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Clinical report updates recommendations for hospital care of pediatric patients

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The care of the pediatric inpatient population is sufficiently different from that of the adult inpatient population, and these differences need to be taken into account when caring for this vulnerable population.

Hospitals should electively admit only pediatric patients for whom they have appropriate resources, such as physical space, equipment and qualified staff.

An updated AAP clinical report aims to help hospitals and clinicians by recommending policies, equipment, facilities and personnel necessary to provide high-quality and safe pediatric inpatient medical care.

The report, *Resources Recommended for the Care of Pediatric Patients in Hospitals*, from the AAP Committee on Hospital Care, is available at <https://doi.org/10.1542/peds.2020-0204> and is published in the April issue of *Pediatrics*.

Recommendations

A board-certified general pediatrician or pediatric medical subspecialist should ensure all hospital policies, procedures and protocols sufficiently address care for pediatric patients of all ages.

Well-established networks can enable timely consultation by subspecialists with pediatric expertise and, when necessary, for patient transfer to a facility with more advanced levels of care. Telehealth care may provide additional opportunities for collaboration between regional hospitals.

- Provision of care for hospitalized children should reflect awareness of the unique safety concerns. These include patient identification strategies, medication safety, radiation safety practices, and a rapid response team with at least one person having expertise in pediatric airway management.
- Single rooms should be used for pediatric patients who often are hospitalized with infectious diseases, and sleeping spaces should be provided for at least one caregiver. If single rooms are not available, guidelines should outline appropriate age and gender cohorting.
- Separate pediatric emergency resuscitation carts should be stocked with equipment of various sizes to fit newborns to adolescents.
- Pediatric intravenous fluids, vascular devices, intraosseous needles and infant warming devices need to be available.
- Unique needs for electronic clinical information systems include pediatric-specific data such as Apgar scores, pediatric pain scales, neonatal abstinence scores and ages in hours or days. There must be age-appropriate flagging of laboratory values and vital signs, along with weight-based medication calculations and the ability for clinicians to order weight-based parenteral nutrition with appropriate hard stops for safety.
- Nurses, radiology technologists, pharmacists, nutritionists, lactation specialists, rehabilitation therapists, child life specialists, mental health specialists, social workers and medical interpreters need adequate training in the pediatric applications of their respective fields.



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- As children are more likely to die from respiratory arrest than cardiac arrest, respiratory therapists skilled in pediatric airway management and life support techniques are necessary.
- Children who require higher levels of care need a high-level health care professional who is in-house and available to respond immediately if the child's condition deteriorates.
- Children younger than 1 year are at a fourfold higher risk of anesthesia-related cardiac arrest than older children; thus, it is preferred that board-certified pediatric surgeons and anesthesiologists supervise all elective surgical procedures in young children or those with complex medical conditions.
- Policies must ensure proper reporting of abuse allegations to authorities for further investigation as well as appropriate transfer to a facility that offers mental health services with expertise in pediatric care if not available locally.

If these resources are not available, policies are necessary to assist health care professionals in determining appropriate triage, consultation and referral decisions to meet pediatric patients' needs for safe, quality care.

Dr. Ernst is the lead author of the clinical report and a member of the AAP Committee on Hospital Care.