

Office Preparedness for Pediatric Emergencies

Instructor Manual



Office Preparedness for Pediatric Emergencies Instructor Manual

Developed in collaboration with the *North Carolina Office of Emergency Medical Services*, the *North Carolina Chapter of the American Academy of Pediatrics*, the *North Carolina Association of Pediatric Nurse Practitioners*, the *North Carolina Academy of Physician's Assistants* and the *North Carolina Academy of Family Practice Physicians*. The authors are very appreciative for the review and comment given by these individuals during the development of the project.

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Introduction for Instructors

Introduction

North Carolina Emergency Medical Services for Children (EMSC) is part of the State EMS system which focuses on the distinct needs of children under 18 years of age who suffer from emergencies: critical or life threatening illness and injuries. EMSC represents a multidisciplinary group of emergency physicians, pediatric intensivists, and trauma surgeons, pediatric and emergency nurses, EMS professionals and other child advocates.

NC EMSC was initiated in 1990 when federal funds were obtained to establish a training course for pre-hospital and hospital personnel addressing the emergency care of children. A 16-hour workshop was developed and implemented throughout the state. In the past 6 years more than 1500 EMS providers have completed this “NC EMSC Pediatric Pre-hospital course”.

Federal grant funds were also used to supply pediatric-specific equipment to advanced life support vehicles and hospital emergency departments. Finally, pediatric triage and transport protocols were developed and implemented.

NC EMSC recognizes that, in addition to out of hospital and ED providers, primary care providers are vitally important members of our pediatric emergency care system. These providers, however, sometimes lack up-to-date resuscitation skills, and they may not have pediatric specific protocols and equipment at their practice sites. Providers may be unfamiliar with the role and capabilities of EMS. They may not be familiar with educational materials about EMS and injury prevention that may enhance their ability to provide preventive counseling.

A workshop entitled “Office Preparedness for Pediatric Emergencies” has been developed to address these needs. The goal of the workshop is to improve integration of primary care providers into the North Carolina EMSC system by enhancing provider pediatric emergency skills and familiarity with EMS. The specific objectives are to increase the number of primary care providers a) whose pediatric resuscitation knowledge and skills are current, b) who train office personnel to identify acutely ill or injured children, c) whose offices have protocols for treatment of specific emergencies, and d) who are familiar with the role and level of training of local EMS providers.

We intend to visit as many pediatric primary care offices and clinics as possible to provide an on-site workshop for the entire office staff. Participation of local EMS contributes to the development of a local pediatric emergency care team and encourages smooth transfer of care from one team member to another. We believe that, through this effort, we can strengthen the EMSC network in North Carolina and improve the emergency care of children throughout our state.

Section 2 – Instructors

Instructors: Qualifications and Description

Purpose of having instructors

The primary goal of the "Office Preparedness" project is to integrate primary care providers into the North Carolina Emergency Medical Services system. This means we must meet with providers individually, address individual office and clinic needs, and help providers see that they are important members of the pediatric emergency care team.

The task of reaching "all pediatric primary care providers" in the state is overwhelming; indeed, impossible for any one person or even small group of people.

We hope, therefore, to establish a network of instructors across the state who can visit local practitioners and help develop the local pediatric emergency care team: primary care providers, EMTs, ED staff, and pediatric intensivists.

Instructors of the "Office Preparedness" course must have experience in pediatric emergency care; they must be individuals who have demonstrated great interest or expertise in improving the emergency care of children. PALS instructors, APLS instructors, EMS training officers, pediatric emergency physicians and nurses, and critical care physicians and nurses have been asked to serve as instructors.

Instructor Criteria

1. Demonstrate experience/expertise in pediatric emergency care.
2. Attend an instructor training session offered by North Carolina Emergency Medical Services for Children.

Database

A database of instructors will be maintained at the North Carolina Office of Emergency Medical Services (OEMS). To be listed in the database, an individual must meet the criteria listed above.

Offices/clinics/practitioners who are interested in completing EMSC Office Preparedness training will be asked to contact NC OEMS, who will then coordinate setting up the course.

