

# The Pony Express

Improving emergency medical care for children all across Texas



**EMSC State Partnership, TX**

Vol. 5, Issue 2, Sept. /Oct 2013



State Partnership Texas

## Headline News

### EMSC Reassessment Begins October 1<sup>st</sup>



On October 1, 2013 the EMS for Children statewide reassessment begins. This is an assessment of EMS agencies and First Responder Organizations regarding their capacity to treat ill or injured children. This assessment is based on the 2009 American

Academy of Pediatrics' nationally recommended list of equipment for ambulances, as well as the availability of on and off line medical direction when treating a child. This assessment is being conducted on a secure web-based system and respondents will receive immediate, detailed feedback on the pediatric capabilities of their agency.

Since Texas has so many EMS and First Responder Organizations we are being allowed to assess a sample of 483 departments. These were chosen at random by a computer at the National EMSC Data Analysis Resource Center (NEDARC) in Salt Lake City, Utah. Some may remember the original assessment in 2010, however, not all departments that participated in 2010 have been selected to participate in the reassessment. The departments that have been selected will be receiving official notification via United States Postal Service and e-mail at the end of September.

In 2010 EMS agencies in the State of Texas had a response rate of 80 percent. We would like to meet or exceed that rate this year. The success of this assessment depends directly upon these agencies' participation and support. The Texas EMSC State Partnership will have a computer set up at its booth at the Texas EMS Conference to help accommodate those who would like to fill out their assessment at that time.

The effort put forth by these participating departments is greatly appreciated by the EMSC Texas State Partnership. The EMSC Texas State Partnership would also like thank the Regional Advisory Committees (RACs) Chairs and Directors for their help in contacting participating departments. To see a list of departments involved, please visit our website at [www.bcm.edu/pediatrics/emsc](http://www.bcm.edu/pediatrics/emsc)

Texas is in cohort 5, which starts on October 1. To see how the states in cohorts 1 thru 4 are currently doing, please visit the EMSC Survey page at <http://emscsurveys.org>



## Best Practices

### Prehospital Pain Management in Children

Halim Hennes, MD, MS

Pain due to trauma, burn injury, or medical conditions is a very common chief complaint among patients transported by emergency medical services (EMS) to the hospital. Of the estimated 14.5 million patients transported annually to the emergency departments (EDs), 20% have moderate to severe pain, and nearly half of these are children younger than 18 years. In most EMS systems, medical treatment protocols advise providers to administer analgesia to patients in moderate to severe pain. However, over the past decade several published studies have documented significant deficiencies in pediatric prehospital pain management.

Numerous reasons for this practice have been identified. First, past medical wisdom suggested that infants, unlike adults, do not feel pain. Second, little reliable scientific data existed on the short- or long-term effects of pain on organ systems and behavior in children. Third, a paucity of age-appropriate pain assessment tools left physicians unable to conceptualize and quantify the subjective pain experience in children. This knowledge gap in pediatric pain management and fear of the adverse effects of analgesics persists. It is now well established that failure to provide adequate pain management to infants and children could have immediate deleterious physiological, biochemical, and behavioral effects. These include fluctuations in heart rate, blood pressure, intracranial pressure, blood oxygen levels, and stress hormone levels, and possibly a diminished effect of adequate analgesia during subsequent painful experience.

In a research project supported by a HRSA/EMSC grant Dr. Hennes at UT Southwestern and his colleagues from the Medical College of Wisconsin developed an educational module for prehospital pain management. The first part of the module discusses pain physiology, pain assessment, and pain management including pharmacologic and non-pharmacologic techniques. EMS providers were asked to take a multiple-choice examination linked to presentation topics in module I. Only 28% of the providers passed with a score greater than 75% before reviewing module I. After reviewing the module, 86% passed with a score of 75% or higher.

(See Pain Management page 2).



Mail Pouch

## EMSC State Partnership, TX

**Check out the EMSC State Partnership website at  
[www.bcm.edu/pediatrics/emsc](http://www.bcm.edu/pediatrics/emsc)**

To remove your name from our mailing list, please [click here](#).

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## New Targeted Issues Grants Awarded

Targeted Issues (TI) Grants are awarded to eligible applicants to help address issues of national significance that extend beyond State boundaries. Typically, these grants result in new products or resources, or show feasibility of new methods, policies, or practices. Examples of products and resources developed are: The Pediatric Education for Prehospital Providers (PEPP) program, the Pain Management Guidelines mentioned earlier in the newsletter, and the Pediatric Protocol Resource Toolkit developed by the Texas EMSC State Partnership.

Six new TI Grants have recently been awarded. One was awarded to our very own Texas EMSC State Partnership Program Director, Manish Shah, M.D. with Baylor College of Medicine and Texas Children's Hospital. Dr. Shah is the Principal Investigator for the Pediatric Evidence-Based Guidelines Assessment of EMS System Utilization in States (PEGASUS) project, which will create four guidelines for shock, spinal immobilization, allergic reactions, and airway management..

