

# FACT SHEET:

## SAVING LIVES: EVERY HOSPITAL NEEDS TO BE PREPARED FOR PEDIATRIC EMERGENCIES



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All children deserve high-quality emergency care, regardless of where they live or the severity of their illness or injury.

Children account for over 30 million emergency department (ED) visits annually, representing 20% of all ED visits in the U.S. **Despite this, a recent analysis suggests that approximately 80% of U.S. EDs are not fully prepared to handle children's emergencies.**

Lack of pediatric emergency readiness is leading to delayed or incorrect diagnoses, inappropriate treatments, suboptimal care, and tragic outcomes, including **1,400 child deaths annually** and numerous cases of injury. A holistic approach to pediatric emergency care is needed to address this crisis in children's health care.

### Children Have Unique Health Needs

It is important to recognize that children are not little adults. For example, their airways are smaller and more prone to obstruction, their skin is thinner and more susceptible to burns, and their bodies have a higher surface area to volume ratio, affecting fluid and heat loss. These factors require specific medical approaches compared to adults. Failing to recognize critical differences in their care threatens children's health and well-being, especially in emergencies.

### Pediatric Readiness Saves Lives

Although some visits occur in specialized pediatric EDs, most children receive care in general EDs, which face challenges in caring for pediatric emergencies. According to a National Pediatric Readiness Project assessment, many hospitals lack core elements of pediatric readiness. The median grade for hospitals that participated in the assessment was a D+ (69.5). This is far short of the score necessary to be considered an emergency department that is adequately prepared to treat seriously ill or injured children. **Research shows that high pediatric readiness scores are associated with 76% lower mortality rate in ill children and a 60% lower mortality rate in injured children.** Furthermore, new findings also indicate that increasing pediatric readiness would reduce mortality, increase life expectancy, and improve pediatric patients' lives, cutting ED and hospital mortality by 33.47 deaths per 100,000 children.

Compared with hospitals with the highest scores, hospitals with lower scores are more often small and/or nonteaching hospitals and located in smaller communities. These lower scoring hospitals are also less likely to have a dedicated pediatric ED, pediatric inpatient unit, and/or pediatric intensive care unit.

**"Our emergency care systems were not designed with children in mind..."**

- Dr. Katherin Remick, co-director of Emergency Medical Services for Children (EMSC) Innovation and Improvement Center

Over  
**1,400**  
**Children**

die each year due to inadequately prepared emergency departments in the U.S.



Only 14% of hospitals are adequately prepared for pediatric emergencies.

Research shows that pediatric readiness scores are associated with..

**76%** 

Lower mortality rate in ill children and

**60%** 

Lower mortality rate in injured children.

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## The Emergency Health Care System Does Not Reflect Children's Needs

- The Centers for Medicare & Medicaid Services sets the standards – or conditions of participation – for hospitals to participate in Medicare and Medicaid. Currently, the conditions of participation related to emergency services standards do not account for the very specific needs of children in emergencies.
- Pediatric-specific recommendations from national groups including the American Academy of Pediatrics, American College of Emergency Physicians, and Emergency Nurses Association are not mandatory standards.
- Only 19 states have programs to verify pediatric readiness.

## Solutions to Improve Pediatric Emergency Readiness

- **Set Mandatory Guidelines** – The Centers for Medicare & Medicaid Services (CMS) must set clear, mandatory, and pediatric-specific standards for hospitals. CMS should promulgate a regulation setting out pediatric emergency readiness as a condition of participation (CoP) for hospitals in Medicare and Medicaid. In the CoP, CMS should utilize the resources of the National Pediatric Readiness Project, including its checklist and toolkit for all ED providers to help facilitate the delivery of emergency care to all children. These requirements would ensure hospitals are providing high-quality emergency care to children, including:
  - Maintaining the necessary pediatric equipment for initial resuscitation and stabilization including immediate access to a weight-based pediatric resuscitation cart and adopting policies such as weighing and recording patient weights in kilograms only for patient safety.
  - Appointing an individual to provide administrative oversight of pediatric care within ED policies and practices often referred to as a Pediatric Emergency Care Coordinator.
  - Integrating components of pediatric care into quality improvement activities to monitor adherence to standards of care and develop strategies for improvement.
- **Transparency of Pediatric Readiness Levels** – Readiness levels should be published and accessible to the public. Families must be able to easily identify which hospitals are best equipped for pediatric care.

If you have any questions, please contact Abuko D. Estrada, J.D., Vice President, Medicaid and Child Health Policy, at [abukoe@firstfocus.org](mailto:abukoe@firstfocus.org).

