

Information about hospital and healthcare organisation

1. Email address *

2. Hospital, name and country

Mark only one oval.

- SMH, Londen, UK
- LIV, Liverpool, UK
- UNEW, Newcastle, UK
- EMC, Rotterdam, the Netherlands
- NKUA, Athens, Greece
- SERGAS, Santiago de Compostela, Spain
- RUMC, Nijmegen, the Netherlands
- MUG, Graz, Austria
- RSU, Riga, Latvia
- LMU, München, Germany
- UKCL, Ljubljana, Slovenia

3. What is the upper age limit in years at your ED defined as paediatric?

Mark only one oval.

- 16
- 18
- Other: _____

4. Catchment area

Number of pediatric inhabitants

5. Patient population in your setting

Mark only one oval.

- Inner city
- Rural
- Mixed

6. Socioeconomic status of the population in the adherence area*Mark only one oval.*

- Generally high
- Generally low
- Mixture of high and low SES
- Other: _____

7. Type of hospital*Mark only one oval.*

- Academic
- Teaching
- Non-teaching

8. Does your setting offer tertiary paediatric services (e.g. specialist consultants)?*Mark only one oval.*

- Yes
- No

9. Please specify

10. Number of paediatric emergency visits annually

11. Number or percent of hospital admissions annually from the paediatric emergency department

12. Total number of inpatient beds for paediatric patients (medical and surgical combined) at your hospital

13. Is there a paediatric ICU at your hospital?*Mark only one oval.*

- Yes
- No

14. Type of triage system used

Mark only one oval.

- MTS
- CTCS
- ESI
- None
- Local system
- Other: _____

15. Is the emergency department in your hospital mixed adult and pediatric ED or an ED with pediatric patients only?

Mark only one oval.

- Mixed
- Paediatric only

16. Comments

Physicians and referrals

17. During office hours the first medical person assessing a febrile child visiting the ED is a resident

Mark only one oval.

	1	2	3	4	5	
never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	always

18. During office hours a febrile child is reviewed by or discussed with a senior doctor

Mark only one oval.

	1	2	3	4	5	
never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	always

19. During office hours what is the background of the person in charge of a febrile child visiting the ED?

Check all that apply.

- Paediatrician
- Emergency physician
- Pediatric emergency physician
- Other: _____

20. During office hours a supervising specialist is available for

Mark only one oval.

- Direct Supervision – the supervising physician is physically present onsite with the resident and patient.
- Indirect Supervision: (I) with direct supervision immediately available – the supervising physician is physically within the hospital and is immediately available to provide Direct Supervision.
- Indirect Supervision: (II) with direct supervision available – the supervising physician is not physically present within the hospital or other sites of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision in person within 20-30 minutes at all times.
- Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

21. During out-of-office hours (evenings, nights, weekends) the first medical person assessing a febrile child visiting the ED is a resident

Mark only one oval.

	1	2	3	4	5	
never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	always

22. During out-of-office hours a febrile child is reviewed by or discussed with a senior doctor

Mark only one oval.

	1	2	3	4	5	
never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	always

23. **During out-of-office hours what is the background of the person in charge of a febrile child visiting the ED?**

Check all that apply.

- Paediatrician ...%
- Emergency physician ...%
- Pediatric emergency physician ...%
- Other: _____

24. **During out-of-office hours a supervising specialist is available for:**

Mark only one oval.

- Direct Supervision – the supervising physician is physically present onsite with the resident and patient.
- Indirect Supervision: (I) with direct supervision immediately available – the supervising physician is physically within the hospital and is immediately available to provide Direct Supervision.
- Indirect Supervision: (II) with direct supervision available – the supervising physician is not physically present within the hospital or other sites of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision in person within 20-30 minutes at all times.
- Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

25. **Comments**

Primary care and emergency services

26. **Which of the following pre-hospital emergency services are available in your catchment area**

Multiple answers possible

Check all that apply.

- Telephone consultation service (e.g. 111 in the UK)
- General practitioners
- Primary care paediatricians
- Out-of-office GP / primary care service
- Urgent care centres (usually run by nurse practitioners or non-paediatric doctors)
- None
- Other: _____

27. **What is approximately the percent of self-referrals visiting the ED?**

Mark only one oval.

- < 5%
- 5 - 10%
- 10 - 20%
- 20 - 50%
- 50 - 75%
- > 75%

28. **The majority of children visiting the ED has a primary care physician**

Mark only one oval.

- Yes
- No

29. **The primary care physician most often is a:**

Mark only one oval.

	1	2	3	4	5	
General practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Primary care paediatrician

30. **Primary care physicians deliver acute primary care during office hours in the adherence area of your ED**

Mark only one oval.

- Yes
- No

31. Primary care physicians deliver acute primary care during out-of-office hours in the adherence area of your ED

Mark only one oval.

- Yes
- No

32. Patients officially need a referral from their primary care physician to attend the ED

Mark only one oval.

- Yes
- No

33. Comments

Implementation of delidelines and immunization

34. Which paediatric guidelines are implemented at your hospital

Mark only one oval per row.

	NICE	National	Local	None
Children with fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory tract infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinary tract infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sepsis/meningitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. National immunization coverage %

36. Which vaccines are part of the standard national immunization schedule that is provided to all children?

Check all that apply.

