Death of a child in the emergency department.

American Academy of Pediatrics Committee on Pediatric Emergency Medicine
American College of Emergency Physicians Pediatric Emergency Medicine Committee
Emergency Nurses Association Pediatric Committee
Gregory P. Conners
*Children's Mercy Hospital*

Follow this and additional works at: [https://scholarlyexchange.childrensmercy.org/papers](https://scholarlyexchange.childrensmercy.org/papers)

Part of the Emergency Medicine Commons, and the Pediatrics Commons

**Recommended Citation**


This Article is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Manuscripts, Articles, Book Chapters and Other Papers by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
POLICY STATEMENT

Death of a Child in the Emergency Department

abstract

The American Academy of Pediatrics, American College of Emergency Physicians, and Emergency Nurses Association have collaborated to identify practices and principles to guide the care of children, families, and staff in the challenging and uncommon event of the death of a child in the emergency department in this policy statement and in an accompanying technical report. Pediatrics 2014;134:198–201

INTRODUCTION

The death of a child in the emergency department (ED) is an event with emotional, cultural, procedural, and legal challenges. The original policy statement, “Death of a Child in the Emergency Department: Joint Statement by the American Academy of Pediatrics and the American College of Emergency Physicians,” was first published in 2002. It represented a groundbreaking collaboration between general and pediatric emergency practitioners regarding their professional obligations in managing the death of a child in the ED, recognized as one of the most difficult challenges in emergency care. This revised statement expands that collaboration to include emergency nursing and is issued jointly by the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA). The infrequency of child death in the ED and the enormity of the tragedy magnify the challenges in simultaneously providing clinical care, holistic support for families, and care of the team delivering care while attending to significant operational, legal, ethical, and spiritual issues. The evidence basis for these recommendations is detailed in the accompanying technical report of the same title.

RECOMMENDATIONS

The AAP, ACEP, and ENA support the following principles:

- The ED health care team uses a patient-centered, family-focused, and team-oriented approach when a child dies in the ED.
- The ED health care team provides personal, compassionate, and individualized support to families while respecting social, spiritual, and cultural diversity.
- The ED health care team provides effective, timely, attentive, and sensitive palliative care to patients with life span-limiting conditions and anticipated death presenting to the ED for end-of-life care.
- The ED health care team clarifies with the family the child's medical home and promptly notifies the child's primary care provider and appropriate subspecialty providers of the death and, as appropriate,
Routine offering of postmortem examination in the ED coordinates with the medical home and primary care provider in follow-up of any postmortem examination.

- ED procedures provide a coordinated response to a child’s death including the following:
  - Written protocols regarding
    - Family member presence during and after attempted resuscitation;
    - Preterm delivery resuscitation;
    - End-of-life care/anticipated death in the ED of a child with a life span–limiting condition;
    - Collaboration with law enforcement staff to address forensic concerns while providing compassionate care;
    - Institutional position on permitting the practice of procedures involving the newly deceased; and
    - Best practice—outlining procedures after the death of a child (eg, a “death packet” with guidelines for completion of a death certificate, organ donation, etc)
  - Processes for notification of primary care and subspecialty providers and medical home of the impending death or death of their patient
  - Identification of resources, including other individuals and organizations, that can respond to the ED to assist staff and bereaved families, such as child life, chaplaincy, social work, behavioral health, hospice, or palliative care staff
  - Identification and notification of medical examiner/coroner regarding all deaths, as directed by applicable law
  - Routine offering of postmortem autopsy to families for all nonmedical examiner-coroner cases

- Clear processes for organ and tissue procurement
- Identification and reporting of cases of suspected child maltreatment
- Formal voluntary support and programs for ED staff and trainees, out-of-hospital providers, and others who are experiencing distress
- Support of child death review activities to understand causes of preventable child death

- Emergency medicine, pediatric resident, and emergency nurse training includes specific education regarding the difficult issues raised by the death of a child in the ED, such as the following:
  - Evidence for supporting family presence during attempted resuscitation
  - Best palliative care practices for imminently dying pediatric patients
  - Communicating the news of the death of a child in the ED to parents and family
  - Best practice in discussion of organ donation or autopsy
  - Filing the report of suspected child abuse or neglect in the setting of a child death
  - Medical-legal issues and best practice surrounding completion of death certificates
  - Optimal documentation and collaboration with state and local child death review teams to identify strategies to prevent future child deaths
  - Self-care after difficult or troubling ED cases
- The ED health care team routinely considers care for the bereaved members of the patient’s family that may include information and arrangements for bereavement care services, condolence cards, and follow-up with family to address any concerns or questions.

