**Purpose:**

The Institute of Medicine (IOM) made a recommendation in 2006 for regionalized systems of care and further recommended that hospitals and EMS systems appoint qualified coordinators for pediatric emergency care. EDs that appoint these positions tend to be more prepared as measured by compliance with guidelines on the care of children in the ED published by the American College of Emergency Physicians and American Academy of Pediatrics and the Emergency Nurses Association.

**Qualifications:**

The nursing coordinator has the following qualifications:

1. Is a registered nurse (RN) who possesses special interest, knowledge, and skill in
2. the emergency medical care of children as demonstrated by training, clinical experience, or focused continuing nursing education.
3. Maintains competency in pediatric emergency care
4. Is credentialed and has competency verification per the hospital policies and guidelines to provide care to children of all ages.
5. May be a staff nurse who is currently assigned other roles in the ED, such as clinical nurse specialist, or may be shared through formal consultation agreements with professional resources from a hospital that is capable of providing definitive pediatric care.

**Responsibilities:**

The nursing coordinator is responsible for the following:

1. Facilitating and participating in ED pediatric QI/PI activities.
2. With the Physician Coordinator, serving as liaison/coordinator to appropriate in-hospital and out of- hospital pediatric care committees and other providers of pediatric inpatient or emergency care in the community, including EMS and definitive pediatric care hospitals.
3. Facilitating, along with physician coordinator, hospital based educational activities, ED nursing continuing education in pediatrics and ensuring that pediatric-specific elements are included in orientation for new staff members.
4. Ensuring that initial and annual competency evaluations completed by the ED nursing staff are pertinent to children of all ages.
5. Promoting pediatric disaster preparedness for the ED and participating in hospital disaster-preparedness activities.
6. Promoting patient and family education in illness and injury prevention.
7. Providing assistance and support for pediatric education of out-of-hospital providers who are affiliated with the ED.
8. Working with clinical leadership to ensure the availability of pediatric equipment, medications, staffing, and other resources through the development and periodic review of ED standards, policies, and procedures.
9. Collaborating with the physician coordinator to ensure that the ED is prepared to care for children of all ages, including children with special healthcare needs.

Sources:

1. ACEP/ENA/AAP Joint Policy Statement “Care of Children in the Emergency Department”. 2009
2. Institute of Medicine Report “Growing Pains”. 2006