Section 2 – Instructors

Instructor Roles – Individual Office Workshop

| | |
|---------------------------|--|
| Required Personnel | <ol style="list-style-type: none">1. MD OR2. RN and EMT-P3. Local EMS |
| One Month Prior | <ol style="list-style-type: none">1. Identify offices or clinics you would like to visit (or the NC OEMS may contact you and request your leadership for a course at an office near you). If you identify offices or clinics, contact the EMS-C Coordinator at the NC OEMS at 919-733-2285 to schedule the course and for assistance with local EMS participation. |
| One Month Prior | <ol style="list-style-type: none">1. Schedule date and time of workshop with office manager (i.e., lunch-time educational conference) and/or physician in practice. Notify the EMS-C Coordinator at the NC OEMS of planned course.2. Inform office manager of EMS involvement3. Arrange instructor group4. Arrange EMS involvement (OEMS can assist with this if needed)5. (Optional) Notify vendor/sponsor representative of scheduled workshop |
| Two Weeks Prior | <ol style="list-style-type: none">1. Assemble equipment: Mannequin, Broselow tape, stocked Broselow bag, Provider Manuals (NC OEMS) (Optional: IO mannequin, extra IO needles) |
| One Week Prior | <ol style="list-style-type: none">1. Confirm workshop date/time with office manager2. Confirm workshop date/time with local EMS3. Arrange for local EMS arrival at site advised by office manager |
| One Day Prior | <ol style="list-style-type: none">1. Lead instructor (MD/RN/EMT-P) calls EMS to verify time of arrival2. Lead instructor (MD/RN/EMT-P) calls office to verify time of mock code |
| Workshop Day | <ol style="list-style-type: none">1. Take mannequin, Broselow bag, Broselow tape, mannequin and other necessary equipment to workshop (Appendices) (MD/RN/EMT-P)2. Gather all office staff and present overview of “Office Preparedness for Pediatric Emergencies” (MD/RN/EMT-P)3. Have someone in the office complete appropriate portion of the Mock Code Office Visit Form (Appendices) |

Section 2 – Instructors

4. Initiate mock code (see section 5)
5. Continue mock code through transfer of care to local EMS
6. Critique the mock code with entire office staff
7. Administer post course office survey (Appendices); collect them before you leave office
8. Instructor to leave materials with office staff: provider manuals, mock code evaluation forms, sample code charting forms to be used during mock and real codes, mock code log forms and emergency drug dose sheets.

Within 1 Week Post- Workshop

1. Complete post course instructor report form
2. Return the Mock Code Office Visit Form, Post Course Office Survey, Post Course Instructor Report Form to:
EMS-C Coordinator
NC OEMS
PO Box 29530
Raleigh, NC 27626-0530
3. Send thank you notes to Office, EMS, etc. (Appendices)

1-2 months post-workshop

1. OEMS will send certificate of participation in program

Section 2- Instructors

Instructor Roles - Multi-Practice and Group Conference

| | |
|---|---|
| Required Personnel | <ol style="list-style-type: none">1. MD or NC OEMS Approved RN- Course director, lecture2. RN, EMT (total 3-5 instructors) - Mock code, Small group sessions3. Local EMS |
| Two months or more Pre-Workshop | <ol style="list-style-type: none">1. Schedule 3-4 hour time period for the workshop; Notify OEMS. A draft pamphlet describing the workshop is available from OEMS to advertise the course.2. Arrange for adequate space for the workshop (lecture, mock code demonstration, small group sessions)3. Arrange instructor group (see above)4. Contact local EMS to arrange their participation5. Arrange for course - participant registration |
| Assemble equipment and materials | <ol style="list-style-type: none">1. Lecture - slides; secure projector2. Mock Code - See Appendix B3. Small group sessions<ol style="list-style-type: none">a) Equipment Station - Broselow bag and tapes I/O equipmentb) Protocol Station - Manualsc) EMS/EMSC Station - Materials available from OEMSd) How to Run Mock Code in Your Office and Injury Prevention Teaching - Materials available from OEMS4. Obtain provider manuals from OEMS |
| Two Weeks Prior | <ol style="list-style-type: none">1. Arrange workshop time schedule and disseminate to instructors and those running the meeting (if necessary) |
| Post-Workshop | <ol style="list-style-type: none">1. Obtain complete list of names/addresses of participants to submit to OEMS |

Section 3 – Mock Codes in the Office

The Office Session

Overview

Primary care providers are often quite busy during regular business hours and have little time during which the attention of the entire office staff (clerk, nurses and physicians) can be devoted to this session. Workshops will last approximately 45 minutes to one hour and most sessions will occur during the lunch hour. Offices usually set aside 1.5 to 2 hours for lunch to allow themselves adequate time to finish seeing morning patients. When preparing the session with the office manager, try to determine when most of the staff will be available.

