

The National Emergency Medical Services for Children (EMSC) Program

The EMSC program fills a unique need, facilitating the development of strong systems and methods to serve the emergency medical needs of children. Now marking its 22nd year, the EMSC program has driven major improvements to children's emergency medical care in every state and has funded innovative demonstration projects to further advance pediatric EMS. However, significant gaps remain, and the EMSC program must be continued in order to continue improving the care delivered to critically ill and injured children. The American Academy of Pediatrics supports providing \$25 million for EMSC in Fiscal Year 2008. The Academy has also endorsed S. 60/H.R. 2464, the Wakefield Act, which would reauthorize the EMSC program for an additional five years.

The Emergency Medical Services for Children Program

- Created in 1984, the national Emergency Medical Services for Children (EMSC) program is a fully authorized program that supports demonstration projects to expand and improve emergency medical services for children who need treatment for illness or injury. It was established after data and clinical experience showed major gaps between adult and pediatric emergency care at all levels. The program has funded pediatric emergency care improvement initiatives in every state, territory and the District of Columbia, as well as national improvement programs.
- While the EMSC program has driven major improvements in emergency medical care for children, significant gaps still remain. The EMSC program will continue to be a vital tool in improving care delivered to children experiencing critical illness or injury.

Children Frequently Need Emergency Care

- There are 31 million child and adolescent visits to the nation's emergency departments every year. Children under the age of 3 years account for most of these visits. Ninety percent of children requiring emergency care are seen in general hospitals versus free-standing children's hospitals. In a typical general hospital emergency department, one-quarter to one-third of the patients are children.
- Severe asthma and respiratory distress are the most common emergencies for pediatric patients, representing nearly one-third of all hospitalizations among children under the age of 15 years. Seizures, shock, and airway obstruction are other common pediatric emergencies, followed by cardiac arrest and severe trauma.

Children Have Unique Physical and Psychological Vulnerabilities

- Children's smaller body size makes them more vulnerable to excessive loss of heat and fluids. At the same time, impending shock from loss of blood or dehydration can be hard to detect in children because their cardiovascular systems can maintain normal blood pressure longer than adult systems. Children are significantly more likely to experience a head injury than adults; data indicate head injuries account for approximately 30% of children's hospitalizations, compared to just 12% in adults.

Children Have Unique Treatment Needs

- Indicators of serious illness are different in children than adults and may not be evident until a child is near collapse. For example, infants may not develop a fever to signal the presence of a serious infection. Children's blood pressure levels may not reliably indicate their circulatory blood volume or level of hydration. In addition, up to 20% of children needing emergency care have underlying medical conditions such as asthma, diabetes, sickle-cell disease, low birthweight, and bronchopulmonary dysplasia. Providers must be educated and trained to manage these special health care needs in emergency situations, and emergency systems must be equipped with the resources needed to care for this especially vulnerable population.

