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EXPANDING PEDIATRIC EMERGENCY PHYSICIAN’S SCOPE OF PRACTICE IN RESPONSE TO THE COVID-19 PANDEMIC



To the Editor:

Novel coronavirus disease 2019 (COVID-19) re-shaped the dynamics of medical care. Highly trained pediatric emergency medicine (PEM) physicians wit-

nessed a drastic reduction of patient volumes due to regional lockdowns. Our emergency department was overflowing with adult critically ill patients. System adjustments became imperative to meet health care demands.

We reorganized our triage system, adjusting to the COVID-19 pandemic to create a pediatric emergency unit staffed by PEM physicians after increasing their medical privileges to care for adult patients up to 45 years of age (Figure 1). This cutoff was a response to the age, patient mix, and needs presenting to the emergency department during the epidemic’s initial stage. We risk-stratified patients at triage (COVID vs. non-COVID) following the New York City Department of Health’s standard guidelines (1).

From March 25 to April 30, 2020, PEM physicians evaluated 378 adult patients. The median age was 31 years old, with a man to woman ratio of 1:1 and a median Emergency Severity Index level of 4. The average patient volume evaluated by PEM physicians increased from 0.5 to 1 patient per hour. Chart review of this subset of adult patients by the emergency department quality team confirmed appropriate management. Our experiment used PEM physicians’ expertise in evaluating entities that cross over between older children and adults, which helped decompress the already overflowing adult ED, while maintaining efficiency and quality of care. This untapped resource can serve as a highly qualified, versatile workforce in a community hospital setting during disasters.

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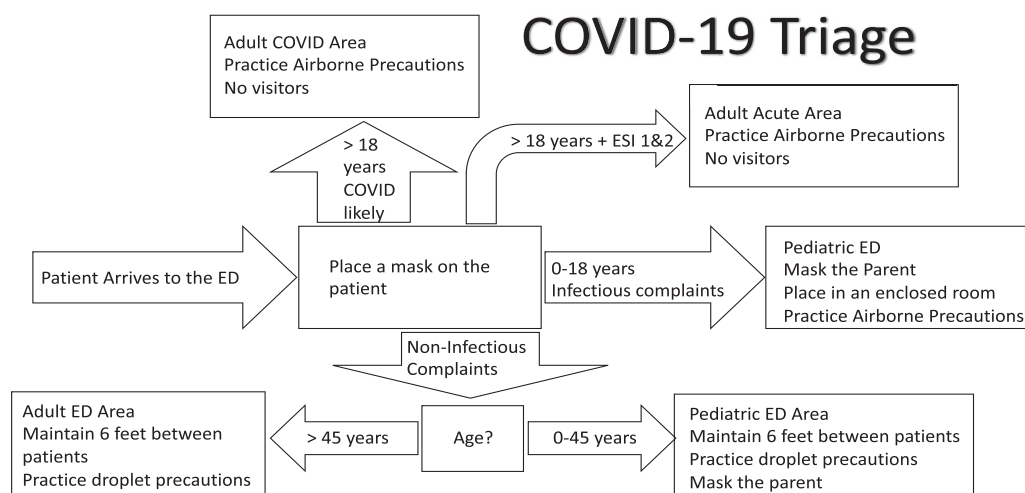


Figure 1. Modified triage guideline during the coronavirus disease 2019 (COVID-19) pandemic at New York-Presbyterian Queens emergency department (ED). ESI = Emergency Severity Index.

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