Other TI Grants awarded are:

**NEW HAMPSHIRE** - Geisel School of Medicine and Dartmouth-Hitchcock Medical Center  
Innovating and Improving Pre-hospital Pediatric Care in Rural New Hampshire and Vermont: The Center for Rural Emergency Services and Trauma (CREST) Network for EMS Providers  
(Principal Investigator: Scott Rodi, M.D.).

**NEW YORK** - Hofstra North Shore-LIJ School of Medicine at Hofstra University  
Pre-hospital Oral Steroids for the Treatment of Status Asthmaticus in Children (POSTSAC) Study  
(Principal Investigator: Robert Silverman, M.D., M.S.).

**KENTUCKY** - University of Louisville Research Foundation Compassionate Options for Pediatric EMS (COPE) (Principal Investigator: Mary Fallat, M.D.).

**INDIANA** - Indiana University Treat the Street: Pre-hospital Pediatric Asthma Intervention Model to Improve Child Health Outcomes (Principal Investigator: Andrew Stevens, M.D.).

**WISCONSIN** - Medical College of Wisconsin Development of the Charlotte, Houston and Milwaukee Pre-hospital (CHaMP) Research Node (Principal Investigator: Brooke Lerner, PhD). Project Goal: Develop an EMS Research Node Center (E-RNC) that will work in cooperation with the Pediatric Emergency Care Applied Research Network (PECARN) to conduct innovative and significant pre-hospital pediatric research. The group will establish the infrastructure for an E-RNC called CHaMP (Charlotte, Houston, and Milwaukee Pre-hospital) which will include three EMS Affiliates (EMSA).

## Pain Management (cont.)



The first part of the module discusses pain physiology, pain assessment, and pain management including pharmacologic and non-pharmacologic techniques. EMS providers were asked to take a multiple-choice examination linked to presentation topics in module I. Only 28% of the providers passed with a score greater than 75% before reviewing module I. After reviewing the module, 86% passed with a score of 75% or higher. The preliminary results indicate that EMS provider use of morphine for children with extremity fractures and burns increased by 75%. The first part of the study was

completed in a single EMS and the results were validated in three different EMS systems including Michigan, California, and Maryland. The validation results are being prepared for publication. To access the online training module, please visit: [http://www.youtube.com/watch?v=Tn3MF\\_4-9IQ&feature=youtu.be](http://www.youtube.com/watch?v=Tn3MF_4-9IQ&feature=youtu.be)

Halim Hennes, MD, MS, is a Professor of Pediatrics and Surgery and is the Division Director of Pediatric Emergency Medicine at the University of Texas Southwestern. Dr Hennes is also the Medical Director of Emergency Services at Children's Medical Center in Dallas, Texas.



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## 9<sup>th</sup> Annual TxP2P Conference a Huge Success

The 9<sup>th</sup> Annual Texas Parent to Parent Conference was held July 25 - July 27 in San Marcos, Texas with a fantastic turnout of parents, caregivers, children, and adolescents. Texas Parent to Parent (TxP2P) is committed to improving the lives of Texas children who have disabilities, chronic illness, and/or special health care needs. TxP2P empowers families to be strong advocates through parent-to-parent support, resource referral, and education. In addition, TxP2P educates professionals about the unique needs of children with special healthcare needs with the goal of improving their care and opportunities. Lastly, TxP2P is dedicated to championing the efforts of a diverse set of parent support groups and advocacy on behalf of their children's well-being.

Debbie Wiederhold and Jeanine Pinner with TxP2P are the Family Advocate Representatives for the EMSC Texas State Partnership. As such, we try to show as much support for them as they do for us. The EMSC Texas State Partnership sponsored a booth at this year's conference and many wonderful people were met as well as many great contacts throughout the state were made.

In addition, former Texas EMSC Program Manager and new National EMSC Program Manager, Anthony Gilchrest presented, "Special Health Care Needs and Family Centered Care". Tony made this presentation with the help of Debbie and Daniel Wiederhold and Jeanine and Jake Pinner. This presentation focused on ways that parents of children with special needs and the children themselves can work together with their local hospitals and EMS agencies to provide a truly unique and effective educational program. For more information on a program such as this, please contact EMSC Texas State Partnership Program Manager, Sam Vance at [Samuel.Vance@bcm.edu](mailto:Samuel.Vance@bcm.edu) or 832-824-6028.

For more information on Texas Parent to Parent, please visit their website at:  
<http://www.txp2p.org>

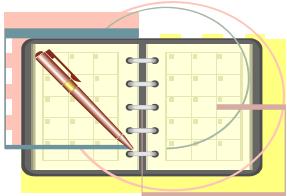


## Final Thought

We can do anything we want to do if we stick to it long enough.

**Helen Keller**

## Upcoming Events Mark Your Calendar



- [Texas Pediatric Society Annual Conference](#): September 19 - 22 in Galveston, TX
- [Children's Hospital Association of Texas \(CHAT\) Pediatric Nursing Conference](#): October 18-19 in Dallas, TX
- [Texas EMS Conference](#): November 24 - 27 in Fort Worth, TX