The workshop begins with a 5 to 10 minute introduction explaining the purpose of the course and the goal of EMSC in North Carolina. A mock code follows the introduction and requires approximately 20 minutes to complete. The mock code is then reviewed both from an organizational standpoint as well as a clinical one. The session is concluded by reviewing the purpose of the session and attempting to motivate such sessions within the practice.

At the end of the workshop, leave these materials for the office: code cards, emergency drug sheets, office mock code log forms, report cards for the NC OEMS, sample code charting forms, self-evaluation forms and surveys.

Roles to be filled

Code participants:

- Code leader (maybe lead instructor or physician in practice)
- Nurse 1 and 2
- Office receptionist/clerk
- EMS providers
- Parent of patient

Section 3 – Mock Codes in the Office

Scenario

The scenario should include a child who is very ill or has the potential to deteriorate rapidly. (i.e. dehydration, DKA, status asthmaticus, status epilepticus, etc.). The following example of a severely dehydrated infant works well.

An infant is carried to the receptionist where a parent states that the baby has a two day history of fever, vomiting and diarrhea. The baby has been very quiet all morning and now she has become hard to wake up and doesn't cry at all. The parent feels that the infant is quite sick and is very worried about the baby.

- Full term baby
- No previous health problems
- Has not had any shots yet
- No known drug allergies
- On no medications
- No one on any medicine at home
- One sibling has had a cold for a week

Running the Code

The following section is a step-by-step table of how the code may progress. Each step is spelled out as in a stage play. This scenario is only one example and others may be substituted. Members of each office staff will likely respond quite differently to a given scenario and the moderator should provide feedback to direct the overall flow of events in the mock code.

Remember that the goal is to “practice” an emergency that might typically present to a primary care provider. The moderator should, therefore, choose a scenario in which a patient requires immediate care and intervention, but not necessarily full cardiopulmonary resuscitation.

The following scenario is that of an otherwise healthy infant who has developed severe gastroenteritis and is now in the early stages of hypovolemic shock. The patient requires immediate volume resuscitation. Although not in respiratory failure initially, the infant will develop bradycardia during the code which will easily respond to advanced airway support. No cardioactive medications will be required.

General Code Outline

- 1) Infant is brought to the receptionist at the office and parent nervously presents the patients condition.
- 2) Office manager initiates protocol for “severe illness” (i.e., calls nurse and/or physician to evaluate infant; perhaps leads parent to treatment area).
- 3) The patient is evaluated and found to be limp, lethargic, pale, tachycardic.
- 4) Staff should:
 - a) Call for EMS (either simulated or at a pre-arranged number)

Section 3 – Mock Codes in the Office

- b) Send someone to get more information from parent
- c) Assign appropriate roles in code
- 5) Infant placed on O₂ and vascular access attempted. Peripheral IV access will be unsuccessful and IO attempted.
- 6) When IO access is attempted, the infant becomes bradycardic.
- 7) The bradycardia responds immediately to bag/mask ventilation with return to tachycardia.
- 8) Fluid is given through the IO line.
- 9) EMS arrives 7-10 minutes into the code and begins with ABC assessment. EMS may provide any other equipment and care that is necessary and has not already been supplied by the office staff contingent upon their certification level.
- 10) Care is transferred to EMS.