**LEAD AUTHORS**
Patricia J. O’Malley, MD, FAAP
Isabel A. Barata, MD, FACEP, FAAP
Sally K. Snow, RN, BSN, CPEN, FAEN

**AMERICAN ACADEMY OF PEDIATRICS, COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE, 2013–2014**
Joan E. Shook, MD, MBA, FAAP, Chairperson
Alice D. Ackerman, MD, MBA, FAAP
Thomas H. Chun, MD, MPH, FAAP
Gregory P. Conners, MD, MPH, MBA, FAAP
Nanette C. Dudley, MD, FAAP
Susan M. Fuchs, MD, FAAP
Marc H. Gorelick, MD, MSCE, FAAP
Natalie E. Lane, MD, FAAP
Brian R. Moore, MD, FAAP
Joseph L. Wright, MD, MPH, FAAP

**LIAISONS**
Lee Benjamin, MD — American College of Emergency Physicians
Kim Bullock, MD — American Academy of Family Physicians
Elizabeth L. Robbins, MD, FAAP — AAP Section on Hospital Medicine
Toni K. Gross, MD, MPH, FAAP — National Association of EMS Physicians
Elizabeth Edgerton, MD, MPH, FAAP — Maternal and Child Health Bureau
Tamar Magarik Haro — AAP Department of Federal Affairs
Angela Mickalide, PhD, MCHES — EMSC National Resource Center
Cynthia Wright, MSN, RNC — National Association of State EMS Officials
Lou E. Romig, MD, FAAP — National Association of Emergency Medical Technicians
Sally K. Snow, RN, BSN, CPEN, FAEN — Emergency Nurses Association
David W. Tuggle, MD, FAAP — American College of Surgeons

**STAFF**
Sue Tellez
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS,
PEDIATRIC EMERGENCY MEDICINE
COMMITTEE, 2013–2014
Lee S. Benjamin, MD, FACEP, Chairperson
Isabel A. Barata, MD, FACEP, FAAP
Kiyetta Alade, MD
Joseph Arns, MD
Jahn T. Avarello, MD, FACEP
Steven Baldwin, MD
Kathleen Brown, MD, FACEP
Richard M. Cantor, MD, FACEP
Ariel Cohen, MD
Ann Marie Dietrich, MD, FACEP
Paul J. Eakin, MD
Marianne Gausche-Hill, MD, FACEP, FAAP
Michael Gerardi, MD, FACEP, FAAP
Charles J. Graham, MD, FACEP
Doug K. Holtzman, MD, FACEP
Jeffrey Hom, MD, FACEP
Paul Ishimine, MD, FACEP
Hasmig Jinivizian, MD
Madeline Joseph, MD, FACEP
Sanjay Mehta, MD, Med, FACEP
Aderonke Ojo, MD, MBBS
Audrey Z. Paul, MD, PhD
Denis R. Pauze, MD, FACEP
Nadia M. Pearson, DO
Brett Rosen, MD
W. Scott Russell, MD, FACEP
Mohsen Saidinejad, MD
Harold A. Sloas, DO
Gerald R. Schwartz, MD, FACEP
Orel Swenson, MD
Jonathan H. Valente, MD, FACEP
Muhammad Waseem, MD, MS
Paula J. Whiteman, MD, FACEP
Dale Woolridge, MD, PhD, FACEP

FORMER COMMITTEE MEMBERS
Carrie DeMoor, MD
James M. Dy, MD
Sean Fox, MD
Robert J. Hoffman, MD, FACEP
Mark Hostetler, MD, FACEP
David Markenson, MD, MBA, FACEP
Annalise Sorrentino, MD, FACEP
Michael Witt, MD, MPH, FACEP

STAFF
Dan Sullivan
Stephanie Wauson

LIAISONS
Joan Shook, MD, FACEP, FAAP – AAP
Committee on Pediatric Emergency Medicine
Angela D. Mickalide, PhD, MCHES – EMSC
National Resource Center
Elizabeth Edgerton, MD, MPH – Branch
Chief, EMSC Injury and Violence Prevention

REFERENCES

SELECTED RESOURCES
Atwood DA. To hold her hand: family presence during patient resuscitation. JONAS Healthc Law Ethics Regul. 2008;10(1):12–16
Dingeman RS, Mitchell EA, Meyer EC, Curley MA. Parent presence during complex invasive procedures and cardiopulmonary resuscitation.


Death of a Child in the Emergency Department

AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee and EMERGENCY NURSES ASSOCIATION Pediatric Committee

Pediatrics 2014;134;198
DOI: 10.1542/peds.2014-1245 originally published online June 23, 2014;

Updated Information & Services
including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/134/1/198

References
This article cites 11 articles, 4 of which you can access for free at:
http://pediatrics.aappublications.org/content/134/1/198#BIBL

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
Current Policy
http://www.aappublications.org/cgi/collection/current_policy
Committee on Pediatric Emergency Medicine
http://www.aappublications.org/cgi/collection/committee_on_pediatric_emergency_medicine
Emergency Medicine
http://www.aappublications.org/cgi/collection/emergency_medicine_sub

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.aappublications.org/site/misc/Permissions.xhtml

Reprints
Information about ordering reprints can be found online:
http://www.aappublications.org/site/misc/reprints.xhtml

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Death of a Child in the Emergency Department
AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee and EMERGENCY NURSES ASSOCIATION Pediatric Committee
Pediatrics 2014;134;198
DOI: 10.1542/peds.2014-1245 originally published online June 23, 2014;

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/134/1/198