Developed by the Illinois EMSC Facility Recognition Committee 3/2010

Illinois EMSC

Sample Emergency Department Pediatric Quality Improvement Markers/Indicators

**Asthma**
- Prior ICU admission
- Onset of wheezing, prior treatments
- \(O_2\) sat, BP, HR and RR documented
- Peak Flow pre and post treatment
- Reassessment/documentation identifying progress

**Child Maltreatment**
- Screening mechanisms
- Social work evaluation
- DCFS reporting documentation

**Diabetic Ketoacidosis (DKA)**
- Time to VBG and BS
- IV fluid bolus appropriate
- K+, Na+, Ca and Phos documented
- \(HCO_3\) administered? Indication?
- Mental status documented
- Serial examinations documented
- Hourly glucose documented
- Documentation of total fluids administered on the child that is transferred out
- Reassessment/documentation identifying progress

**Hematology/Oncology**
- Time to antibiotic administration (fever/neutropenia)
- Reassessment/documentation identifying progress

**Head Trauma**
- Timely airway management when GCS < 8
- Child maltreatment assessment completed
- Reassessment/documentation identifying progress
- Documentation of indicator if a head CT is obtained.

**Length of Stay in the ED**
- Time to interfacility transfer
- Reassessment/documentation identifying progress

**Mock Codes**
- Evaluate dosing calculations and procedures
- Reassessment/documentation identifying progress

**Moderate Sedation**
- Reassessment/documentation identifying progress
- Appropriate monitoring
**Neonatal Fever**
- Time to antibiotics
- Lumbar puncture
- Reassessment/documentation identifying progress

**Pain Management**
- Door to first pain medication
- Documentation of relief
- Pulse oximetry
- Reassessment/documentation identifying progress

**Patient Safety/Monitoring**
- Obtaining accurate weight (using kg)
- Was weight obtained upon ED admission or was verbal weight conveyed by parent
- Vital signs routinely documented on kids, i.e. temp
- Reassessment/documentation identifying progress
- Abnormal VS reassessed/addressed prior to discharge
- Monitoring medication error rates
- Assuring compliance with EDAP/SEDP equipment guidelines

**Pneumonia**
- Complete VS documented: Temperature, BP, HR, RR and Pulse oximetry
- Time to first antibiotic
- Reassessment/documentation identifying progress

**Rapid Response Team**
- Assess pediatric preparedness
- Reassessment/documentation identifying progress

**Seizures**
- Airway management
- Medication delivery
- Reassessment/documentation identifying progress
- Current medications documented

**Sickle Cell fever**
- Similar to neonate with fever
- Complete VS documented: Temperature, BP, HR, RR and Pulse oximetry
- Reassessment/documentation identifying progress

**Trauma**
- Complete VS documented: Temperature, BP, HR, RR and Pulse oximetry
- Adequate volume resuscitation in patients presenting in shock condition
- Timely transfer (if not a trauma center)

**VP shunt complaints**
- Complete VS documented: Temperature, BP, HR, RR and Pulse oximetry
- CT Head
- Fundoscopic exam
- Shunt series
- Time to neurosurgical consultation
- Reassessment/documentation identifying progress