Pediatric Emergencies: The Other Patients

How to make calls go smoothly by involving parents.
By Richard Huff
Richard Huff

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- New Jersey State First Aid Council
- New Jersey EMS Task Force
- Journalist
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Pediatric calls gone wrong?

- Bad calls?
- What did I do wrong?
- What might have I done better?
This Class

- The dynamics of pediatric calls.
- What we know, what we can change.
- Where things go wrong.
- How making parents part of the process is important.

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It’s also about.....
The call that got us here

- A father
- A son
- A dog

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The call that got us here…

- How do you think the kid reacted?
- How about the parent?
- How about us?
- We’ll come back to this later.
Some perspective

In 2010, there were an estimated 129.8 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in the United States. - CDC
Pediatric volume

In 2009–2010, there were an estimated 33.7 million annual average ED visits by persons aged 18 years and under in the United States, and 11.9 million (35.3%) of these visits were injury related. - CDC
Percent distribution of ED visits by patient age: 2010

![Bar chart showing the distribution of ED visits by patient age in years for the year 2010. The chart indicates that the highest percentage of visits is for the 25-44 age group, followed by the 45-64 age group, with significantly lower percentages for the under 15, 15-24, and 65 and over age groups.](chart.png)
What does this mean?
Lets visit my neighborhood

- Atlantic Highlands, NJ
- 600 EMS calls a year.
- Children and those under 18 represent roughly 10% of our customers.
<table>
<thead>
<tr>
<th>To this?</th>
<th>To this?</th>
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<tbody>
<tr>
<td>Pager goes off….</td>
<td>Pager goes off…</td>
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<tr>
<td>A four year old boy, difficulty breathing, in and out of consciousness.</td>
<td>An 83-year-old woman, difficulty breathing. Also complaining of abdominal pains.</td>
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<tr>
<td>It’s 10 p.m. on a weeknight.</td>
<td>It’s 10 p.m. on a weeknight.</td>
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<tr>
<td>What happens on your squad?</td>
<td>What happens at your squad?</td>
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Question.....
What we tend to do...

- We panic.
- We run in.
- The parents panic.
- We look at the kid like it’s an alien.
- We panic a little more.
What does that do?
Why do we react so?

- We have kids?
- We’re afraid?
- Kid calls are exciting?
- We want to be heroes?
Could it be…

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What we’re taught in school

- General Appearance
- Work of Breathing
- Circulation to the Skin
Real sick or not so sick?
Using the triangle

- Quick assessment without touching the patient.

- Airway and Appearance: How is the child’s airway? Crying or not. How are they reacting to parents?

- Breathing: How’s that going? Are they struggling?

- Circulation to the skin: How’s their color?
Levels of conversation

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Tools
What’s wrong with the PAT?

Puts focus only on kids
We should also look at parents

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Make the triangle a square
Make the parents one side of the square
Bedside manner?

- How often do you work on people skills?
- Critique a member’s bedside manner?
- Members with attitude?
Become a human

Technical vs. compassion

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A plan of attack

- *Stop*, take a deep *breath* and *think*. 

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What did we learn in EMT class?

- Scene size up!
First order of business

- Look at yourself
- Slow down
- We set the tone
- We can lose control
Make it the pediatric square

- How is the parent doing?
- Think about that for a second…
- Can the parent help?
- Now think of calls that went bad….
Think like a parent
The scenarios

- Screaming parents
- Screaming kids

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Parent’s emotions?

- Frightened
- Angry
- Helpless
- Embarrassed
- Guilty
And then we walk in...
Have a game plan
Some of us are parents

- Use those parenting skills
- Understand helpless feeling
- Know the failures
- Assign technical and bedside teams
Make parents part of the team

- Stay calm
- Their knowledge versus ours
- Praise them
- Special needs
- Plain language

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“Don’t tell me to calm down!”

- Telling anyone to calm down is harder than you think.
- Throw them a curve ball.

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Don’t scold the parents
- Managing parent is as important as managing the kid.

- Simple, off topic questions, help when emotional.
More Tips

Separate kid from parent if needed.

Role of parent changes with age of kid.
More Tips

- Reassurance
- Acknowledge fears without saying you understand
- Skip dreaded “sweetheart” and “dear”
- Up not down
Added benefits?

- Less stress on us?
- Less stress on the system?
- Better treatment of patients?
The Kid, the Dad and the Dog

- How do you think the kid reacted to the bite?
- How do you think the parent reacted?
Start now!

- Talk about managing kid cases before they happen.
- Put together a training program.
- Reach out to local organizations for help in dealing with special populations.
- Urge everyone to slow down and take a few more seconds before getting on the ambulance.
- Get people talking after kid calls.
Questions?

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