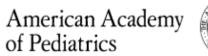
Key Features and Updates:

Pediatric Education for Prehospital Professionals, Fourth Edition









Global Changes:

- All content was authored/reviewed by a physician/EMS provider pair
- Updates were made to:
 - References
 - Figures
 - Tables
 - Case studies

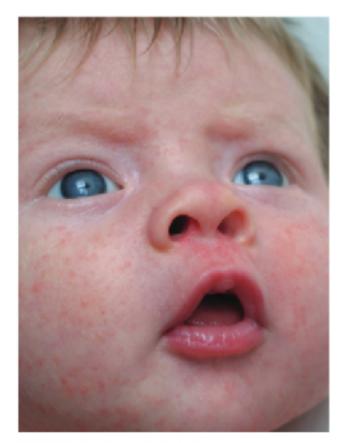


FIGURE 1-8 Nasal flaring indicates increased work of breathing and moderate to severe hypoxia.

Chapter 3: Respiratory Emergencies

- New information on management of acute respiratory distress and CPAP
- Updated information on capnography and capnometry
- Terminology change from rapid sequence intubation to drug-assisted intubation

Chapter 6: Medical Emergencies

- New section on medication dosing with attention to weight-based dosing and medication safety
- ALS information on management of seizures with intranasal midazolam





FIGURE 3-20 A disposable, single-use CPAP device.

Chapter 7: Trauma

- Enhanced section on spinal motion restriction and methods to achieve it
- New information on assessment of sports concussions and return-to-play guidelines
- Transport criteria for transfer to a burn center

Chapter 8: Toxic Emergencies

 Updates in the treatment and management of "new" synthetic drugs





FIGURE 7-13 Keep the airway and spine in a neutral position by placing a layer of padding beneath the child's body from shoulders to hips before securing the child to the stretcher.

Chapter 9: Behavioral Emergencies

- An entirely new chapter that covers the following learning objectives:
 - Describe psychiatric conditions in children and adolescents, including autism spectrum disorder (ASD), attention deficit—hyperactive disorder (ADHD), and behavior or conduct disorders.
 - Discuss the management of behavioral emergencies in children.
 - Explain suicidal ideation and proper evaluation of suicidal patients.
 - Discuss de-escalation methods for agitated patients.
 - Provide information on chemical restraint.
 - Review issues that may arise during patient restraint.



FIGURE 9-4 Children with ADHD should be encouraged to participate in their own care by being provided with limited choices.

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Chapter 10: Children with Special Healthcare Needs (CSHCN)

Transport information for CSHCN

Chapter 11: Child Maltreatment

- New section on human trafficking
 - Tips on what to look for
 - Questions to ask
 - Resources for additional guidance

TABLE 10-1 Principles of Transport for CSHCN

- Transport CSHCN who are on home oxygen with the oxygen (except for liquid oxygen). If the child has no respiratory distress, continue the same rate of oxygen flow.
- Transport a child on a home ventilator with the ventilator if there are no equipment problems. If there is a concern about the ventilator, manually assist ventilation. Regardless of the method of ventilation, always secure the child's home ventilator in the ambulance and transport with the child, so that it can be assessed by hospital personnel for potential problems and appropriate settings.
- If the child has poor muscle control or increased muscle tone, immobilize the child as needed in a position that is comfortable for him or her. If the child has a special seat, wheelchair, or other equipment (e.g., feeding pump or suctioning device), transport these items to the ED if these items can be safely secured in the ambulance while still allowing enough room to safely care for the child during transport.
- 4. If the child has any contractures or rigid postures, such as scissoring of the legs or an arched back, pad around any open areas when the child is on the stretcher or during spinal motion restriction. Do NOT force the child to conform to the equipment.

Chapter 12: Emergency Delivery and Newborn Stabilization

NEW recommendation: Delayed cord clamping

Chapter 13: Sudden Unexpected Infant Death (SUID), Brief Unexpected Resolved Event (BRUE), and Death of a Child

 Critical information on SUID and BRUE



FIGURE 12-13 Tie or clamp the cord in two places (approximately 3–4 inches from its insertion into the baby). Cut the cord between the two ties or clamps.

