



PEDIATRIC
LIAISON
NURSES



www.PdLN.net

EDAP News

President's Note Nancy McGrath, MN, RN, CPNP-AC/PC

Welcome to 2011 and what I believe will be another exciting year for the Pediatric Liaison Nurses! We started off with a bang when Los Angeles County, Emergency Medical Services Agency Commission approved the motion for a Pediatric Advisory Committee at EMSA! This extraordinary event would not have been possible without the unending dedication of the PdLNs! Kudos to each and everyone of you! *The "EMS Corner"* has more details on this new committee. As we continue into the winter season, Laura Garcia reminds us to be better prepared for winter sports safety in "Safety Tips". Did you know that helmets prevent or reduce the effects of 53% of the head injuries suffered by children while skiing or snowboarding, according to the latest Safe Kids data? See how you can keep your family, patients and community safer while enjoying winter activities! From the ski slopes to the ED door, a recently released study in the Journal of Prehospital Emergency Care discussed errors or near misses in caring for pediatric patients. Talk about reinforcing the importance of the PdLN role and the EDAP system!? Check out "Quarterly Article Summary" by Sheryl Szczesniak for some information you might want to include in your QI plan. Finally, to sum it all up, Loni Charton, RN, Trauma Program Manager at Antelope Valley Hospital presented an update on Pediatric Trauma at the January meeting. Check out her *tricks of the trade* for managing pediatric trauma in "Education Update".

It's been a great year so far and we have much to look forward to in 2011! *The Greater Los Angeles Chapter of The Emergency Nurses Association* has contacted the PdLNs for a combined two day educational conference in the fall. We're in the early stages of identifying potential venues, so any ideas would be appreciated! Put your thinking caps on for conference topics, speakers and vendors. Wouldn't it be great to video the conference for our website so those nurses unable to attend could obtain CE's via internet? The website is also on our priority list for 2011 along with the role of the PdLN! Lots of exciting things are happening in Los Angeles County and the Pediatric Liaison Nurses have their fingers on the pulse!!

Pediatric Trauma by Nancy McGrath, MN, RN, CPNP-AC/PC

At the January PdLN meeting, Lori Charton, RN, Trauma Manager at Antelope Valley Hospital, spoke to the group on **Pediatric Trauma Management**, a topic near and dear to her heart! Her lecture provided a wonderful overview of pediatric trauma assessment as well as some "tricks of the trade" for managing our pediatric trauma patients! Here's a quick synopsis with some very important "take home

points":

Pediatric injury is the leading cause of death in children greater than one year of age. It's estimated that 1 in 4 children require medical treatment for unintentional injuries annually. As ER nurses, we recognize that injury prevention and education are the cornerstones to decreasing both morbidity and



mortality in pediatric trauma. As we care for children in our emergency departments, it's imperative that we incorporate injury prevention education at triage and continue through patient discharge.

The approach to the pediatric trauma patient is systematic and organized. The Emergency Nurse's Association (ENA) "**Emergency Nursing Pediatric Course**" details the specifics

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Special points of interest:

- ☉ Trauma Tricks of the Trade
- ☉ Medication Errors in Pediatric Prehospital Setting
- ☉ Quarterly QI update
- ☉ Sexual Abuse Update
- ☉ Pediatric Advisory Committee Formation

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Quarterly Article Summary edited by Sheryl Szczesniak, RN

A new study in the Journal of Pre-hospital Emergency Care concludes that many errors or near misses in caring for pediatric patients in the prehospital setting may go unreported.

Prehospital Emergency Care, Cushman et al, 2010 Oct-Dec; 14(4): 477-484

Reasons cited for the errors include:

- Increased stress levels of pre-hospital care givers when caring for children
- Inappropriately sized equipment

- Lack of knowledge/unfamiliarity in caring for pediatric patients
- Not wanting to cause pain or harm to children.
- Lack of training to adequately prepare them for caring for children.
- Parental interference

Errors Included:

- Drug calculations
- Procedures/skill performance
- Failure to treat appropriately due to discomfort with child's age.

Further studies are needed to determine how to improve the safety of pediatric care in the prehospital setting.

In Los Angeles County, the MICN and the pre-hospital care providers work together to ensure that the care provided to our pediatric patients is safe. As ED nurses working in ED-APs, we must partner with all pre-hospital care providers and advocate for our pediatric patients and families.



Pediatric Trauma

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included in each component of the primary, secondary and additional trauma assessments.

The mnemonic "A- I" can assist the nurse in this organized, systematic assessment process.

Primary Assessment:

- A** = Airway/Spinal immobilization
- B** = Breathing
- C** = Circulation
- D** = Disability (neuro assessment)
- E** = Expose (undress)

Secondary Assessment:

- F** = Full set of Vital Signs (BP and Temp Fahrenheit (keep patient warm after "E")
- Family Presence**
- G** = Give comfort measures (medicate pain)
- H** = History & Head-Toe Assessment
- I** = Inspect posterior/other interventions

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Pediatric Education

ENPC

Northridge February 18 & 19, 2011
Contact Jan Fredrickson @
bruin9999@aol.com

CHLA: March 3 & 4, 2011
Contact chla.org
Lillian Hernandez
323-361-5962

ENPC and ENPC instructor

Torrance: February 18 & 19, 2011
February 4 & 5, 2011 (instructor)
Contact Gail Dodge @
909-472-2680 or
www.entityeducation@live.com

ENPC

Antelope Valley: March 3 & 4, 2011
Contact Loni Chartan



Pediatric Disaster Training

CHLA: February 28, 2011
Contact chladisastercenter.org

February 14th is National Donor Day



From www.organdonor.gov

A Day to Give the Gift of Life

- Fill out an organ and tissue donation card, register with your State Donor Registry and make sure your family knows you want to be a donor.
- Join the National Registry of potential volunteer marrow and blood stem cell donors.
- Learn how you can donate your baby's umbilical cord blood stem cells at birth.
- Donate blood.

Why be a donor?

The need is great and growing

- As of February 1, 2010, there were 105,525 people waiting for an organ for transplant.
- Approximately 35,000 children and adults in our country have life-threatening blood diseases that could be treated by a marrow/blood stem cell or cord blood transplant.
- Every two seconds someone in America needs blood, more than 39,000 units each day, according to the American Red Cross.

Why do it today?

Valentine's Day is the day of love and donation is the gift of life. Can you think of a more loving gesture than making February 14 the day you join thousands of Americans in making the donation decision?

Resources

To find a blood donor center near you contact www.americasblood.org

To find out about donating cord blood, stem cells or bone marrow contact bloodcell.transplant.hrsa.gov/CORD/index.html

Safety Tip edited by Laura Garcia, RN, MICN

Winter Sports Safety

Ice Skating

- Skate only on approved surfaces
- Skate in same direction as crowd
- Do not skate alone
- Do not chew gum or eat candy
- Consider wearing a helmet

Sledding

- Keep away from motor vehicles
- Supervise children and separate young children from older children
- Sled feet first or sitting up, not head first to reduce head injury
- Consider wearing a helmet
- Use steerable sleds vs inner tubes or snow discs

- Slopes should be free of obstructions (trees or fences), covered in snow (not ice) with a slope of < 30 degrees and end in a flat runoff.

Snow Board and Skiing

- Children should be taught by a qualified professional
- Never ski or snowboard alone
- Consider wearing a helmet
- Equipment should fit the child. Bindings adjusted every year. Wear gloves with wrist guards
- Wear eye protection/goggles
- Avoid slopes with obstacles and slopes should fit the ability and experience of the skier or snowboarder

Snowmobiling

- AAP recommends that children under 16 not operate snowmobiles and children under 6 never ride on snowmobiles
- Do not pull a sled or skier
- Travel at safe speeds and with a buddy
- Stay on marked trails away from water

Remember the sunscreen and to wear layered clothing. Hypothermia can occur when playing outdoors in colder temperatures without the proper clothing or when clothes get wet. Children are more susceptible to hypothermia than adults.

From AAP "Winter Safety Tips" www.aap.org

Kids Perspective

"It is amazing how quickly kids learn to drive a car, yet are unable to understand the lawnmower, snow blower, or vacuum cleaner."

-Ben Berger

"There are three ways to get something done: do it yourself, employ someone, or forbid your children to do it."

- Monta Crane

"Always be nice to your children because they are the ones who will choose your rest home."

- Phyllis Diller



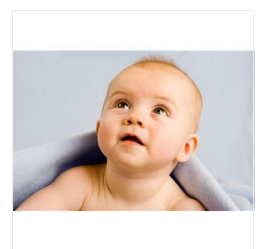
EMS Corner *edited by Laura Garcia, RN, MICN*

It's official! A Pediatric Advisory Committee has been approved by the LAC-EMS Commission. This will mean pediatric representation on the Base Hospital Advisory Committee and the creation of a new committee dedicated to reviewing pediatric policies, quality improvement, and education.



A special thank you to Suzette Otlewis for her persistence and knowledge of the committees, Carole Snyder, president of GLA-ENA and member of the EMS Commission who initiated the motion to create the PAC, Dr. Marianne Gausche-Hill for speaking on our behalf, Dr. Maureen McCullough and Dr. Genevieve Santillanes, MD for their attendance and support and all the PdLNs present for their support. (Nancy McGrath, Laura Garcia, Barbara Van Eck, David Simpson) This is truly a milestone for pediatric care in Los Angeles County. We will be working with LAC-EMS to determine the structure of the committee and will bring more updates as it occurs.

Quarterly QI



"Tricks of the Trade" for Pediatric Trauma

- ***Airway:** Use of an offset pad under the scapulas (may even go to base of spine) to facilitate alignment of the airway due to the large occiput in small children.
- ***Breathing:** All trauma patients get oxygen initially! Non-rebreather is best!
- ***Circulation:** Volume, volume, volume!! (2-PIVs or IO especially if hypovolemic)
- ***Disability:** Check pupils prior to intubation; fentanyl is great for sedation as it's easily reversible!
- ***Expose:** Cover your patient and let them know no one can see them! Kids are modest too!
- ***Mechanism of Injury:**
Consider the MOI and look for distracting injuries that might obscure other less painful injuries.
- ***Log roll and remove the backboard ASAP!**
Pediatric skin is thinner and breaks down easily, especially when vasoconstricted due to cold, stress or hypovolemia.

Injury prevention education cannot be stressed enough when it comes to pediatric trauma! Children are often at the mercy of their caretakers! Take a moment to educate your ED families on safety equipment for recreation and sports (helmets, wrist guards); remove beds/couches from under windows (kids love to jump and often bounce out the window); promote street safety (crossing at corners, not in-between); seatbelts, car seats, booster seats (correct size, correct direction, correctly secured). Check out Safe Kids USA (safekids.org) for more information on Injury Prevention and monthly IP safety tips!