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MD/RN/PDLN CME/CE requirements (Attachment A)

I. PROFESSIONAL STAFF: PHYSICIANS-Levels	Yes/No
At least 50% of the ED coverage shall be provided by physicians 1) board certified in either Emergency Medicine, Pediatrics or Family Practice, or 2) qualified to sit for the certifying exam in Emergency Medicine, or 3) board prepared in Emergency Medicine, Pediatrics, or Family Practice (completion within three years.)	
Have physicians (not board certified) completed and maintained ACLS, PALS/APLS and ATLS (recommended)?	
Have mid-levels completed and maintained ACLS, PALS/APLS and ATLS (recommended)?	
All Emergency Providers must have documentation of completion of 4 hours of CME in pediatric topics annually.	
II. PROFESSIONAL STAFF: NURSING	
Do all ED nurses have current ACLS?	
Have all ED nurses completed PALS within 12 months of hire in the ED?	
All Emergency Nurses must have documentation of completion of 4 hours of BRN-approved nursing CE in pediatric topics annually.	
III. PROFESSIONAL STAFF: PEDIATRIC LIAISON NURSE (PDLN)	
A Pediatric Liaison Nurse (PDLN) shall be designated. This nurse may be shared between institutions and may be employed in other areas of the hospital such as ward, ICU, nursery, or Quality Assurance. The PDLN shall complete 8 hours of continuing education in pediatric topics annually and shall obtain and maintain certification in PALS, ENPC or other equivalent pediatric emergency care nursing course within 12 months of assuming the position of PDLN. Duties of the PDLN may be incorporated into existing Quality Assurance and Emergency Department review activities. Responsibilities of the PDLN include:	
Ensuring and documenting ED nurse pediatric continuing education.	
Maintaining a log and coordinating criteria-based review and follow-up of a sample of pediatric emergency visit. This sample shall include:	
A) Emergency Department pediatric deaths	
B) Pediatric deaths within 48 hours of admit from ED or visit to ED	
C) At least 25% of all pediatric admits from the ED, including all:	
1) Admits to critical care areas (ICU, OR, Pediatric Ward)	
2) Major trauma	
3) Admits occurring within 48 hours of ED visit, if known.	
D) All transfers from ED	
E) Child maltreatment cases	
F) At least 5% of pediatric ED visits not resulting in admit or transfer, selected at random.	
Coordination of the review of ALS/LALS transported pediatric cases with the Prehospital Nurse Coordinator in hospitals where the EDAP is also the Base Hospital	