Section 4 - Mock Codes Demonstration

Mock Code Demonstration

| STEP BY STEP EVENTS IN MOCK CODE DEMONSTRATION | | | | |
|---|--|-------------------|---|------------|
| Physician | Nurse | Parent | Clerk | EMS |
| | | | | |
| | | Describes history | Listens and then brings the infant to the treatment room and calls for the nurse to evaluate Asks for the parent to wait outside and promises to return promptly | |
| | Evaluates patient swiftly and calls for the physician to see the patient immediately | | | |
| Examines the patient quickly Opens airway with jaw thrust/ chin lift Listens and feels for breathing ASSESS (1) | | | | |
| Asks nurse for 100% oxygen by face mask | Sets up oxygen face mask | | | |
| Checks pulse distally and then centrally (circulation) Checks capillary refill ASSESS (2) | | | | |

Section 4 - Mock Codes Demonstration

| STEP BY STEP EVENTS IN MOCK CODE DEMONSTRATION | | | | |
|---|---|---------------|-------------------------------------|------------|
| Physician | Nurse | Parent | Clerk | EMS |
| Instructs clerk to call EMS and asks for an Advanced Life Support Team | | | Leaves to call EMS | |
| Asks nurse 1 to place on monitoring equipment if available (pulse ox, cardiac) | Places patient on monitor (if available) | | | |
| | | | Tells team EMS is on the way. | |
| Instructs clerk to ask parent for any other history and to tell parent that baby is very sick and they are working on the baby. Parent will be able to come back in a few minutes | | | Leaves to talk with parent | |
| Reassesses infant quickly ASSESS (3) | | | | |
| | | | Returns and adds additional history | |
| Asks clerk to record events and briefly summarizes events up to this time | | | Begins to record | |
| States to nurse that baby is in shock and needs volume immediately. Asks for 22 or 24 gauge IV's and then asks to draw up 20 cc/kg based on weight from Broselow tape | Nurse hands physician IV and tourniquet and begins to draw up IV fluid into 60 cc syringe | | | |
| Physician fails first peripheral IV attempt | | | | |
| States that it seems unlikely will get IV as infant is so cold and poorly | | | | |

Section 4 - Mock Codes Demonstration

| STEP BY STEP EVENTS IN MOCK CODE DEMONSTRATION | | | | |
|---|--|---------------|--------------------------|------------|
| Physician | Nurse | Parent | Clerk | EMS |
| perfused Asks nurse for Intraosseous catheter | | | | |
| Physician describes out loud the landmarks for the intraosseous line placement | | | | |
| | Notes that patient's respiratory rate seems to be becoming irregular and baby's color is worse | | | |
| Stops IO and quickly evaluates the baby again - improved ASSESS (4) | | | | |
| Asks nurse to begin bag/valve/mask ventilation with 100 percent oxygen | Nurse begins bagging | | | |
| Evaluates breath sounds and circulation ASSESS (5) | | | | |
| Asks nurse to continue bagging and clerk to call EMS again to make certain they are aware of the nature of this emergency | | | Leaves to call EMS again | |
| Places Intraosseous needle in proximal tibia Asks nurse for 5 cc flush and takes over job of bagging from the nurse | Allows physician to bag and nurse flushes IO and states that there is no extravasation of fluid and line probably in place | | | |

Section 4 - Mock Codes Demonstration

| STEP BY STEP EVENTS IN MOCK CODE DEMONSTRATION | | | | |
|--|--|---------------|------------------------------|---|
| Physician | Nurse | Parent | Clerk | EMS |
| Asks nurse to push the fluid bolus | Nurse pushes bolus | | | |
| | Quickly reassess infant ASSESS (6) | | | |
| | | | Clerk directs EMS to patient | Arrives on scene |
| Expresses thanks for EMS's prompt arrival and quickly updates them on condition. States that after ventilation and fluid bolus patient now has good spontaneous respiration | | | | Introduces themselves |
| | | | | Places patient on monitoring equipment and assumes bagging. |
| | | | | Assesses ABC's |
| | | | | Patient breathing, blow-by oxygen given. |
| Quickly assesses ABC's again ASSESS (7) | | | | |
| Asks nurse to administer another volume bolus | Nurse delivers volume bolus | | | |
| Asks clerk to notify nearby emergency department of patient's impending arrival and to bring parent back | Assists EMS | | Leaves to call | Prepares patient for transport |

Section 4 - Mock Codes Demonstration

| STEP BY STEP EVENTS IN MOCK CODE DEMONSTRATION | | | | |
|--|--------------|------------------------------|--------------|----------------------|
| Physician | Nurse | Parent | Clerk | EMS |
| afterward | | | | |
| | | Enter with clerk | | |
| Summarizes patient's status with the parent | | Asks if can ride with infant | | |
| Calls physician in receiving hospital and gives report | | | | Departs with patient |

