of the following components included in the Quality Improvement/Performance Improvement Plan?
   (Check Yes or No for each)

   a. **[1.4 points]** Patient care review process (chart review)  Yes □ No □

   b. **[1.4 points]** Identification of quality indicators for children (e.g., timely administration of steroids in acute asthma exacerbation or time to antibiotics in the pediatric sepsis patient)  Yes □ No □

   c. **[1.4 points]** Collection and analysis of pediatric emergency care data (e.g., admissions, transfers, death in the ED, or return visits)  Yes □ No □

   d. **[1.4 points]** 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.

e. **[1.4 points]** Re-evaluation of performance using outcomes-based measures (e.g., how often was pain rapidly controlled or fever properly treated?)

**Pediatric Patient Safety in the ED**

45. **[1.5 points]** Are all children seen in the ED weighed in kilograms (without conversion from pounds)?

46. **[1.5 points]** Are all children's weights recorded in the ED medical record in kilograms only?

47. **[1 point]** Are temperature, heart rate, and respiratory rate recorded on all children?

48. **[1 point]** Is blood pressure monitoring available for children of all ages based on severity of illness?

49. **[1 point]** Is pulse oximetry monitoring available for children of all ages based on severity of illness?

50. **[0.5 points]** Is end tidal CO2 monitoring available for children of all ages based on severity of illness?

51. **[3 points]** Is there a process in place for notification (manual or automated) of physicians when abnormal vital signs are found?

52. **[3 points]** Is a process in place for the use of pre-calculated drug dosing in all children?

53. **[0.5 points]** Is a process in place that allows for 24/7 access to interpreter services in the ED?
54. [0.5 points] Is level of consciousness (e.g., AVPU or GCS) assessed in all children? Yes ☐ No ☐

55. [0.5 points] Is level of pain assessed in all children? Yes ☐ No ☐

Now, we would like 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 available to staff in the ED, either in written or electronic format.

Policies and Procedures

56. [2 points] Does your ED have a triage policy that specifically addresses ill and injured children?

☐ Yes
☐ No

57. Does your ED have any of the following policies, procedures, or plans? (Check Yes or No for each)

a. [1.5 points] Pediatric patient assessment and reassessment policies, procedures, or plans Yes ☐ No ☐

b. [1.5 points] Immunization assessment and management of the UNDER-IMMUNIZED child policies, procedures, or plans Yes ☐ No ☐

c. [1.5 points] Child maltreatment policies, procedures, or plans Yes ☐ No ☐

d. [1.5 points] Death of the child in the ED policies, procedures, or plans Yes ☐ No ☐

e. [1.5 points] Reduced-dose radiation for CT and x-ray imaging based on pediatric age or weight policies, procedures, or plans Yes ☐ No ☐

f. [1.5 points] Behavioral health issues policies, procedures, or plans for children of all ages Yes ☐ No ☐
58. Does your ED have a written guideline for the transfer of children with behavioral health issues out of your facility to an appropriate facility?  
Yes □ No □

59. Does your ED have social services policies, procedures, or a plan for children of all ages?  
Yes □ No □

Policies for Family-Centered Care

60. Does your ED have a policy for promoting family-centered care? (e.g., family presence, family involvement in clinical decision making)  
□ Yes □ No  
Skip to Question 62

61. If yes, does your ED’s family-centered care policy include any of the following? (Check Yes or No for each)
   a. [0.4 points] Involving families and caregivers in patient care decision-making  
      Yes □ No □
   b. [0.4 points] Involving families and caregivers in medication safety processes  
      Yes □ No □
   c. [0.4 points] Family and guardian presence during all aspects of emergency care, including resuscitation  
      Yes □ No □
   d. [0.4 points] Education of the patient, family, and caregivers on treatment plan and disposition  
      Yes □ No □
   e. [0.4 points] Bereavement counseling  
      Yes □ No □

Policies for Disaster Planning

62. Does your hospital disaster plan address issues specific to the care of children (e.g., pediatric surge capacity, patient tracking and reunification, pediatric decontamination)?  
□ Yes □ No  
Skip to Question 68
63. If yes, does your hospital disaster plan include each of the following? (Check Yes or No for each)

(a) [0.29 points] Availability of medications, vaccines (e.g., tetanus and influenza), equipment, supplies, and appropriately trained providers for children in disasters

Yes ☐ No ☐

(b) [0.29 points] Decontamination, isolation, and quarantine of families and children of all ages

Yes ☐ No ☐

(c) [0.29 points] Minimization of parent-child separation and methods for reuniting separated children with their families

Yes ☐ No ☐

(d) [0.29 points] All disaster drills include pediatric patients

Yes ☐ No ☐

64. [0.28 points] Pediatric surge capacity for both injured and non-injured children

Yes ☐ No ☐

65. [0.28 points] Access to behavioral health resources for children in the event of a disaster

Yes ☐ No ☐

66. Access to social services for children in the event of a disaster

Yes ☐ No ☐

67. [0.28 points] The care of children with special health care needs, including children with developmental disabilities

Yes ☐ No ☐

Next, we would like to know about your hospital’s interfacility transfer guidelines.

68. [2 points] Does your hospital have written interfacility 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 interfacility transfer guidelines. The guidelines may be a separate document or part of an interfacility transfer agreement document.

69. You answered that your hospital has written interfacility transfer guidelines. Please indicate whether the guidelines include the information specifically for the transfer of patients for each item below. (Check Yes or No for each)

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 (e.g., level of care required by patient or equipment needed in transport)
   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 a copy of the 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 interfacility transfer agreements.

