EPA 10: Resuscitate, Initiate Stabilization of the Patient, and Then Triage to Align Care with Severity of Illness

Supervision Scale for This EPA

1. Trusted to observe the EPA
2. Trusted to practice EPA only under proactive, full supervision as a coactivity with the supervisor
3. Trusted to practice EPA only under proactive, full supervision with the supervisor in the room and ready to step in as needed
4. Trusted to practice EPA only under reactive, on-demand supervision with supervisor immediately available and ALL findings double checked
5. Trusted to practice EPA only under reactive, on-demand supervision with supervisor immediately available and KEY findings double checked
6. Trusted to practice EPA only under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
7. Trusted to practice EPA unsupervised
8. Trusted to supervise others in practice of EPA (where supervision means ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level)

Description of the Activity

Managing patients with acute and severe illness is a core activity of a pediatrician.

The specific functions which define this EPA include:

- Recognizing the severely ill patient requiring resuscitation
- Patient care skills reflecting the ability to prioritize and act in rapid sequence, including an assessment, targeted history and physical and initiation of emergency treatment
- Resuscitation of a patient with acute decompensation and potential impending systemic failure requires initiation of medical therapy as well as prescribing or performing invasive procedures. These activities will vary by settings, resources and the expertise of the practitioner/team
- Demonstrating effective communication skills in managing a severely ill patient
- Embracing the importance of and engaging in reflection after resuscitation
- Knowing when to seek help
- Transitioning care to another provider after initial stabilization

Judicious Mapping to Domains of Competence

X Patient Care
___ Medical Knowledge
___ Practice-Based Learning and Improvement
X Interpersonal & Communication Skills
Competencies Within Each Domain Critical to Entrustment Decisions

| PC 2: | Organizing prioritizing responsibilities |
| PC 8: | Performing procedures |
| ICS 4: | Working as a member of a health care team |
| P 2: | Demonstrating professional conduct |
| SBP 5: | Coordinating care |
| PPD 1: | Working in interprofessional teams |
| PPD 2: | Using healthy coping mechanisms |

Context for the EPA

Rationale: A pediatrician must be able to distinguish between severely ill and unstable patients who require rapid intervention from those with an acute illness but are otherwise stable.

Scope of Practice: Any pediatrician must be prepared to evaluate children with an acute illness who may be severely ill. It is critical for the generalist to recognize the patient who is at risk for further decompensation and deterioration without urgent intervention, such as resuscitation, fluid therapy and/or oxygen. The pediatrician should recognize the need for assistance from colleagues in emergency medicine or critical care medicine during the care of such patients. These decisions will be impacted by the resources and expertise available to the pediatrician as they triage the patient. Care of such patients can range from the newborn period through young adulthood. Generalists may care for children in a variety of practice settings: the ambulatory office, the urgent care clinic, the hospital or the emergency department. Generalists practicing in more rural areas with delayed access to critical care resources may need greater procedural skills to care for such children. The variety of contexts in which a generalist may practice is beyond the scope of this document. This document is intended to address the scope of knowledge and skills of the generalist in a community practice with access to support from a pediatric emergency medicine or critical care physician.

Curricular Components That Support the Functions of the EPA

1. Recognizing the severely ill patient requiring resuscitation
   - Identifies signs of severely ill children, such as stridor, acute respiratory failure, shock, severe hypertension, altered mental status, 6th nerve palsy with potential increased intracranial pressure, etc.
   - Distinguishes between respiratory distress and failure, utilizing vital signs, clinical exam and supporting tests such as a blood gas
   - Distinguishes between compensated and uncompensated shock
   - Assesses resources available to aid in stabilization
2. Patient care skills reflecting the ability to prioritize and act in rapid sequence, including an assessment, targeted history and physical and initiation of emergency treatment

- Conducts an assessment of circulation, airway, and breathing in a complete and timely fashion
- Identifies abnormal findings, particularly vital signs in an age appropriate context
- Utilizes information from circulation, airway and breathing assessment to initiate and prioritize therapy
- Initiates appropriate emergency therapy, based on available resources and expertise. This could include things such as oxygen, fluids, basic and advanced life support for example, as well as other therapies as indicated and available

3. Resuscitation of a patient with acute decompensation and potential impending systemic failure requires initiation of medical therapy as well as prescribing or performing invasive procedures. These activities will vary by settings, resources and the expertise of the practitioner/team

- Manages airway compromise (support with oxygen, medications, bag valve ventilation, and request for an advanced airway as appropriate)
- Provides respiratory support for respiratory distress and failure (support with oxygen, medications, non-invasive positive pressure, and prescription of initiation of mechanical ventilation as appropriate)
- Resuscitates patients in shock (administer volume, antibiotics, and recognize need for vasoactive medications and secure vascular access whether IO or prescribing central access)
- Intervenes in cases of potential neurologic compromise (administers anti-seizure medications as indicated, imaging studies, airway management, and consultation with critical care and neurosurgery)
- Orders appropriate diagnostic studies as indicated

4. Demonstrating effective communication skills in managing a severely ill patient

- Works effectively as a team leader in caring for a child with acute deterioration
- Communicates effectively with team members to create a shared mental model
- Communicates with family members in an empathetic and clear manner consistent with their level of health literacy
- Asks for help in a timely, effective fashion

5. Embracing the importance of and engaging in reflection after resuscitation

- Recognizes need and conducts debriefing with staff to improve performance and facilitate coping with the stress of a severely ill child
- Utilizes information from debriefing to promote staff well-being and coping with stress, as well as for performance and quality improvement

6. Knowing when to seek help

- Assesses one’s resources and recognizes when further assistance is needed, such as consultation with a critical care physician or transfer to another facility
- Requests help in a timely fashion recognizing the limitations of oneself, one’s team and one’s practice environment
- Utilizes existing algorithm to deal with patient emergencies in the given practice setting
- Develops awareness of the plan for emergencies in one’s setting as appropriate
• Assesses urgency of definitive medical care after initial stabilization and the proper disposition of such a patient based on resources

7. Transitioning care to another provider after initial stabilization

• Delivers appropriate handoff to receiving institution
• Answers questions from family and addresses their emotional needs
• Ensures that records necessary for care of the child are transferred

Curricular Components Authors

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