CONSIDERATIONS FOR CHILDREN WITH SPECIAL HEALTHCARE NEEDS

1. Track Children with Special Healthcare Needs in your service community, and become familiar with both the child and his/her anticipated emergency care needs.

2. Refer to the child’s emergency care plan formulated by his/her medical providers, if available. Understanding the child’s baseline will assist in determining the significance of altered physical findings. Parents/caregivers are the best source of information on: medications, baseline vitals, functional level/normal mentation, likely medical complications, equipment operation and troubleshooting, emergency procedures.

Special needs Tracking and Awareness Response System
What is STARS?

• STARS is a hospital based program that creates individualized written care plans for medically complex pediatric patients to be used in emergency situations.

• STARS plans live with first responders and are also formally housed in 911 dispatch centers. Each child has a unique number that matches his or her emergency plan.

• STARS provides focused training to area hospitals and EMS providers to help them better care for challenging cases and technology dependent children.
Why?

- Because pediatric patients with complex medical needs are the fastest growing subset of patients in the United States.

- Fragile children are sent home with medical equipment and challenges that EMS providers and emergency departments are not prepared for.

- Because the parents of special needs children are instructed to call 911 if their child becomes unstable which has resulted in poor outcomes.

- Because we *can* do better and because we *care.*
In an anonymous poll, 62% area paramedics reported *never* having formal training on tracheostomies prior to our class.
#OneKidCounts

*Identify  * Educate  * Prepare
Who’s a STAR?

* Significant developmental delay or medical complexity
* Severe neurological disorders
* Cardiac History
* Tracheostomy and ventilator dependence
* Children on home hospice or with specific end of life plans
**Diagnosis/ Past Procedures**

1. Down Syndrome
2. Unilateral Vocal Cord Paralysis
3. Tracheostomy Dependent (Size 4.5 Eickova, 5mm/ cuffed with 2ml sterile H2O)
4. Ventilator Dependent
5. Seizures
6. Chronic Resp. Failure
7. Cardiac
   (Complete AV Canal Repair)
8. GERD
9. G-Tube in place
   (14 fr., 1.7 cm)

**ALLERGIES:**
1. NKDA

**Baseline Neurological Status/ Baseline Physical Findings**

**CAUTION:**

- Do not transport without working suction and emergency trach supplies at the bedside.
- Trach cuff must not be inflated while Passy Muir (green valve) is in line on vent.

**Respiratory Distress**
- Check for trach patency
- If green passy muir valve is in line, it must be removed.
- If trach is obstructed, an emergency trach change must be performed
  - Suction and provide 02/supportive care
  - Manually assist ventilations as necessary with PEEP of 6

**Seizures**
- Treat per protocol

**Baseline Vital Signs**

- Heart Rate: 98
- Blood Pressure: 98/48
- Respiration: 46
- Vent Settings: LTV Pressure Support
  - O2 Bleed in 1L
  - PS 8
  - PEEP 6
- Pulse Oximetry: > 90%
- Temp: 97.6

**Date:** 5/2017
The STARS electronic database is currently being deployed

- Accurate tracking of STARS 911 activations
- Allows for state wide access to emergency care plans for EMS, air medical and community hospitals.
- Version control
- Combined EMS Medical Director and Pediatric specialty oversight
- Attachments for specialty letters and hospital IHP’s
Accessing for an Emergency?

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 Attachments

<table>
<thead>
<tr>
<th>HR</th>
<th>BP</th>
<th>R</th>
<th>SpO2</th>
<th>TEMP</th>
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<tbody>
<tr>
<td>90-120</td>
<td>100/60</td>
<td>16-20</td>
<td>95-100%</td>
<td>Normal</td>
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**MEDICATIONS**

1. Pazopanib  
   Oral Chemotherapy
2. Coumadin
3. Senna

**ALLERGY**

1. Vancomycin

**ANTICIPATED EMERGENCIES**

1. Sepsis/ General Illness  
   Treat with IV fluids to avoid hypovolemia
2. VAD Notes  
   EMS- Transport with all spare batteries, charging unit and control unit
3. VAD notes  
   The display on the controller will provide alarm information
4. Cardiac Considerations  
   Follow ACLS Protocol INCLUDING treatment for arrhythmia and CPR if needed

**CAUTIONARY PROCEDURES**

1. Right Arm Caution  
   No BP's, IV attempts or lifting with the right arm
2. Platelet Administration  
   Must premedicate with Benadryl, Pepcid, Zyrtec, APAP, Hydrocortisone and have IM Epi at the bedside! *Hx of anaphylaxis
3. VAD Caution  
   If the control unit reads "Electrical Fault", do not change controller out
4. VAD Caution  
   are well trained on troubleshooting the VAD device. Please keep them at the bedside if they are available
Current Standings

- 547 children registered in Missouri
- 96 children registered in Illinois
- Over 400 Educational programs have been provided to EMS and community EDs
Thoughts

- STARS is not simply a registry
- System
  - Awareness
  - Training
  - Advanced notification
  - Public education
  - Public relations
Implementation Challenges

- What is a STAR for your department
- Business agreement
  - Get legal involved early
- Training
- Dispatch involvement
- Internet access
  - Paper alternative
  - HIPAA compliant
“Unless someone like you cares a whole lot, nothing is going to get better, it’s not.” - The Lorax