

Pediatric Pulse



Providing Care and Comfort on the Scene of SIDS

Unfortunately, EMS personnel witness and experience various degrees of devastation during a call involving sudden infant death syndrome (SIDS). The diagnosis of SIDS falls under a larger category of problems known as Sudden Unexpected Infant Death (SUID). SUID also includes death by entrapment, suffocation, asphyxia, infection, ingestion, metabolic disease, arrhythmia, etc. With SIDS, the circumstances surrounding the death are unclear and the cause of death is undetermined, despite thorough case investigation (scene investigation, autopsy, review of clinical history). The distinction between SUID and SIDS is challenging, especially when the event occurs during an unobserved sleep period.

Since the mid-1990s, SIDS rates for the United States have steadily dropped. However, it remains the leading cause of death among babies between 1 month and 1 year of age, with 90% occurring before a baby reaches 6 months of age. At this time, research evidence suggests SIDS is associated with brain abnormalities or defects found in nerve cells. It is important to understand that the exact cause of SIDS remains unknown.

For first responders, providing medical intervention per agency protocol, observing the environment and documenting a scene assessment, and offering support for the family are primary duties when called to care for a suspected SIDS patient. It is appropriate to ask open-ended questions about the event and the

infant, including: Can you please tell me what happened? Or where, when, and how was the baby found? Circumstances surrounding SIDS are often innocent but noting possible signs or symptoms of child abuse/neglect is always important.

As with any pediatric emergency, supporting the parents and family of the child is a major component of patient care. Particularly during a suspected SIDS event, insistence for or against resuscitation measures may be heightened. Assisting the family in understanding that SIDS deaths occur without prediction or prevention is recommended. Also, be prepared to help parents contact their support system and keep them informed about next steps or delays.

EMS providers may face several unspoken challenges under these circumstances. These challenges may include (but are not limited to):

- Remaining calm in the face of parents' spectrum of reactions.
- Exhibiting patience toward family members who repeat the same question, attempting to understand the situation.
- Facilitating family requests while protecting the scene for the medical examiner or law enforcement.
- Setting personal boundaries in an attempt to avoid internalizing or personalizing the family's emotional responses to the event.

It is important to highlight that processing various feelings in the aftermath of a SIDS call (or any pediatric death) is encouraged for all care providers involved.



It is important to highlight that processing various feelings in the aftermath of a SIDS call (or any pediatric death) is encouraged for all care providers involved. It is normal to feel sadness or frustration toward the circumstances of the situation witnessed. A clinical and/or emotional debriefing or request for peer support may be warranted while respecting the personal preferences of individual caregivers.

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Children's Mercy
KANSAS CITY

childrensmercy.org/EMS

COVID-19 and Kids: Facts from Pediatric Experts

During an increase in COVID-19 cases this winter, hospitals across Kansas and Missouri were once again desperate for beds, resulting in surgeries being delayed and transfers being turned away. The curve appears to be declining again, but variants will probably appear in the future. Please take time to be familiar with commonly asked questions about COVID-19 and kids that you may encounter in your community.

Most children and all teens can get COVID-19 vaccines.

The CDC recommends everyone ages 5 years and older get two doses of a COVID-19 vaccine to help protect against COVID-19.

Widespread vaccination for COVID-19 is a critical tool to best protect everyone from COVID-19 and its related complications. Children and teens who are fully vaccinated can safely resume many activities they did prior to the pandemic.

Everyone ages 16 years and older should get a COVID-19 booster shot. **Fully vaccinated is defined as two weeks after the second dose of a COVID-19 vaccine and within six months of the second dose or booster dose for eligible people.**

tested in the same way as adult COVID-19 vaccines. In clinical trials, vaccine side effects were mild and similar to those seen in adults and with other vaccines recommended for children. The most common side effect was a sore arm.

MYTH: Because children are not seriously harmed by COVID-19, getting vaccinated is not worth the risk.

FACT: The benefits of COVID-19 vaccination for children ages 5 through 11 years outweigh the known and potential risks.

Getting a COVID-19 vaccination can protect your child 5 years and older from getting COVID-19. It can also protect your child from

severe disease, hospitalizations, or developing long-term complications if they do get COVID-19.

In the COVID-19 vaccine clinical trials that were conducted with thousands of children, no

serious safety concerns were identified after vaccination, and side effects were mild and did not have any lasting effects. Some children will not have any side effects and serious side effects are rare.

