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Standards of Care for Children in Emergency Departments: International Federation of Emergency Medicine Agenda for the Care of Children

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Pediatric emergency medicine (PEM) is a relatively recent subspecialty, recognized in the United States in 1992.¹ This came almost 13 years after emergency medicine (EM) was recognized as a specialty,² and after the healthcare system recognized that the care of children requires specific knowledge and skills different from adults. Over the next decade, PEM progressed in the US and in parallel in Canada, the United Kingdom, and Australia as EM systems matured. To date, PEM is still an under-represented specialty, with only a dozen countries recognizing it as a distinct specialty, and only half of those offering accredited PEM training program.

Regardless of the maturity of PEM systems in developing countries, there is widespread disparity in mortality by geography and income. The burden of deaths of children in regions of the world such as sub-Saharan Africa and South Asia³ is overwhelming. It is estimated that, in a given year, almost 4.5 million children under five would have survived had the mortality rate in their country been as low as the lowest in their region, and lower still if they could match that of Australia and New Zealand.⁴

The International Federation of Emergency Medicine (IFEM) is the umbrella association of EM globally, and is composed of over 60 national EM associations.⁵ IFEM represents a coordinated consortium of these organizations with the vision to lead, promote access, and advance the growth of EM. The Pediatric Emergency Medicine Special Interest Group (PEMSIG) is one of the leading special-interest groups in IFEM. Part of its mission is to promote best practices in PEM education and training, as well as aid in the development of PEM globally. PEMSIG achieves this through promoting the need for specialized care for children, and supporting

individuals and societies to develop acute care systems for the care of children.

As part of its effort to support and improve pediatric care globally, PEMSIG developed the third revision of the *Standards for the Care of Children in the Emergency Department (Standards V3)*.⁶ In this document, PEMSIG offers a thorough examination of the key aspects of emergency care of children and offers recommendations regarding the standards that should be attained by those managing emergency departments where children are seen. Recommendations include that emergency clinicians be aware of issues around consent for care, reporting of child maltreatment, and safe discharge of children. They also address the need for education of emergency clinicians in the immediate care of children requiring resuscitation, and establishing information systems, data collection, and quality improvement processes. A complete list of essential and aspirational recommendations is found in the *Standards V3* document (<https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>).⁶

It is important to understand that these *Standards V3* are not the ultimate and most comprehensive guideline for pediatric emergency care. Rather, they form the foundation by providing recommendations and standards for any clinician and service that cares for children. Our hope is that the promulgation and dissemination of these *Standards V3* will augment clinical knowledge and basic equipment requirements, but also aid clinicians, managers, and policy-makers to advocate for improvements in the quality of emergency care of children. This in turn will promote more formal development of PEM systems at local and national levels.

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REFERENCES

1. Pena EM, Snyder BL. Pediatric emergency medicine. The history of a growing discipline. *Emerg Clin North Am*. 1995;13(2):235.
2. Zink BJ. *Anyone, Anything, Anytime: A History of Emergency Medicine* (2nd ed). 2006. Elsevier Health Sciences. Philadelphia, PA.
3. Li Z, Hsiao Y, Godwin J, et al. Changes in the spatial distribution of the under-five mortality rate: small area analysis of 122 DHS surveys in 262 subregions of 35 countries in Africa. *PLoS One*. 2019;14(1):e0210645.
4. United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). 2018. Levels and Trends in Child Mortality: Report 2018; estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation. United Nations Children's Fund, New York.
5. Member Organizations. International Federation for Emergency Medicine. Available at: <https://www.ifem.cc/membership/member-organisations/>. Accessed January 22, 2020.
6. Standards of Care for Children in Emergency Departments Version 3.0. International Federation for Emergency Medicine. Available at: <https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>. Accessed August 23, 2019.