Section 4 – Mock Codes Demonstration

Moderator Information

- Assessment 1** The patient has poor tone. The infant has minimal response to gentle touch and arouses a bit with painful stimuli. The respiratory rate is 50 to 60 breaths/minute. Respirations are labored; grunting is noted.
- Assessment 2** The heart rate is 180/minute. The pulses are thready distally but easy to palpate centrally. The infant's extremities are cool but the baby is warm centrally. The capillary refill is 4 to 5 seconds and the patient is somewhat mottled. The fontanel is sunken.
- Assessment 3** Essentially unchanged. Still tachypneic and tachycardic with poor perfusion and decreased level of consciousness
- Assessment 4** Heart rate 50's, occasional periods of apnea (10-15 seconds). Pulses still palpable centrally easily, cyanotic peripherally
- Assessment 5** Heart rate 180's, breathing only with bagging, no longer cyanotic although perfusion is still poor
- Assessment 6** Heart rate in 160's, peripheral pulses palpable, infant attempting to take breath on own occasionally, still limp with cool extremities
- Assessment 7** ABC's have improved; good breath sounds bilaterally, good chest rise; circulatory exam is heart-rate 150, peripheral pulses improved, extremities beginning to warm.

APPENDICES

- A. Reporting form to OEMS from Instructors for Office Mock Code
- B. Post Course Office Survey
- C. Post Course Instructor Report Form
- D. Mock Code Evaluation Form
- E. Emergency Drug Reference Form
- F. Code Charting Form
- G. Mock Code Individual Office Log Form
- H. Demonstration Requisites
- I. Follow-up Sample Letters
- J. Certificates for Office

Post Course Office Survey

Please complete this survey and return to the instructor

1. Please subjectively evaluate the following parts of the course:

| | poor | fair | average | good | superb | | | | | |
|------------------------|-------------|-------------|----------------|-------------|---------------|---|---|---|---|----|
| Overall | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| EMS role | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Instructors | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Value to office | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

2. What parts of the course did you find particularly valuable for your practice?

3. What parts of the course were not particularly valuable for your practice?

4. What changes in the course could be made that would make it more useful to your practice?

5. Was the time of the course at your convenience?

6. Was the time allotted adequate for the course?

Mock Code Evaluation Form

| | Yes | No | Comments |
|---|-----|----|----------|
| Clinical | | | |
| Airway assessed initially | | | |
| Breathing assessed | | | |
| Circulation assessed | | | |
| Initial interventions | | | |
| Protocol followed for the chosen "case" | | | |
| Patient reassessed frequently | | | |
| Secondary Survey | | | |
| Organization | | | |
| All supplies requested were available | | | |
| Supplies were found quickly when requested | | | |
| Broselow tape used | | | |
| Documentation form available and/or used | | | |
| Personnel knew how to use equipment properly (O ₂ tanks, etc.) | | | |
| Protocols available and/or used | | | |
| Communication | | | |
| Leader communicated effectively | | | |
| Events recorded accurately | | | |
| Roles were assigned | | | |
| Office staff reported to EMS | | | |
| EMS communicated needs/plans with office staff | | | |
| Other comments | | | |

Emergency Drug Doses

| DRUG | COMES AS | DOSE (WT.) | DOSE (VOL) | ADMINISTER |
|--|-------------------------|------------|------------|------------|
| Epinephrine 1:10000 First Dose | 0.1 mg/cc | 0.01 mg/kg | 0.1 cc/kg | |
| Epinephrine 1:1000 Subsequent/ET Dose | 1 mg/cc | 0.1 mg/kg | 0.1 cc/kg | |
| Atropine | 0.1 mg/cc | 0.02 mg/kg | 0.2 cc/kg | |
| Na Bicarbonate | 1 meq/cc | 1 meq/kg | 1 cc/kg | |
| Dextrose 25% | 0.25 gm/cc | 0.5 gm/kg | 2 cc/kg | |
| Mannitol | 250 mg/cc | 0.5 gm/kg | 2 cc/kg | |
| Adenosine | 3 mg/cc | 0.1 mg/kg | 0.03 cc/kg | |
| Lidocaine | 40 mg/cc | 1 mg/kg | 0.025 cc/k | |
| Narcan | 0.4 mg/cc | 0.1 mg/kg | 0.25 cc/kg | |
| Defibrillation | 2 joules / kg | | | |
| | Repeat at 4 Joules / kg | | | |
| Cardioversion | 0.5 Joules / kg | | | |
| PATIENTS WEIGHT | | | | |

