



Entrustable Professional Activities

Curricular Components Supporting EPA 1 for Pediatric Critical Care Medicine

Curricular Components That Support the Functions of EPA 1: Acute Management of the Critically Ill Patient, Including Those with Underlying Chronic Disease

1. Identifying the key issues for the care of critically ill patients and forming a provisional differential diagnosis
 - Performs a thorough physical exam
 - Interprets diagnostic tests
 - Utilizes invasive and noninvasive monitoring
 - Discusses elements of uncertainty related to the provisional diagnosis
2. Rapidly developing management plans that *address all comorbidities* requiring attention during the hospitalization and *case management issues* such as special resources required during and post-hospitalization
 - Generates shared goals of care to address comorbidities
 - Collaborates with other health care providers and families to address any special resources required for the critically ill patient
 - Identifies service-based resources to address the management plan for the critically ill child
 - Promotes interdisciplinary discussions to address all comorbidities and case management issues
 - Reassess all available data to adapt management plans as necessary
3. Performing common procedures needed to care for the patient including identifying the need for the procedure
 - Thoroughly assesses the need for procedures in critically ill children and recognizes potential complications
 - Demonstrates competence in performing common procedures required in caring for critically ill children
 - Recognizes limitations and engages in help-seeking behaviors
4. Demonstrating the ability to utilize technology to monitor and enhance care, including an understanding of the various monitoring techniques and devices, evaluation of new technology, adoption of new technology in a fiscally responsible manner, and application of technology with integration into practice in a manner that provides optimal patient outcomes
 - Knows the spectrum of monitoring devices and the advantages and challenges of individual technologies
 - Evaluates new technology
 - Adopts and integrates new technology into practice based on utility and cost/benefit
 - Utilizes invasive monitoring to improve patient care
 - Utilizes noninvasive monitoring to improve patient care
 - Recognizes when invasive and noninvasive monitoring is no longer needed
5. Addressing and documenting the primary problem, as well as admission and discharge criteria



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- Documents the need for pediatric intensive care admission
- Documents the primary problem and all comorbidities
- Addresses a clear treatment plan for the primary problem

Problems **generally** within the scope of critical care practice where the role of the intensivist is to recognize, evaluate, and manage these patients

- Recognition, evaluation, and management of acute or chronic single organ failure
- Recognition, evaluation, and management of respiratory insufficiency and respiratory failure
- Recognition, evaluation, and management of inflammatory, immunologic, and other infectious syndromes
- Recognition, evaluation, and management of shock states (septic, hemorrhagic, distributive, obstructive, cardiogenic)
- Recognition, evaluation, and management of acute medical cardiac illness
- Pre- and post-operative evaluation and management of congenital heart disease (one and two ventricle)
- Recognition, evaluation, and management of acute neurological illness and injury (Status Epilepticus [SE], stroke, Traumatic Brain Injury [TBI], etc.)
- Recognition, evaluation, and management of acute multi-organ trauma and burns (accidental and nonaccidental)
- Recognition, evaluation, and management of acute metabolic (including tumor lysis), endocrine, and toxicological illness
- Preparation, performance, and management of complications of critical care procedures
- Preparation, performance, and management of complications of advanced technologies
- Administration and monitoring sedation and analgesia
- Recognition, evaluation, and management of the nutritional status of critically ill and injured children

Problems that **generally** require consultation/co-management depending on the context in which one practices

- Patients with a primary diagnosis managed by a subspecialist
- Patients with a specific subspecialty problem
- Surgical and post-operative patients
- Patients with solid organ or bone marrow transplants

Curricular Components Authors

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