Submit the following Policies. Pre-Survey Review of ED Policies Checklist. Refer to the EDAP Standards for detailed policy requirements. Conduct a cross reference of all policies to ensure all subject matter is identical (no conflicting information) from one policy to the next.

1. Submit policies in approved hospital format.
2. All policies must be reviewed/revised every three years.
3. Outdated policies do not meet the requirements.

| **ED REQUIREMENTS: Policies that pertain to the ED pediatric patient** | **Name of the ED Policy** | **Page/Section Requirement is located.**  **Highlight the pertain information in Yellow.** |
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| **The hospital shall develop and maintain, at minimum, the following policies and**  **procedures pertaining to the emergency care of children. Multiple required elements may**  **be incorporated into one policy (e.g., Care of the Pediatric Patient in the ED).** |  |  |
| A. Weight and Vital Sign Measurement: |  |  |
| B. Pediatric patient safety in the ED |  |  |
| C. Immunization assessment and management of the under-immunized patient |  |  |
| D. Mandated reporting of child maltreatment (suspected child abuse, neglect, commercial sexual exploitation, human trafficking, and sexual assault) to include:  **Refer to the 2024 requirements** |  |  |
| E. A pediatric suspected sexual assault patient requires coordination of care with a SART Center. **Refer to the 2024 requirements** |  |  |
| F. Pediatric assessment and reassessment include identification of abnormal vital signs according to the age of the patient. If abnormal values are obtained, include a plan/process for the physician notification. |  |  |
| G. Pain assessment, treatment, and reassessment utilize developmentally appropriate pain scales (include a description of the tools used for all age levels) |  |  |
| H. Consent and assent for emergency treatment, include situations in which a parent/legal guardian is not immediately available. |  |  |
| 1. Care of the pediatric patients with Do Not Resuscitate (DNR) orders/ or Physician Orders for Life-Sustaining Treatment (POLST) |  |  |
| J. Death of the child in the ED and care of the grieving family |  |  |
| K. Care and safety for the pediatric patient with mental and/or behavioral health emergencies |  |  |
| L. Physical and chemical restraint of patients |  |  |
| M. Procedural sedation |  |  |
| N. Safe Surrender of Newborns, include the following:  1. Signage  2. Procedures for accepting a newborn, including a safe surrender packet for the individual relinquishing the newborn  For more information: https://www.cdss.ca.gov/inforesources/Safely-Surrendered-Baby |  |  |
| O. Daily verification of proper location and functioning of equipment and supplies for the pediatric crash cart, and a content listing of items in each drawer |  |  |
| P. Family-Centered Care, includes the following:   1. Supporting appropriate family presence during all aspects of care to include invasive procedures and resuscitation 2. Education of the patient, family, and regular caregivers 3. Discharge planning and instructions 4. Culturally and linguistically appropriate services |  |  |
| Q. Communication with patient’s medical home or primary provider based on illness and severity (e.g., aftercare instructions, x-ray results, laboratory studies, as appropriate) |  |  |
| R. Disaster preparedness addresses the following pediatric issues, including surge plan for backup personnel (physicians and nursing) in the ED |  |  |
| S. Medication safety addresses the following pediatric issues:   1. Medication orders should be written clearly in milligrams per kilogram and should specify the total dose. 2. Processes for prescribing, safe medication storage, and delivery should be established. **Include the use of pre-calculated** **dosing guidelines** for children of all ages. 3. Involve the patient and family in the medication safety process to ensure accurate patient identification. Include patient and family education as to the rationale for the medication. |  |  |
| Transfer from the ED to another facility, including EMTALA policy/forms |  |  |
| Radiology Department shall have pediatric-specific policies and procedures pertaining to imaging studies of children. |  |  |
| Laboratory service shall have pediatric-specific policies and procedures pertaining to laboratory studies of children, including, but not limited to, obtaining samples, and micro-techniques for small or limited sample sizes. |  |  |