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1. Label	FORM NHAMCS-901 (7-13-2005) U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2006 Panel Emergency Pediatric Services and Equipment Supplement
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Disposition — *To be completed by Census Field Representative*

1 Hospital HAS an eligible ED – *Complete Supplement*

2 Hospital does NOT have an eligible ED – **STOP! Return to RO**

2a. Hospital contact information			b. ED contact information		
Name			Name		
Title			Title		
Telephone	Area code	Number	Telephone	Area code	Number

A message from the National Center for Health Statistics . . .

Children requiring care for serious and life-threatening emergencies have unique and special needs. Over the past ten years, guidelines for pediatric preparedness have been developed by various pediatric and emergency medicine associations, most recently in April of 2001. In order to gather current information on hospital emergency department readiness for the care of children, based in part on the April 2001 guidelines, this supplement has been reintroduced to the 2006 National Hospital Ambulatory Medical Care Survey (NHAMCS). The form will take about 30 minutes to complete.

INSTRUCTIONS FOR COMPLETING THE FORM

The form consists of a short set of questions related to hospital characteristics and services, followed by a list of pediatric equipment from the 2001 guidelines. If you have any questions or need assistance completing this form, you may contact

_____ at _____

• **Questions**

Please answer only the questions that apply based on the "skip instructions" next to specific check boxes. If there is no skip instruction following a check box, proceed to the next question.

• **Equipment List**

Please mark (X) "Yes" **only** for the equipment and supplies that are actually present in the emergency department in your hospital, otherwise mark (X) "No." If you have a separate pediatric emergency department, please answer these questions for that location only. If possible, you are encouraged to physically verify the presence of each of these items when you complete the list.

DEFINITIONS OF TERMS

- **Pediatric patient** – A person less than 18 years old who is treated in the emergency department or admitted to the hospital.
- **Pediatric ward/department** – A hospital inpatient unit exclusively for pediatric patients.
- **Pediatric trauma service** – An organized multidisciplinary team that provides coordinated care of severely injured children from the emergency department, through care in the operating room, intensive care unit, inpatient unit of the hospital, and rehabilitation.
- **Transfer agreement** – A written guideline for the transfer of pediatric patients from one specified hospital facility to another specified hospital facility, often to get the child moved from a community hospital to a tertiary hospital with pediatric intensive care capability or specialty physician expertise.
- **Critical injury** – An injury that is potentially or actually life threatening without rapid resuscitation and surgical or intensive care intervention.
- **Intensive care** – A hospital unit that provides high technology monitoring and medical intervention for life-threatening illnesses and injuries or the post-surgical care of such children.

Thank you

. . .for taking time from your busy schedule to contribute to this important study. The success of this survey depends on the cooperation of people like you.

Section I YOUR HOSPITAL

These first questions are about hospital procedures and services related to treating and caring for children.

1. Does your hospital admit pediatric patients ("Admit" means for an overnight stay in the hospital of at least 24 hours)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to question 3</i>
2. Does your hospital have a separate pediatric ward or department, that is, one intended for exclusively treating children?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Does your hospital have a 23 hour observation area exclusively for pediatric patients, that is, an area for pediatric patients who are not admitted to the hospital but whose condition following treatment may warrant further assessment before being admitted or discharged?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Does your hospital have a pediatric trauma service, that is, coordinated trauma care for a pediatric patient from admittance to discharge?	1 <input type="checkbox"/> Yes – <i>SKIP to question 6</i> 2 <input type="checkbox"/> No
5. Does your hospital have a written transfer agreement with a facility that has a pediatric trauma service?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Generally, critically injured pediatric trauma patients requiring hospitalization would be cared for: <i>Mark (X) one</i>	1 <input type="checkbox"/> In your hospital 2 <input type="checkbox"/> In another hospital, per written transfer agreement 3 <input type="checkbox"/> In another hospital, but no written transfer agreement exists 4 <input type="checkbox"/> Other – <i>Explain</i> ↴ <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
7. Pediatric patients requiring intensive care (such as brain injury, multiple severe traumatic injuries, meningitis, and respiratory failure requiring intubation) would be cared for: <i>Mark (X) one</i>	1 <input type="checkbox"/> In the pediatric ICU in your hospital 2 <input type="checkbox"/> In the adult ICU in your hospital 3 <input type="checkbox"/> In another hospital 4 <input type="checkbox"/> Other – <i>Explain</i> ↴ <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
8. Does your hospital have a written transfer agreement with a facility that has a pediatric intensive care unit?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9. Do you have written protocols stating under what conditions a pediatrician will be called to the emergency department?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> NA – Have a pediatrician on duty in Emergency Department 24 hours, 7 days per week.
10. Does your emergency department have 24 hour 7 day a week access to the following attending physicians (either in-house or on call)?	
a. Board certified emergency medicine attending physician	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Board certified pediatric emergency medicine attending physician	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Board certified pediatric attending physician	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

PLEASE CONTINUE WITH SECTION II ON NEXT PAGE.