70. Does your hospital have written interfacility agreement(s) 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 interfacility transfer agreements. Agreements may be a separate document or part of an interfacility transfer guidelines document.*

☐ Yes  ☐ No

We would like to know about the equipment and supplies for children in your ED and how they are stored and resupplied.

Equipment and Supplies Management

71. [3 points] Are all ED staff trained on the location of all pediatric equipment and medications?

☐ Yes  ☐ No

72. [3 points] Is there a daily method used to verify the proper location and stocking of pediatric equipment and supplies?

☐ Yes  ☐ No

73. [3 points] Is there a standardized chart or tool to estimate weight if resuscitation precludes the use of a weight scale (e.g., length-based tape)?

☐ Yes  ☐ No
**Monitoring Equipment**

74. Are each of the following monitoring equipment items available for immediate use in the ED? (Check Yes or No for each)
   a. [0.5 points] Neonatal blood pressure cuff
   b. [0.5 points] Infant blood pressure cuff
   c. [0.5 points] Child blood pressure cuff
   d. [0.5 points] Defibrillator with pediatric and adult capabilities including pads and/or paddles
   e. [0.5 points] Pulse oximeter with pediatric and adult probes
   f. [0.5 points] Continuous end-tidal CO2 monitoring device

**Resuscitation Equipment**

75. Are each of the following fluid resuscitation equipment items available for immediate use in the ED? (Check Yes or No for each)
   a. [0.5 points] 22 gauge catheter-over-the-needle
   b. [0.5 points] 24 gauge catheter-over-the-needle
   c. [0.5 points] Pediatric intra-ossaeus needles
   d. [0.5 points] IV administration sets with calibrated chambers or an infusion pump with the ability to regulate rate and volume of infusate (e.g., buretrol)
Airway Equipment

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

a. [0.575 points] Endotracheal tubes: cuffed or uncuffed 2.5 mm
   Yes □ No □

b. [0.575 points] Endotracheal tubes: cuffed or uncuffed 3.0 mm
   Yes □ No □

c. [0.575 points] Endotracheal tubes: cuffed or uncuffed 3.5 mm
   Yes □ No □

d. [0.575 points] Endotracheal tubes: cuffed or uncuffed 4.0 mm
   Yes □ No □

e. [0.575 points] Endotracheal tubes: cuffed or uncuffed 4.5 mm
   Yes □ No □

f. [0.575 points] Endotracheal tubes: cuffed or uncuffed 5.0 mm
   Yes □ No □

g. [0.575 points] Endotracheal tubes: cuffed or uncuffed 5.5 mm
   Yes □ No □

h. [0.575 points] Endotracheal tubes: cuffed 6.0 mm
   Yes □ No □
77. Are each of the following respiratory/airway management equipment items available for immediate use in the ED? (Check Yes or No for each)

a. [0.576 points] Laryngoscope blades: straight, size 0
   Yes ☐ No ☐

b. [0.576 points] Laryngoscope blades: straight, size 1
   Yes ☐ No ☐

c. [0.576 points] Laryngoscope blades: straight, size 2
   Yes ☐ No ☐

d. [0.576 points] Laryngoscope blades: curved, size 2
   Yes ☐ No ☐

e. [0.576 points] Pediatric-sized Magill forceps
   Yes ☐ No ☐

f. [0.576 points] Nasopharyngeal airways: infant-sized
   Yes ☐ No ☐

g. [0.576 points] Nasopharyngeal airways: child-sized
   Yes ☐ No ☐

h. [0.576 points] Oropharyngeal airways: size 0
   (50mm)
   Yes ☐ No ☐

i. [0.576 points] Oropharyngeal airways: size 1
   (60mm)
   Yes ☐ No ☐

j. [0.576 points] Oropharyngeal airways: size 2
   (70mm)
   Yes ☐ No ☐
k. **[0.576 points]** Oropharyngeal airways: size 3 (80mm)  
   Yes ☐ No ☐

l. **[0.576 points]** Stylets for pediatric/infant-sized endotracheal tubes  
   Yes ☐ No ☐

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

a. **[0.576 points]** Bag-mask device, self-inflating (infant/child)  
   Yes ☐ No ☐

b. **[0.576 points]** Masks (neonatal size) to fit bag-mask device  
   Yes ☐ No ☐

c. **[0.576 points]** Masks (infant size) to fit bag-mask device  
   Yes ☐ No ☐

d. **[0.576 points]** Masks (child size) to fit bag-mask device  
   Yes ☐ No ☐

e. **[0.576 points]** Simple oxygen face masks: standard infant  
   Yes ☐ No ☐

f. **[0.576 points]** Clear oxygen masks: standard child  
   Yes ☐ No ☐

g. **[0.576 points]** Non-rebreather masks: infant-sized  
   Yes ☐ No ☐

h. **[0.576 points]** Non-rebreather masks: child-sized  
   Yes ☐ No ☐

i. **[0.576 points]** Nasal cannulas: infant  
   Yes ☐ No ☐

j. **[0.576 points]** Nasal cannulas: child  
   Yes ☐ No ☐
k. **[0.576 points]** Suction catheters: at least one in range 6-8F
   Yes ☐ No ☐

l. **[0.576 points]** Suction catheters: at least one in range 10-12F
   Yes ☐ No ☐

m. **[0.576 points]** Supplies/kit for pediatric patients with difficult airways (e.g., supraglottic airways, needle cricothyrotomy supplies, surgical cricothyrotomy kit, and/or video laryngoscopy)
   Yes ☐ No ☐

Please provide actual data or estimations of ED patient volume for the following:

79. Estimate 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 ____________________________

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

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

Thank you for completing this important assessment!