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## Additional Resources

- **R Baby Foundation** - [rbabyfoundation.org](http://rbabyfoundation.org)
- **First Focus on Children** – “Children Are Not Little Adults: Ensuring Adequate Pediatric Emergency Care In U.S. Hospitals,” [firstfocus.org/update/children-are-not-little-adults-ensuring-adequate-pediatric-emergency-care-in-u-s-hospitals/](http://firstfocus.org/update/children-are-not-little-adults-ensuring-adequate-pediatric-emergency-care-in-u-s-hospitals/)
- **Wall Street Journal**
  - “Children Are Dying in Ill-Prepared Emergency Rooms Across America,” [wsj.com/health/healthcare/hospitals-emergency-rooms-cost-childrens-lives-d6c9fc23](http://wsj.com/health/healthcare/hospitals-emergency-rooms-cost-childrens-lives-d6c9fc23)
  - “Find Hospitals Deemed Ready to Treat Children in Your Area,” [wsj.com/health/healthcare/emergency-rooms-hospitals-kids-1c41a8a8?mod=series\\_childrenhealth](http://wsj.com/health/healthcare/emergency-rooms-hospitals-kids-1c41a8a8?mod=series_childrenhealth)
  - “Emergency Rooms Are Failing Kids. This Hospital Stepped Up,” [wsj.com/health/healthcare/how-one-hospital-made-its-er-safer-for-kids-884307c](http://wsj.com/health/healthcare/how-one-hospital-made-its-er-safer-for-kids-884307c)
  - “Why So Many Emergency Rooms Are Failing Kids in America,” [wsj.com/podcasts/the-journal/why-so-many-emergency-rooms-are-failing-kids-in-america/dc57557d-f241-4cc9-aaea-9f2bdf2b2fd7](http://wsj.com/podcasts/the-journal/why-so-many-emergency-rooms-are-failing-kids-in-america/dc57557d-f241-4cc9-aaea-9f2bdf2b2fd7)
- **Washington Post** – “Most ERs aren't fully prepared to handle children's emergencies,” [washingtonpost.com/wellness/2024/10/13/pediatric-emergency-room-treatment/](http://washingtonpost.com/wellness/2024/10/13/pediatric-emergency-room-treatment/)
- **Emergency Medical Services for Children (EMSC) Innovation and Improvement Center** – [emscimprovement.center](http://emscimprovement.center)
  - **National Pediatric Readiness Project:** [emscimprovement.center/domains/pediatric-readiness-project/](http://emscimprovement.center/domains/pediatric-readiness-project/)
  - **Pediatric Readiness Outcomes:** [media.emscimprovement.center/documents/Pediatric\\_Readiness\\_Outcomes\\_-\\_2023\\_Q5q8cow.pdf](http://media.emscimprovement.center/documents/Pediatric_Readiness_Outcomes_-_2023_Q5q8cow.pdf)
  - **ED Checklist:** [emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/readiness-ED-checklist/](http://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/readiness-ED-checklist/)
  - **ED Toolkit:** [emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/readiness-toolkit-checklist/](http://emscimprovement.center/domains/pediatric-readiness-project/readiness-toolkit/readiness-toolkit-checklist/)
- **American Academy of Pediatrics**
  - “Pediatric Readiness in the Emergency Department,” [publications.aap.org/pediatrics/article-pdf/142/5/e20182459/1066911/peds\\_20182459.pdf](http://publications.aap.org/pediatrics/article-pdf/142/5/e20182459/1066911/peds_20182459.pdf)
  - “Emergency Department Pediatric Readiness and Mortality in Critically Ill Children,” [publications.aap.org/pediatrics/article-pdf/144/3/e20190568/1077481/peds\\_20190568.pdf](http://publications.aap.org/pediatrics/article-pdf/144/3/e20190568/1077481/peds_20190568.pdf)
- **Health Affairs** – “Cost-Effectiveness And Health Impact Of Increasing Emergency Department Pediatric Readiness In The US,” <https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.01489>
- **National Academies of Sciences, Engineering, and Medicine** – “Emergency Care for Children: Growing Pains,” [nap.nationalacademies.org/read/11655/chapter/1](http://nap.nationalacademies.org/read/11655/chapter/1)
- **Journal of the American Medical Association (JAMA) Network** - “National Assessment of Pediatric Readiness of US Emergency Departments During the COVID-19 Pandemic,” [jamanetwork.com/journals/jamanetworkopen/fullarticle/2807059](http://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807059)