



Partnering with EMS professionals to improve prehospital emergency care for all children

Texas Emergency Medical Services for Children

By Tony Gilchrest, EMT-P, Senior Project Coordinator

Not much causes more anxiety for EMS providers than arriving on the scene to find a critically ill or injured pediatric patient. We have all been there. Before you can get your jump bag out of the unit, a frantic mother thrusts the limp body of her eight-month-old baby girl into your arms, or you find an unresponsive toddler with multiple trauma at the scene of a motor vehicle incident. If you were lucky, you may have known from dispatch information you were responding to a critical pediatric call and had at least the few minutes to mentally review pediatric protocols. But, more often than not, you get little warning other than the constant nagging that this next call could be “that one.”

The reality is that the limited pediatric education and training for prehospital providers, coupled with the infrequency of encountering critical pediatric patients, lead to a swift erosion of both skills and confidence.¹ Studies further indicate that the underutilization of skills leave emergency care providers feeling reluctant or fearful about performing critical interventions in pediatric patients, which can translate into a lower quality of care.^{2,3} In addition, the 2006 Institute of Medicine (IOM) report entitled “Emergency Care for Children: Growing Pains” highlighted deficiencies in pediatric-appropriate equipment and supplies, as well as in the areas of research, data collection and planning.⁴ Of particular concern to emergency care providers is the absence of pediatric issues in disaster management planning.⁵

In order to improve the care of children in our state, the Texas Emergency Medical Services for

Children (EMSC) program wants to partner with EMS professionals on the front line to find better ways to meet the unique challenges of pediatric emergency medical care. Celebrating its 25th year of providing assistance to state governments and academic centers, EMSC is the only federal program solely focused on improving the quality of emergency medical care for children. EMSC’s mission is to reduce child and youth morbidity and mortality resulting from severe illness or trauma by ensuring (1) that state-of-the-art emergency medical care for the ill or injured child and adolescent is available when needed, (2) that pediatric services are well integrated into existing emergency medical services and backed by optimal resources, and (3) that the entire spectrum of emergency services, including primary prevention of injury and illness, acute care and rehabilitation, is provided to children and adolescents at the same level as it is for adults.

The EMSC State Partnership Grant is managed by the Baylor College of Medicine, which partners with pediatric hospitals, universities, EMS providers and DSHS to form a statewide network of pediatric advocates and specialists who can help promote the mission of EMSC through education; research; illness and injury prevention programs; and more. EMSC will continue to expand its network of partnerships to include representation from all areas of the state and a variety of disciplines.

The EMSC program is here to help provide you with the knowledge, skills and resources you need to be ready for the next critical pediatric call you make. To achieve this goal, EMSC

will be working closely with EMS professionals, educators and decision makers to develop research and educational programs, to implement quality improvement measures and to advocate for issues important to pediatric prehospital care providers in Texas. Additionally, to help guide our efforts and measure our progress, we will be periodically collecting data from EMS providers in the form of electronic surveys.

EMSC needs your input to accurately assess the needs of EMS providers in Texas. We want to know how EMSC can partner with you to improve the quality of emergency medical care for the children in your area. We would love to hear from you.

¹ Institute of Medicine. 2006. *Emergency Care for Children: Growing Pains*. Washington, D.C.: The National Academies Press.

² Orr, R. A., Y. Y. Han and K. Roth. 2006. Pediatric transport: Shifting the paradigm to improve patient outcome. In *Pediatric Critical Care* 3rd ed, eds. B. Fuhrman and J. Zimmerman. St. Louis: Mosby, Elsevier Science Health, 141–150.

³ Gausche, M., R. Tadeo, M. Zane and R. Lewis. 1998. Out-of-hospital intravenous access: Unnecessary procedures and excessive cost. *Academic Emergency Medicine* 5(9):878–882.

⁴ Institute of Medicine. 2006. *Emergency Care for Children: Growing Pains*. Washington, D.C.: The National Academies Press.

⁵ Maternal and Child Health Bureau. 2004. *Emergency Medical Services for Children. Five Year Plan 2001–2005: Midcourse Review*. Washington, DC: EMS-C National Resource Center.

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