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Emergency Physicians Are Experts in Managing Childhood Emergencies

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(In response to “Optimal Resources for Children’s Surgical Care in the United States”) Emergency physicians who are board certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine are fully qualified to care for emergency department patients of all ages. Requiring pediatric fellowship training is unnecessary for Level I designation. Many centers that offer a full range of pediatric surgery capabilities, and would otherwise be able to attain Level I status, would be unable to do so because of this requirement.

Ideally, the definition of a pediatric emergency physician for a Level I designation would be revised as “an individual who is board certified or board eligible either in pediatric emergency medicine or emergency medicine.” For example, a center that can care for a 90-year-old man in renal failure who weighs 80 pounds and requires a surgical procedure is more than capable of treating an 11-year-old that needs a routine appendectomy.

Emergency physicians are experts in managing childhood emergencies and receive more training in pediatric emergencies than other physicians, including pediatricians. Emergency medicine residents spend 16 percent of their training in pediatrics and 50 percent of their entire residency in the emergency department with exposure to pediatric cases (versus the 13 percent of training in the emergency department that pediatric residents receive.) As a general rule, about 16 percent of emergency patients seen by emergency residents during their training will be in the pediatric group, which approximately mirrors the ratio of pediatric-to-adult visits in emergency departments every year.¹ Emergency physicians also see far more critical care and trauma patients than pediatric emergency physicians do.

The American College of Emergency Physicians (ACEP) sets national standards on pediatric emergency care and was among the first organizations to develop guidelines for pediatric emergency equipment, staffing, training and procedures. In 2009, ACEP helped create “The Guidelines for Preparedness for Emergency Care for Children”ⁱⁱ in collaboration with the American Academy of Pediatrics, the Emergency Nurses Association and the Emergency Medical Services for Children National Resource Center. The guidelines are a compilation of best practices, first nurse and triage guidelines and

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benchmarking data for improving emergency department wait times and emergency department flow of children.

Emergency care for children in the United States is the best in the world. Emergency physicians and nurses care for more than 22 million sick and injured children under the age of 15 each year, according to the Centers for Disease Control and Prevention (CDC)ⁱⁱⁱ, and the vast majority of them have good outcomes.



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ⁱ Accreditation Council for Graduate Medical Education, 2013, https://www.acgme.org/acgmeweb/Portals/0/PFAssets/2013-PR-FAQ-PIF/110_emergency_medicine_07012013.pdf

ⁱⁱ American College of Emergency Physicians, 2009, Guidelines for Care of Children in the Emergency Department, <http://www.acep.org/Clinical--Practice-Management/Guidelines-for-Care-of-Children-in-the-Emergency-Department/>

ⁱⁱⁱ Centers for Disease Control and Prevention, National Hospital Ambulatory Medical Care Survey, 2009. http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2009_ed_web_tables.pdf