Mock Code Log Form

| | | |
|---|----------------------------------|---------------------|
| Date/Time | Scenario (Age/Diagnosis): | Participants |
| Evaluation Form Completed (y/n): | Comments: | |

| | | |
|---|----------------------------------|---------------------|
| Date/Time | Scenario (Age/Diagnosis): | Participants |
| Evaluation Form Completed (y/n): | Comments: | |

| | | |
|---|----------------------------------|---------------------|
| Date/Time | Scenario (Age/Diagnosis): | Participants |
| Evaluation Form Completed (y/n): | Comments: | |

| | | |
|---|----------------------------------|---------------------|
| Date/Time | Scenario (Age/Diagnosis): | Participants |
| Evaluation Form Completed (y/n): | Comments: | |

Demonstration Requisites

Participants

Moderator (Instructor)

Code Leader (Individual who would normally direct an office code – does not have to be a physician)

Nurse

Receptionist/Clerk/Secretary

Local EMS team

Optional: Any other office members wishing to fill additional physician, nurse or receptionist roles

Equipment (for full demo by instruction team)

1. Oxygen source
2. Self-inflating Bag
3. Broselow Tape
4. Mannequin
5. IV catheters
6. Intraosseous catheters
7. Normal Saline IV Bags
8. Syringes (60 cc, 12 cc and 6 cc)
9. Tape
10. Gauze pads
11. Gloves
12. Stethoscope
13. Alcohol Pads
14. Infant Face Masks
15. Blanket for infant

Equipment (Minimum – if using office supplies)

1. Mannequin
2. Broselow Tape and Broselow Bag
3. Intraosseous catheters

August 2, 1997

To: Paramedics or EMTs who participated

Thank you for participating in the mock code at (name of practice) on (date) as part of the North Carolina EMSC "Office Preparedness for Pediatric Emergencies" project. Your participation in this project is key to its success as we work to establish a strong pediatric emergency care team in North Carolina.

We appreciated your help and look forward to your continued involvement in EMSC activities. Please contact us if you have any questions or suggestions.

Sincerely,

(Name)

(Title)

Instructor, NC EMSC "Office Preparedness for Pediatric Emergencies"

cc Bob Bailey, Chief, NC OEMS
Susan Hohenhaus, RN, NC EMS-C Coordinator

August 2, 1997

To: Training Officer/Director

Thanks very much for your help in arranging EMS coverage for the recent mock code at (Name of practice) as part of the North Carolina EMSC "Office Preparedness for Pediatric Emergencies" project. Through this project we hope to integrate primary care providers into EMSC and to strengthen the relationship between EMS providers and pediatric primary care providers. EMS participation in this project is critical to its success and we appreciate your support.

Please contact us if you have any questions or suggestions regarding North Carolina EMSC.

Sincerely,

(Name)

(Title)

Instructor, NC EMSC "Office Preparedness for Pediatric Emergencies"

cc: Bob Bailey, Chief, NC OEMS
Susan Hohenhaus, RN, NC EMS-C Coordinator

August 2, 1997

Dear (Name of Office Personnel)

Thank you for participating in the North Carolina EMSC "Office Preparedness for Pediatric Emergencies" project and for allowing us the opportunity to visit in your office. We hope the mock resuscitation and discussions were meaningful and that the manual is helpful to you in the future.

Please let us know if we can be of any further assistance in efforts to maintain emergency readiness in your office.

Sincerely,

(Name)

(Title)

Instructor, NC EMSC "Office Preparedness for Pediatric Emergencies"

cc: Bob Bailey, Chief, NC OEMS
Susan Hohenhaus, RN, NC EMS-C Coordinator