Section II YOUR HOSPITAL EMERGENCY DEPARTMENT

Please check the equipment and supplies listed below that are actually present in the emergency department in your hospital. If you have a separate pediatric emergency department, please answer these questions for that location only. It is anticipated that most facilities will NOT have all of the items listed in this table. You are also encouraged to physically verify the presence of each of these items in your emergency department when you complete this checklist.

EMERGENCY SUPPLIES					
A. Monitoring		YES	NO		
1. Cardiorespiratory monitor with strip recorder					
2. Defibrillator (0-400 J capability) with 4.5 cm paddles					
3. Pediatric monitor electrodes					
4. Pulse oximeter with –					
a. Newborn sensor size					
b. Child sensor size					
5. Thermometer/rectal probe with capability 25°C to 44°C					
6. Doppler blood pressure device					
7. Blood pressure cuffs –					
a. Neonatal size					
b. Infant size					
c. Child size					
d. Small adult size					
8. Method to monitor ET tube and placement ¹					
B. Vascular Access					
1. Butterfly needles –					
a. 19-gauge					
b. 21-gauge					
c. 23-gauge					
d. 25-gauge					
2. Catheter-over-needle devices –					
a. 16-gauge					
b. 18-gauge					
c. 20-gauge					
d. 22-gauge					
e. 24-gauge short					
f. 24-gauge long					
3. Infusion device to regulate rate and volume					
4. Tubing for infusion device					
5. Intraosseous needles ²					
a. 16-gauge					
b. 18-gauge					
6. Umbilical vein catheters ³					
a. Size 3.5 Fr					
b. Size 5 Fr					
7. Seldinger technique vascular access kit –					
a. Size 3 Fr catheters					
b. Size 4 Fr catheters					
c. Size 5 Fr catheters					
C. Airway Management					
1. Clear oxygen masks –					
a. Preterm/neonatal size					
b. Infant size					
c. Child size					
2. Non-rebreathing masks –					
a. Infant size					
b. Child size					
<i>Please continue in next column</i> _____					
3. Oralpharyngeal airways–		YES	NO		
a. Sizes 00					
b. Size 0					
c. Size 1					
d. Size 2					
e. Size 3					
4. Nasopharyngeal airways –					
a. Size 10 Fr					
b. Size 12 Fr					
c. Size 14 Fr					
d. Size 16 Fr					
e. Size 20 Fr					
f. Size 24 Fr					
g. Size 28 Fr					
5. Bag-valve-mask resuscitator, self-inflating, 450 mL size					
6. Nasal cannulae –					
a. Infant size					
b. Child size					
7. Uncuffed endotracheal tubes –					
a. Size 2.5					
b. Size 3.0					
c. Size 3.5					
d. Size 4.0					
e. Size 4.5					
f. Size 5.0					
g. Size 5.5					
h. Size 6.0					
i. Size 6.5					
j. Size 7.0					
k. Size 7.5					
8. Cuffed endotracheal tubes –					
a. Size 5.5					
b. Size 6.0					
c. Size 6.5					
d. Size 7.0					
e. Size 7.5					
9. Stylets –					
a. Infant size					
b. Pediatric size					
10. Laryngoscope handle, pediatric					
11. Curved laryngoscope blades –					
a. Size 2					
b. Size 3					
12. Straight laryngoscope blades –					
a. Size 0					
b. Size 1					
c. Size 2					
d. Size 3					

¹ May be satisfied by a disposable ETCO₂ detector, bulb, or feeding tube methods for endotracheal tube placement.

² May be satisfied by standard bone marrow aspiration needles, 13- or 15-gauge.

³ Available within the hospital

**Section II - YOUR HOSPITAL EMERGENCY DEPARTMENT -
 Continuation Sheet**

Instructions: Please complete this continuation sheet for the supplies/equipment specified.

Item	Yes	No
1. Sphygmomanometer		
2. Stethoscope		
3. Intravenous fluid and blood warmers *		
4. Portable oxygen regulators and canisters		
5. Yankauer suction tip		
6. Bulb syringe		
7. Needle cricothyrotomy tray		

* This includes essential equipment that may be shared with the nursery, pediatric ward, or other inpatient service but is readily available to the ED.

THANK YOU!

Reason For Continuation Sheet: The National Center For Health Statistics identified these additional supplies/equipment after the supplement had gone to print.

Remarks:

Hospital ID Number: