NORTH EAST REGIONAL
URGENT CARE ASSOCIATION

Pediatric Readiness Checklist in Urgent Care

This checklist provides a leadership-level framework to help urgent care centers **assess**, **enhance**, and **maintain pediatric emergency readiness**—particularly during emergency department (ED) surges, public health crises, or mass casualty events. It offers guidance on planning, staffing, communication, and coordination with pediatric referral systems.

While many urgent care centers are not traditionally equipped to handle pediatric emergencies, this tool helps close that gap by promoting preparedness and alignment with broader healthcare systems.

Organizational Preparedness

- ☐ A designated Pediatric Champion is identified within the organization.
- ☐ Pediatric care is included and addressed in all emergency response plans in the organization.
- ☐ A pediatric surge plan exists and outlines triggers, workflows, staffing modifications, and patient flow adjustments.
- ☐ Leadership (administrative and clinical) has designated pediatric emergency preparedness as a priority (e.g. actively participates in pediatric emergency planning coalitions and/or engagement).
- ☐ Leadership participates in pediatric emergency drills and after-action reviews (AARs).

Clinical Protocols

- ☐ Have written protocols that include identification of pediatric emergencies by all staff and their roles.
- ☐ Protocols for triage, stabilization, and escalation of pediatric patients are documented and accessible.
- ☐ Pediatric clinical guidelines for common emergencies (e.g., asthma, fever, trauma, sepsis) are up-to-date and available.

Equipment & Supplies

- ☐ Pediatric-specific medical equipment is available, accessible, and routinely checked (e.g., airway tools, IV, defibrillator pads, suction, BP cuffs).
- ☐ Pediatric weight-based medication dosing tools or systems are posted and used (e.g., Broselow tape, color-coded charts, digital tools).
- ☐ The crash cart or emergency kit is stocked, clearly labeled, equipped to accommodate pediatric patients, and staff are trained in its location and proper use.
- ☐ PPE in child-appropriate sizes (masks, gowns, face shields) is stocked.
- ☐ Supplies and medications are regularly inventoried and supply chain processes ensure pediatric items are not deprioritized or missed in standard restocking.

Staffing & Training

- ☐ All clinical staff have completed pediatric readiness training, including at minimum the following competencies:
  - ☐ How to triage and identify pediatric emergencies.
  - ☐ Understanding of escalation plan, including communication protocols.
  - ☐ Understanding of all pediatric supplies and stocking resources.
- ☐ All providers should maintain specific pediatric emergency training (e.g., PALS, APLS, PEARS).
- ☐ Annual pediatric emergency drills are conducted with operational and clinical leadership (discussion-based exercise such as tabletop or operational full scale exercise).
- ☐ Debriefs are held after each exercise to identify lessons learned, address gaps, and revise the emergency management plan accordingly.
- ☐ Scenario-based training includes a wide variety of potential issues that could present as pediatric emergencies (e.g. chemical exposure, animal bites, behavioral emergencies).
- ☐ All clinical staff can demonstrate knowledge of age-specific high-risk presentations, vitals, and medication dosing.
- ☐ All clinical staff are trained in initial assessment and stabilization of pediatric patients.
- ☐ Pediatric topics are included in orientation and annual training.

Pharmaceuticals

- ☐ An essential list of pediatric emergency medications is maintained and reviewed.
- ☐ All essential pediatric medications are stocked, inventoried, and readily available for use.
- ☐ Inventory includes age-appropriate formulations and dosing of medications commonly used in emergencies (e.g., antipyretics, albuterol, epinephrine).
- ☐ Expiration dates for pediatric medications are regularly tracked and updated.
- ☐ Ensure appropriate storage and handling of all pediatric medications.

Care Coordination & Referrals

- ☐ An internal communication plan exists, including all staff contacts (phones, emails, pagers).
- ☐ Staff residential locations are documented to support emergency recall and staffing plans.
- ☐ Contact list of referral facilities, EMS, and pediatric liaisons is maintained.
- ☐ A centralized and accessible resource (digital and printed) contains communication protocols, referral pathways, and surge contact information.
- ☐ Referral and transport protocols are aligned with local pediatric facilities and EMS.

Family-Centered Considerations

- ☐ Staff are trained to effectively communicate with pediatric patients and families during emergencies.
- ☐ Staff are trained in pediatric-specific protocols (e.g., guardian communication, comfort measures).
- ☐ Staff are trained on state-specific regulations regarding guardian consent during normal operations and surge situations.
- ☐ Staff are trained on supporting family presence during all aspects of care, including resuscitation.
- ☐ Ensure communication with the patient's primary care team or medical home following the visit.
- ☐ A protocol is in place for managing unaccompanied minors or distressed guardians, ensuring a safe environment, appropriate isolation from others, and proper identification.

Quality Assurance

- ☐ Pediatric emergency preparedness is included in routine quality improvement cycles.
- ☐ A feedback mechanism exists for reviewing pediatric cases and identifying gaps.
- ☐ Key performance indicators (KPIs) are tracked and reviewed with a focus on ensuring pediatric care and outcomes are included and evaluated.

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