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
Entrustable Professional Activities
Curricular Components Supporting EPA 4 for Pediatric Emergency Medicine

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...
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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