Pediatric Emergency Medicine: From small beginnings, a subspecialty emerges and evolves in RI, nationwide

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Pediatric Emergency Medicine (PEM) was introduced in Rhode Island in 1985, the year after the establishment of the federal EMS-C program designed to assist states in improving emergency medical care for children. Based at Rhode Island Hospital, PEM began as a fledgling subspecialty when **DR. WILLIAM LEWANDER** was recruited as Rhode Island's first PEM subspecialist by the divisions of Emergency Medicine and Pediatrics. Dual-trained in PEM and toxicology and a member of the first class of PEM fellows at Boston Children's Hospital, Dr. Lewander was charged with building a system of regional emergency care dedicated to the medical needs of children and their families. Early in his career, he worked tirelessly caring for patients and educating physicians, nurses and EMS providers about the evolving body of medical evidence which recognized that children were not "little adults" and were best served when receiving specialized emergency care befitting their unique physiologies and responses to injury and illness. Within a few years of arrival, additional PEM medical and nursing colleagues joined Dr. Lewander. Together, they collaborated with emergency medicine physicians and pediatric surgeons to develop a multifaceted emergency medical system focused on the unique medical, developmental and social needs of children and adolescents.

From a few rooms at RIH to Hasbro Children's Hospital

The first "pediatric emergency department" at RIH was only a few rooms embedded in the adult emergency department and in 1985 cared for approximately 9000 pediatric emergency patients. Critical pediatric patients were managed in resuscitations bays poorly equipped for the care of young children and staffed primarily by adult-trained caregivers. Over the course of a few years, however, practices evolved as the division grew and expanded its educational, research and injury prevention focus and established a fellowship in PEM. These efforts paralleled an increased demand, both locally and nationally, for pediatric emergency and urgent care that was bolstered by the 1993 Institute of Medicine Report, "Emergency Medical Service For Children," a document providing the first "comprehensive view of the need for and effectiveness of pediatric emergency care services in the U.S." As the region's pediatric emergency and trauma patient population increased, so did the need for dedicated space and staff to accommodate children's specialized needs, as well as serve as a resource and referral center for community emergency providers.

When Hasbro Children's Hospital opened in 1994, its Emergency Department had an annual census of approximately 34,000 patients, 13 treatment rooms, 2 resuscitation bays, 12 PEM faculty and fellows and a core of pediatric emergency nurses. Over the next 10 years, the census, faculty, staff and number of patient rooms nearly doubled and

PEM expanded its clinical, educational, research and injury prevention missions within the academic Department of Emergency Medicine of The Alpert Medical School of Brown University and the clinical departments of Emergency Medicine and Pediatrics at Hasbro.

This issue of the *Rhode Island Medical Journal* is dedicated to aspects of pediatric emergency medicine that distinguish the subspecialty and highlight care that is provided in pediatric emergency departments. The topics were selected with the insight that the majority of children in the United States, including those in Rhode Island, receive emergency and urgent care, not in dedicated pediatric medical centers, but in general emergency departments and urgent care facilities. With that in mind, the authors focused their articles on enhancing awareness of pediatric conditions and managements pertinent to all clinicians who provide acute care to children.

Section overview

"Pediatric Resuscitation: Lessons Learned and Future Directions" by **LINDA L. BROWN, MD, MSCE**, and **LAURA CHAPMAN, MD**, reviews the goals of pediatric resuscitation and the importance of preparedness and training to improve outcomes for relatively infrequent and high-stress pediatric events. In addition, it includes a review of the emerging practice of early recognition and goal-directed therapy for pediatric sepsis.

"Going With The Flow" by **THERESE L. CANARES, MD**; **CRAIG TUCKER, RRT-NPS** and **ARIS GARRO, MD, MPH**, focuses on the management of pediatric respiratory illnesses, conditions that are particularly burdensome to the very young and which commonly bring children to emergency departments for treatment and which are the most common reasons for pediatric admissions.

"Not Just Not Little Adults, A Pediatric Trauma Primer" by **FRANK L. OVERLY, MD**; **HALE WILLS, MD, MS**, and **JONATHAN H. VALENTE, MD**, highlights the importance of dedicated pediatric trauma care, the unique pediatric physiology and response to trauma as well as the benefits of a skilled approach to assessment and management.

"Fear and Loathing in the ED: Managing Procedural Pain and Anxiety in the PED" by **CHRIS MERRITT, MD, MPH**, examines the importance of a developmentally appropriate and multidisciplinary approach to the management of pediatric pain and anxiety.

"Multicenter Pediatric Emergency Medicine Research and Rhode Island" by **THOMAS H. CHUN, MD, MPH**, focuses on the frontiers of PEM research and the important role of multicenter collaboration in enhancing knowledge of pediatric emergency conditions and care. In 25 years, the subspecialty of PEM has made great strides in enhancing care, setting national standards and improving systems of emergency care for children, particularly in well-populated regions. The subspecialty continues to strive on a local and national level to set standards and improve the emergency care for children and adolescents in every medical setting.

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