Unlike the mild side effects that some may experience after vaccination, children who get infected with COVID-19 are at risk of getting very sick. As of March 2022, more than 8,000 children ages 0 through 17 years have experienced COVID-19-related hospitalizations and over 1,000 have died. In fact, COVID-19 ranks as one of the top 10 causes of death for children aged 5 through 11 years. Additionally, children can experience both short- and long-term conditions after infection. Children who get infected with COVID-19 can also develop post-COVID conditions that can last for several weeks or longer and



can also develop serious complications like multisystem inflammatory syndrome (MIS-C)—a condition where different body parts become inflamed. From April 2020 to March 2022, more than 2,600 cases of MIS-C have been reported in children ages 5 through 11 years.

Why should my child get vaccinated against COVID-19?

Vaccinating children ages 5 years and older can help protect them from getting COVID-19, spreading the virus to others, and getting sick if they do get infected. While COVID-19 tends to be milder in children than adults, it can make children very sick, require hospitalization, and some children have even died. Children with underlying medical conditions are more at risk for severe illness compared to children without underlying medical conditions. The number of children hospitalized for COVID-19 has been declining at Children's Mercy, but there has been an increase in cases of the rare post-COVID-19 multi-system inflammatory syndrome.

Getting your child vaccinated helps to protect your child and your family, including siblings who are not eligible for vaccination and family members who may be at risk of getting very sick if infected. Vaccination is now recommended for everyone ages 5 years and older. Currently, the Pfizer-BioNTech COVID-19 vaccine is the only one available to children ages 5 years and older. Soon, children as young as 6 months old could be getting vaccinated against COVID-19. Children's Mercy has been a part of Pfizer's clinical trials for this age group.

Authorized For	Pfizer-BioNTech	Moderna	J&J/Janssen
4 years and under	No	No	No
5-11 years old	Yes	No	No
12-17 years old	Yes	No	No
18 years and older	Yes	Yes	Yes

MYTH: The COVID-19 vaccine for children is not safe.

FACT: The COVID-19 vaccine for children between the ages of 5 to 11 years has undergone thorough evaluations by both the FDA and CDC. COVID-19 vaccines have and will continue to undergo the most intensive safety monitoring in U.S. history.

The COVID-19 vaccine for children is safe and effective. It has undergone rigorous review and thorough testing for safety in thousands of children. Now it has been authorized by the FDA and is recommended by the CDC for children between the ages of 5 to 11 years. COVID-19 vaccines for children ages 5 through 11 years were developed and

WANT TO WIN A COOL T-SHIRT DURING EMS WEEK 2022 AND BE A HERO FOR KIDS?

The rules are easy!

- One entry per person with a completed survey.
- Submit your survey by May 13. Winners will be notified the week of May 15.
- Offer is good while supplies last. T-shirts are only available in black.

Just scan this QR code to participate.



Sudden Infant Death Syndrome

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For many EMS providers, this topic evokes a personal memory or recollection of a past professional experience. When off-duty, many health care personnel fulfill additional roles such as a child care provider, parent, grandparent, or other relatives of a small child. It is important to know the correlation between risk factors for SIDS and suffocation are notably very similar.

Reducing risk by campaigning for safe sleep recommendations and instituting mitigation measures within communities has been shown to make a difference in decreasing the incidence of sleep-related infant death. For information on partnering with the National Public Safety Program to keep kids safe and prevent unsafe sleep environments, visit <https://cribsforkids.org/national-public-safety-initiative/>.

Did you know?

- About 3,500 babies in the U.S. die suddenly and unexpectedly every year while sleeping.
- October is Infant Safe Sleep Awareness Month.
- Use of a pacifier at naptime and bedtime helps reduce the risk of SIDS.
- Caution should be used when purchasing products claiming to reduce the risk of SIDS.

For Missouri: <https://ctf4kids.org/missouri-safe-sleep-coalition/>
For Kansas: <http://www.kidsks.org/safe-sleep.html>

COVID-19 and Kids

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COVID-19 vaccines have been used under the most intensive safety monitoring in U.S. history. Scientists have conducted clinical trials with thousands of children, and the results show that COVID-19 vaccines are safe and effective.

Your child cannot get COVID-19 from any COVID-19 vaccine, and there is evidence that COVID-19 vaccines DO NOT cause fertility problems.

Your child may have some side effects, which are similar to those seen with other routine vaccines and are a normal sign that their body is building protection. These side effects may affect their ability to do daily activities, but they should go away in a few days. Some people have no side effects and severe allergic reactions are very rare.