TIP

Recent research has shown benefits from delayed cord clamping, especially in preterm infants. While recommended times vary, 30–60 seconds is now recommended for vigorous term and preterm infants.

Chapter 14: Children in Disasters

- Guidance and tips for disaster preparedness within local communities
- Enhancements to family reunification information
- Section on school and mass shootings
- Section on Ebola virus

Chapter 15: Medicolegal and Ethical Considerations

 A discussion on Physician Orders for Life Sustaining Treatment (POLST)



FIGURE 14-5 Evacuating children during a school terrorist attack.

Miler Stedam South Florida Sun-Sentinet W^{*} Images.

Chapter 16: Transportation Considerations

Transportation utilizing spinal motion restriction

Procedure 3: Oxygen Delivery

 Inclusion of end-tidal carbon dioxide (ETCO2) monitoring

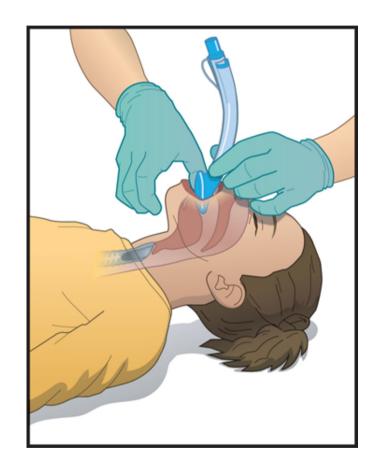


Procedure 12: Confirmation of Endotracheal Intubation and End Tidal Capnography

 Information on end-tidal CO2 (ETCO2) waveform capnography

Procedure 13: Advanced Airway Techniques

- Enhanced section on supraglottic airways
 - iGel

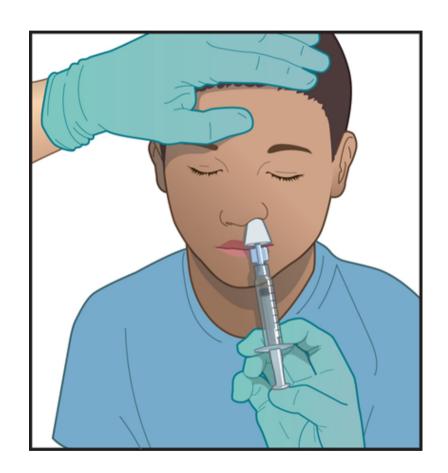


Procedure 15: Intranasal Medication Administration

- An entirely new procedure
- Includes instruction on how to administer medication utilizing a MAD device or via the drip method

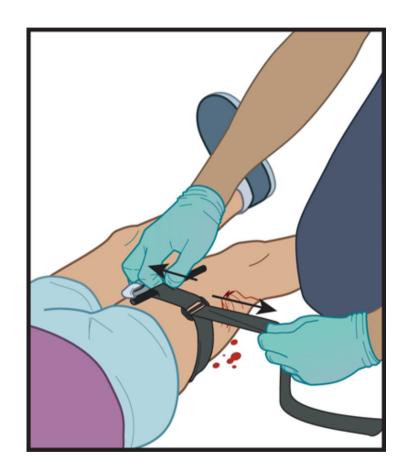
Procedure 17: Intraosseous Needle Insertion

Provides information on the EZ-IO



Procedure 25: Tourniquet Application

- Entirely new procedure
- Includes information on hemostatic agents



What's New: PEPP, Fourth Edition Course Formats

Redesigned course activities focus on provider engagement

- The two course formats continue to provide flexibility for providers and Course Coordinators
- All new case-based lessons in the Hybrid and Onsite Course formats allow providers to apply their knowledge

Please contact the American Academy of Pediatrics at pepp@aap.org or 630-626-6167 with any questions on PEPP course administration, such as:

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