

Tip Sheet: Improving Hospital Pediatric Surge

November 2022

This quick reference is designed to help hospitals maximize pediatric resources during a surge event. Access the complementary [tip sheet on improving regional pediatric surge capacity](#) for related strategies on maximizing capacity and capability.

Access the ASPR TRACIE [Pediatric Surge Resources Page](#) for related resources.

Considerations for All Hospitals

- Survey pediatric usual or potential inpatient beds including critical care, intermediate, and floor (medical surgical) and determine potential areas of expansion (e.g., flat space congregate observation units, pre/post anesthesia areas, procedural areas).
- Determine elements of facility surge capacity plan (e.g., discharge holding areas) that can offer additional overall capacity.
- Identify outpatient contingency plans including use of temporary space (e.g., tenting, lobby), referrals to clinics, and cancelling non-acute clinic visits.
- Determine threshold to refer patients from emergency department (ED) to clinic(s) as well as to temporarily reduce/eliminate non-acute outpatient clinic visits to accommodate demand.
- Prioritize essential patient care activities to address shortages of staffing including using scribes and reducing frequency of some routine tasks.
- Work with environmental services to optimize room turnover.
- Evaluate and address common delays in discharge process to optimize throughput (e.g., home oxygen approvals, prescriptions, social issues, transportation).
- Identify staff physicians and advanced practice providers, respiratory care, and nursing who have had prior pediatric experience in addition to pediatric trained staff that can bolster surge response.
 - Consider cross training adult nursing staff to care for stable pediatric patients older than 12 years of age.
 - Mobilize nurse and physician educators to develop pediatric cross training priorities and opportunities.
 - Determine and work to address needs (e.g., training, granting privileges) for staff to provide care to pediatric patients.
- Communicate with primary care and family practice community to provide situational awareness and encourage expansion of hours, appointments, and consider re-scheduling some elective appointments to increase acute visit capacity.
- If the hospital is a training site for nurses or other health providers, consider changing rotations and supervision to minimize distractions for staff nurses and maximize use of students.
- Monitor staff well-being and address challenges in collaboration with leadership.
- Work with internal central supply to anticipate and ensure adequate amounts of pediatric supplies including airway, pediatric capable ventilator(s), high flow nasal cannula units, nebulizer and oxygen delivery, liquid and other pediatric formulations of anti-viral, anti-pyretic, and antibiotic medications, and cribs are available. Work with supply chain vendors to address potential deficiencies.
- Communicate to patients and community about when and where to seek care based upon symptom severity and whether testing/specific treatment is available.

Considerations for Hospitals Providing Pediatric Inpatient Care

- Define triggers to move less complicated/older patients to adult units.
- If the hospital has a neonatal intensive care unit (NICU), evaluate the potential for admission of infants to NICU with proper isolation from newborns.
- Determine pediatric and other specialists that will inform incident command on necessary strategies based on current and anticipated loads.
- Evaluate space and staffing needs on a daily basis.
- Plan for family members' needs and responsibilities during surge conditions (e.g., communicate how parents can support nursing staff with routine care).
- Identify triggers and plan to adjust staff-to-patient ratios and staffing model to ensure the most trained staff are caring for sickest/most complicated patients.
- Plan to prioritize use of full-featured ventilators for pediatric patients (if hospital uses same ventilators for adults and pediatrics).
- Consider pediatric airway, procedure, and rapid response teams to support expanded areas of care and high acuity patients.
- Determine when and which non-emergency procedures to restrict based on risk of deferring the procedure, post-procedure level of care required, and risk of vulnerable patients potentially contracting an infection in the post-procedure period.
- Participate in regional information sharing and transfer protocols and efforts.

Considerations for Hospitals that do *not* Provide Pediatric Inpatient Care

- Participate in local and regional healthcare coalition calls to maintain situation awareness.
- Prepare to provide in-place care for pediatric patients in consultation with pediatric specialty centers when usual regional referral centers are saturated.
- Involve nurse educators and request educational resources to support facility staff.
- Ensure providers can obtain telemedicine consultation from subject matter experts to provide care of pediatric patients.
- Understand regional process for pediatric transfers during surge conditions including how non-traditional regional partners (e.g., larger hospitals that may not usually provide pediatric care, pediatric facilities outside usual referral region) may be used to provide inpatient care.