COVID-19 Screening Process at Children's Mercy

Beginning Jan. 1, 2022, Children's Mercy changed the way patients/families are screened upon arrival at our locations. There are two methods for screening based on where patients/families are visiting.

Outpatient:

- Those visiting a clinic, outpatient, or urgent care facility, will complete a self-attestation on the check-in kiosk when they sign in upon arrival. They will answer the same questions currently asked by the in-person screeners.

Inpatient, Emergency and Same Day Surgery:

- Inpatient visitors and patients/families arriving in the Emergency Department or Same Day Surgery will be prompted at the Security desk to read the posted screening questions to determine if they are OK to enter.

Children's Mercy Patients*:

- **Tested:** 178,991
 - **Confirmed positive:** 18,002
- * as of 4/29/22

References:

- www.childrensmercy.org
- www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html



Spotlight on Ryan Koehler, Paramedic/Firefighter, KCFD



1. What's your name and current position?

My name is Ryan Koehler, Paramedic/Firefighter for the Kansas City Fire Department (KCFD), based at station # 7, I-35 and West Pennway St.

2. What's your background in EMS?

I have worked for the KCFD for seven years. Prior to working for the KCFD, I worked for Metropolitan Ambulance Services Trust (MAST) and in law enforcement for the Grandview Police Department. I completed the fire academy at Johnson County before working for John Knox Village and moving to Chicago and Texas.

3. What is your "superhero" power when it comes to taking care of children?

I recognize that prior to having my own child, taking care of children made me uncomfortable. At this point in my life and career, I feel more capable of connecting with pediatric patients and their parents.

4. How do you use that "power," talent, or skill to help your pediatric patients?

Raising a son diagnosed with type I diabetes mellitus, I can identify with the stress many parents experience as they help manage their child's disease process. I make every effort to care for every pediatric patient as I would my own child, understanding how this also brings comfort to the patient's parent(s).

5. Is there one particular patient that you transported to Children's Mercy that stands out in your mind?

About two years ago, my son needed medical attention, and Lee's Summit Fire Department was notified to assist. My son's blood glucose was 43 g/dL. I remember how it felt to be the parent relying on EMS to care for my sick child.

6. How have your past experiences working in pediatrics affected how you care for kids in the prehospital setting or in your personal life?

Over the years, I have learned a lot about diabetes management for the pediatric patient. I am quickly able to recognize symptoms of a diabetic emergency. My son uses an insulin pump, and he can monitor his blood glucose levels in real time. Understanding how glucose levels can fluctuate during growth spurts and times of illness has taught me a lot about the endocrine system.

I am also a Pediatric Advanced Life Support (PALS) instructor. Teaching the course keeps me updated on how best to care for kids in an emergency.

7. Can you share a little about your personal life?

Ever since I was a young child, I knew I'd have a career in either the military, law enforcement or as a firefighter. Due to a pre-existing medical condition, I was unable to join the military. While I enjoyed my experiences working for EMS in Chicago and as an instructor for a tactical medical course with the border patrol in El Paso, I recognize that Kansas City will always be my home. These days, my full-time roles include being a father to my son, Paxton, 4, a partner to my girlfriend, and a paramedic/firefighter for KCFD.



Ryan's son, Paxton

8. What activities do you enjoy when you're not working?

I enjoy exercising, spending time with family and friends, golfing and hunting.

9. What's the most rewarding thing about the work you do?

The most rewarding part about the work I do is being able to help parents when their child is sick. My ability to give great care is due to past interactions with wonderful health care providers who set great examples. I just try to pay that forward to others.

10. The past few months have been difficult for all in health care. Do you have any words of advice for your fellow EMS providers?

My best advice for any fellow EMS provider is to always use the "Golden Rule" and treat others the way you'd want to be treated. With that, I make every effort to keep a mentality of serving others at the forefront of the work I do. I admit preventing provider burnout can be really difficult, but in the field of EMS, it is an important time to truly help each other when possible.



Ryan Koehler

To nominate a provider as an EMS hero, contact Laura Kemerling, MSN, RN, C-NPT, Coordinator, Transport and EMS Relations Children's Mercy Critical Care Transport: lakemerling@cmh.edu.

Allies on the Sidelines

Roughly 8 million student-athletes participate in sports in the United States, and approximately 1 million of them are treated in the emergency department each year with injuries. It is estimated 62% of these injuries occur during practices. With the addition of athletic trainers present at games and practices, student-athletes are safer when they take the field.

