As a Pediatric Emergency Medicine Physician, I am in awe of what pediatricians face daily and handle without having the resources of a children’s hospital at their fingertips. The crises and “triage” in their practice settings are challenging. Some examples include who needs to go to the emergency department (ED), how to handle a life-threatening emergency until emergency medical services arrives, and what can be done to prevent emergencies. In serving as guest editor of this issue of Pediatric Annals, I thought about what keeps me up at night and what skills are crucial to my work when formalizing the articles.

The primary care practitioner has developed caring bonds with their patients, so in times of medical emergency families turn to them for help. The article, “Primary Care Office Preparedness for Pediatric Emergencies,” by Drs. Shiva Kalidindi and Thomas A. Lacy discusses the American Academy of Pediatrics’ recommendations that primary care offices perform a self-assessment of office readiness for emergencies. This assessment should include plans to recognize and stabilize patients, and what is needed within that plan from equipment to training and practice.

The preparation for emergencies can also include preparing to identify nonaccidental trauma. Because non-accidental trauma is not often seen in day-to-day practice, it can be challenging to maintain the skill set for identification. The article, “Identification and Evaluation of Physical Abuse in Children,” by Drs. Erin F. Hoehn, Paria M. Wilson, Lauren C. Riney, Vi Ngo, Berkeley Bennett, and Elena Duma reviews key findings in a patient’s history and physical examination that should raise suspicion for abuse. The article reviews the recommended evaluation for suspected child abuse and indications for reporting to child protective services. Standardizing screening tools in practice and using treatment guidelines can improve early recognition of child abuse.

The triage of who to send to the ED can be especially challenging for patients who are medically complex. The article, “Primary Care Preparation for Children with Medical Complexity for Emergency Encounters in the Community,” by Dr. Amber Hoffman and Ingrid A. Larson discusses this growing population. This diverse population often has high use of emergency and specialty care. Providers may be able to use the medical home to avoid some urgent visits, but it is important to prepare for emergency events. Having an emergency information form and the discussion of care in times of natural disasters can be helpful.

For most adults, chest pain is a clear indicator to head to the ED, but with pediatrics it can be more complicated. In the primary care setting, electrocardiograms may be the tool used to screen for cardiovascular disease in children. Many forms of cardiovascular disease that predispose to sudden cardiac death are associated with T-wave abnormalities in childhood, and are discussed in the article, “Pediatric Electrocardiograms for the General Practitioner: The Importance of the T-Wave,” by Drs. Gul H. Dadlani, Thomas C. Edwards, Steven Fishberger, Amos Epelman, and Nicholas Erbrich.

It is often discussed as to where optimal “teachable moments” for injury prevention can be challenging—whether in the ED or the primary care office. In both settings, all-too-brief patient encounters must also incorporate information that may prevent life-threatening events. Here in Florida, one of the biggest risks children face is drowning. There has been a lot of recent discussion about the risk of “dry drownings,” and often parents present with questions on how it happens and what to do. The article, “Drowning Prevention in Pediatrics,” by Katie Conover and Dr. Sarah Romero looks at some of the definitions and pathophysiology of drowning and offers some suggestions from the literature including reliable adult supervision, swim instruction, pool isolation fencing, and the proper use of personal floatation devices.
For new parents, one of the most important injury topics is sudden infant death syndrome (SIDS). The article, “Sudden Infant Death Syndrome: A Review,” by Dr. Neal Goldberg, Dr. Yahdira Rodriguez-Prado, Rebecca Tillery, and Dr. Caroline Chua reviews SIDS. Despite the huge achievement of the Back to Sleep prevention program and major public health efforts aimed at high-risk groups to improve sleep environment and strategies, SIDS remains one of the leading causes of infant death.

Like most practitioners, it remains difficult for me to see a patient in distress. Pediatric EDs have become skilled at reducing pain by pharmacological and nonpharmacological means. For example, if it seems that you hear a child screaming in the ED, it is more likely due to a patient receiving a breathing treatment than from acute pain. In the article, “Acute Pediatric Pain Management in the Primary Care Office,” Drs. Sindy Villacres and Corrie E. Chumpitazi discuss the importance of pain management plans that include nonpharmacologic modalities, topical and oral analgesic agents, as well as intranasal adjuncts for use in routine outpatient practice. The treatment affects family satisfaction and outcomes.

I am hopeful that this issue is helpful and interesting to all pediatric practitioners. There is significant overlap between what is seen in EDs and what is seen in primary care. With the articles in this issue, we have endeavored to cover some of the most important clinical issues that we face as health care providers.

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