



Entrustable Professional Activities

Curricular Components Supporting EPA 4 for Pediatric Emergency Medicine

Curricular Components That Support the Functions of EPA 4: Provide Patient Triage, Resuscitation, and Stabilization; Align Care Provided with Severity of Illness

1. Demonstrating leadership and oversight of the multidisciplinary resuscitative team
 - Supervises and leads members of the resuscitation team in their coordinated efforts for patient resuscitation and post-resuscitation care
 - Models established patient safety and crew/crisis resource management behaviors, including closed-loop communication and shared mental modeling
 - Requests and utilizes appropriate hospital resources in the delivery of resuscitative care
2. Initiating and implementing system response to mass casualty events and disaster management
 - Describes principles of providing emergency care in disasters, multi-casualty events, and mass gatherings
 - Applies principles of field triage in a disaster
 - Describes the purpose for regionalizing specialty-care hospitals, including pediatric trauma, burn, and critical care
 - Reviews indications for ground vs. air transport of ill/injured children
 - Summarizes the components of emergency medical services
 - Applies the principles of disaster and mass casualty management including preparedness, triage, mitigation, response, and recovery
 - Assesses available resources and demonstrates appropriate resource utilization in times of surge capacity or resource-limited situations
3. Prioritizing patient care based on the degree of illness and/or injury
 - Assesses and determines patient acuity
 - Critical – patient with symptoms of life-threatening illness or injury with high probability of mortality if immediate intervention is not undertaken to prevent further airway, respiratory, hemodynamic, and/or neurologic instability
 - Emergent – patient with symptoms of an illness or injury that may progress in severity or result in complications with a high probability of morbidity if treatment is not promptly initiated
 - Lower acuity – patient with symptoms of an illness or injury that have a low probability of progression to more serious disease or development of complications
 - Utilizes a standard triage system to prioritize incoming ED patients and identify those who require immediate medical attention. Adjusts triage system to address resources available at time of triage
 - Aims to provide timely care for all patients as ED conditions allow
 - Prioritizes and implements the evaluation and management of multiple patients in the ED (manages interruptions and switches tasks as necessary) to optimize patient care



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- Integrates use of plans to address advanced directives and palliative care
4. Initiating immediate stabilization of critically ill and/or injured patients
 - Conducts a rapid and thorough primary and secondary survey of critically ill or injured patients
 - Recognizes signs and symptoms of respiratory or cardiopulmonary failure and arrest
 - Initiates immediate interventions for stabilization, including but not limited to airway, ventilatory, and hemodynamic support
 - Performs effective cardiopulmonary resuscitation (CPR) in efforts to achieve return of spontaneous circulation (ROSC) in patients with cardiopulmonary failure
 5. Applying standardized algorithms to the care of critically ill and/or injured patients
 - Attains training and maintains certification in relevant advanced life support as per institutional policy
 - Applies life support algorithms to the care of critically ill and/or injured patients including administration of appropriate medications and performance of necessary procedures
 6. Recognizing and treating patients with impending deterioration
 - Differentiates by age, etiologies of respiratory and circulatory failure and arrest for pediatric patients
 - Discusses pathophysiology of cardiogenic, hypovolemic, neurogenic, and distributive shock
 - Demonstrates knowledge of the pathophysiology related to progression from cardiopulmonary failure to arrest
 - Provides timely and appropriate treatment to patients with impending deterioration
 7. Recognizes indications for cessation of resuscitative efforts
 - Recognizes signs of futility and ceases resuscitative efforts
 - Ceases resuscitative efforts when ROSC is not achieved after well-executed measures, including definitive airway management, effective chest compressions, intraosseous or intravenous access, and administration of necessary medications
 - Recognizes that prolonged resuscitation efforts without ROSC are usually futile unless other treatable problems exist (e.g., hypothermia, drug overdose, cardiac arrhythmias)
 - Does not begin resuscitative efforts in appropriate instances
 8. Applying post-resuscitative care principles
 - Demonstrates understanding of goal-directed post-arrest management
 - Plans and implements anticipated pharmacologic interventions during post-arrest period
 - Plans and implements mechanical interventions during post-arrest period
 - Transports patient to appropriate inpatient unit for further care
 - Describes indications and procedures for transport to a higher-level facility and when indicated, arranges



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transport to outside facility

- Integrates use of plans to address issues such as bereavement measures, postmortem care, survivor follow-up, request for autopsy, and request for organ donation

9. Stabilizing and determining appropriate dispositions for adult patients in the pediatric ED

- Applies principles of advanced life support to provide stabilizing measures for critically ill or injured adult patients
- Manages precipitous deliveries
- Transfers stabilized adult patients to facilities best suited to provide ongoing care
- Recognizes signs of futility and ceases resuscitative efforts
- Ceases resuscitative efforts when ROSC is not achieved after well-executed resuscitative measures
- Does not initiate resuscitative efforts in appropriate instances

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