

# Tip Sheet: Improving Regional Pediatric Surge

November 2022

This quick reference provides considerations for maximizing regional pediatric resources during a surge event. Access the complementary [tip sheet on improving facility pediatric surge capacity](#) for related strategies on maximizing hospital capacity and capability.

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

- Identify regional pediatric inpatient resources (including critical care) as well as expansion potential based on facility plans.
- Identify and categorize resources at non-pediatric hospitals that could provide inpatient care to older/less complicated pediatric patients (e.g., [PedsReady assessment and resources](#)).
- Initiate information sharing calls between the identified facilities, emergency medical services (EMS), and public health authorities; base cadence on current/anticipated impact.
- Develop communications mechanisms between pediatric medical directors at identified facilities (e.g., text group, email chain).
- Promote regionally consistent facility practices in coordination with local and regional medical/health system of care in coordination with healthcare coalition authorities and EMS that concentrate the youngest, sickest, and most complex patients in the pediatric specialty centers (and particularly the intensive care units).
- Determine shared daily data needs and platforms if different than usual systems.
- Communicate with the community using best practices and consistent messaging on when and where to seek care based on symptoms/condition to reduce unnecessary burden on emergency services.
- Determine limiting factors on staffing changes (e.g., changes to ratios, adult providers caring for pediatric patients) and potential legal, regulatory, collective bargaining, and other solutions that can be applied region wide.
- Define triggers for when pediatric specialty facilities will defer older (e.g., >12 years of age) or less complex transfers.
- Determine threshold at which EMS should change usual criteria for transport to a children's hospital or other pediatric facility when they are over capacity.
- Provide a regional mechanism for pediatric telehealth/telemedicine support for all area hospitals that may have to board/admit pediatric patients.
- Initiate a [Medical Operations Coordination Center \(MOCC\)](#) to provide a single point for regional bed availability and transfer coordination including:
  - Pediatric critical care personnel to evaluate specific transfer requests when saturation occurs/trigger point reached, and transfers must be limited.
  - Coordination with ground/air transportation to provide resources appropriate to the patient condition.
  - Connection with/consultation for initial and in-place care when transfers are not possible.
- Anticipate supply issues (e.g., cribs, high flow nasal cannula systems, common pediatric medications) and determine options for regional sharing/coordination.
- Alert vendors, coalition partners and med/health supply chain groups (e.g., [Healthcare Ready](#)) of potential supply chain gaps.
- Facilitate information sharing for supply chain solutions across local and regional healthcare coalition partners.
- Develop just-in-time/share existing general and condition-specific educational resources for pediatric care.
- Determine potential regional agreements on pediatric extracorporeal membrane oxygenation (ECMO) use and restriction on non-emergency procedures that require post-procedure advanced (intermediate or critical) care.