Children's Mercy athletic trainers are certified, licensed health care professionals whose primary concern is the optimal health and safety of student-athletes. Their role includes managing emergency situations, as well as evaluating and managing injuries. They are often the first responders on the scene to initiate care for young athletes, and function as liaisons between physicians, athletic directors and EMS professionals.

Before, during and after a pediatric sports-related injury, collaboration among bystanders, parents, coaches and other health care providers is essential. Evidence-based management of sports-related injuries correlates with positive outcomes for athletes and their families. Such management begins with thorough communication among caregivers, including mutual respect and the timely assignment of individual roles on the scene.

Athletic trainers are crucial to the Children's Mercy sports medicine team. They are trained in CPR and AED use, as well as recognition and treatment of concussion, heat-related emergencies, orthopedic injuries, back-boarding/spine-boarding, and safe removal of sporting equipment. Additionally, Children's Mercy athletic trainers assist with the design and implementation of emergency action plans for student-athletes.

Within the Kansas City region, Children's Mercy athletic trainers are responsible for providing education, community outreach activities, and services to numerous local club team sports and high schools.

They also are behind the scenes, helping make decisions on whether to play in threatening weather or developing processes and policies on issues like COVID, consulting infectious diseases on questions related to cleaning equipment and masking guidelines.

Missouri schools that utilize Children's Mercy athletic trainers: Center High School, Central High School, East High School, Ewing Marion Kauffman School, Lincoln College Prep Academy, Northeast High School, Pembroke Hill School, Raytown High School, Ruskin High School, St. Teresa's Academy, Truman High School, University Academy, Van Horn High School and William Chrisman High School.

Kansas schools that utilize Children's Mercy athletic trainers: Bishop Ward High School, J.C. Harmon High School, Leavenworth High School, Louisburg High School, Piper High School, Schlagle High School, Sumner Academy, Turner High School, Washington High School and Wyandotte High School.

Even though their primary roles include serving area high schools, Children's Mercy athletic trainers also provide care for student-athletes at events like the Kansas City Sports Commission/WIN for KC summer camps and the National Association of Intercollegiate Athletics Division I Men's National Championship at Municipal Auditorium.

With updates in evidence-based practices being ever-changing, athletic trainers and EMS may be utilizing differing protocols. It is recommended that athletic trainers practice a variety of emergent situations and Emergency Action Plans (EAP) with EMS providers annually. This aids in efficient collaboration and continuity of patient care when on-scene with student-athletes.

For more information on educational and practice opportunities, please contact Nicole Fillingame, MS, LAT, ATC, CES, PES, Sports Medicine Outreach and Athletic Training Manager at nbfillingame@cmh.edu or (816) 760-5889.



American College of Surgeons Trauma Center Verification



THE
COMMITTEE
ON TRAUMA

VERIFIED
TRAUMA
CENTER

Children's Mercy has operated a state-designated Pediatric Level I Trauma Center since 1992. Over the years, the Trauma team has worked hard to improve care and lead the way in non-surgical management of traumatically injured children and new therapeutic management strategies.

The hospital's commitment to improving care exists not only within the walls of Children's Mercy, but extends to the surrounding communities. Children's Mercy maintains a rigorous schedule of providing education to referral hospitals and EMS agencies throughout the Midwest. As part of its commitment to excellence in pediatric trauma care, in 2019 the hospital began the journey to Pediatric Level I Trauma Center designation from the American College of Surgeons (ACS).

The Trauma Services department completed a site visit June 24-25, 2021. Children's Mercy successfully obtained Pediatric Level 1 Trauma Center verification. This success makes Children's Mercy one of approximately 50 free-standing Pediatric Level I Trauma Centers in the United States to receive verification. ACS verification shows the hospital not only provides the resources necessary for trauma care, but also offers the entire spectrum of care to address the needs of all injured patients. This spectrum encompasses the prehospital phase through the rehabilitation process.

Since receiving the final report in late August, the Trauma Services team has been heading the multidisciplinary collaborative effort to continue improving its care, leading the region in pediatric trauma care.

If you have any questions, please contact the Trauma department at: traumaservices@cmh.edu.

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SAVE THE DATE

3rd Annual EMS Symposium
**KID CARE: UPDATES IN
EMERGENCY MEDICINE FOR
PREHOSPITAL PROVIDERS**
SATURDAY, NOV. 5, 2022
7:45 a.m. – 12:30 p.m.