- Diphtheria, Pertussis, Tetanus, Polio
- Measles, mumps & rubella (MMR)
- S.Pneumoniae / pneumococcal (PCV) (please specify in next question)
- Haemophilus influenzae type B (HIB)
- N. Meningococcus (please specify in next question)
- Hepatitis A
- Hepatitis B
- Rotavirus
- Influenza
- Tuberculosis (TBC)
- Tick-borne encephalitis (TBE)
- Varicella
- Other: _____

37. Which pneumococcal immunization is part of the standard immunization schedule?

Check all that apply.

- 13 subtypes
- 23 subtypes
- 10 subtypes
- Other: _____

38. Which meningococcal immunization is part of the standard immunization schedule?

Check all that apply.

- Men B
- Men C
- Men ACWY
- Other: _____

39. Comments

Specialists

40. **Is there a paediatric haematology / oncology department at this hospital?**

Mark only one oval.

Yes

No

41. **How many patients with haematological malignancies are diagnosed on a yearly bases?**

42. **How many patients with haematological malignancies are in treatment on a yearly basis?**

43. **How many episodes of febrile neutropenia are seen on an annual basis?**

44. **Is there a paediatric rheumatology department at this hospital?**

Mark only one oval.

Yes

No

45. **How many patients are seen with autoinflammatory diseases on an annual basis?**

46. **How many patients are on biologicals on an annual basis?**

47. **Comments**

48. **Is there a paediatric stem cell transplant unit at this hospital?**

Mark only one oval.

- Yes *Skip to question 48.*
- No *Skip to question 54.*

Skip to question 54.

Stem cell patients

49. **How many patients are being transplanted with a stem cell transplant on a yearly basis?**

50. **How many are haematology oncology?**

51. **How many are primary immunodeficiencies?**

52. **How many are other (e.g. autoimmune)?**

53. **How many episodes of suspected infection in stem cell patients are seen on an annual basis?**

54. **Comments**

Quality control variables - General characteristics

55. Are all patients at your ED registered?*Mark only one oval.*

- Yes
- No, please specify below

56. Please specify

57. Do some patients go to the ICU directly without being seen at the ED?*Mark only one oval.*

- Yes
- No

58. If yes, please specify how often this happens and which patients go directly to ICU

59. Who usually performs the initial triage?*Mark only one oval.*

- Triage nurse
- General nurse
- Nurse practitioner / physician assistant
- Physician
- Student
- Other: _____

60. Can vital signs be estimated as normal instead of measured (for example in a well appearing child)?*Mark only one oval.*

- Yes
- No

61. Comments

Data registration

62. How are the following items registered?

Mark only one oval per row.

	Paper chart	Electronic chart
History and physical examination	<input type="radio"/>	<input type="radio"/>
Vital signs	<input type="radio"/>	<input type="radio"/>
Diagnostic tests (e.g. labs, imaging)	<input type="radio"/>	<input type="radio"/>
Treatment (e.g. oxygen, medication)	<input type="radio"/>	<input type="radio"/>
Immediate life saving interventions (e.g. intubation)	<input type="radio"/>	<input type="radio"/>
Working and final diagnosis	<input type="radio"/>	<input type="radio"/>
Patient progress (admission, follow-up)	<input type="radio"/>	<input type="radio"/>

63. Are diagnostic tests recorded in the chart during the ED stay?

Mark only one oval.

- Yes, automatically
- Yes, manually during the ED visit
- No, manually after the ED visit
- No, not at all
- Other: _____

64. Are diagnostic tests recorded in the chart complete?

Mark only one oval.

- Yes
- No
- Other: _____

65. Is treatment (e.g. oxygen, antibiotics), recorded in the chart during the ED stay?*Mark only one oval.*

- Yes, automatically
- Yes, manually during the ED visit
- No, manually after the ED visit
- No, not at all
- Other: _____

66. Is treatment that is recorded in the chart complete?*Mark only one oval.*

- Yes
- No
- Other: _____

67. Are immediate life saving interventions (e.g. intubation), recorded in the chart during the ED stay?*Mark only one oval.*

- Yes, automatically
- Yes, manually during the ED visit
- No, manually after the ED visit
- No, not at all
- Other: _____

68. Are immediate life saving interventions that are recorded in the chart complete?*Mark only one oval.*

- Yes
- No
- Other: _____

69. Are patient outcome and follow-up recorded in the chart during the ED stay?*Mark only one oval.*

- Yes, automatically
- Yes, manually during the ED visit
- No, manually after the ED visit
- No, not at all
- Other: _____

70. Is patient outcome and follow-up that is recorded in the chart complete?*Mark only one oval.*

- Yes
- No
- Other: _____

71. Comments

Diagnostics (e.g. labs, imaging)**72. Is temperature measured routinely in all febrile children***Mark only one oval.*

- Yes
- No
- Other: _____

73. How is the temperature measured in general?*Mark only one oval.*

- Oral
- Rectal
- Tympanic (ear)
- Axillary
- Temporal (forehead)
- Other: _____

74. Who usually takes finger prick / finger stick blood samples (e.g. for blood sugar)?*Mark only one oval.*

- Nurse
- Nurse practitioner / physician assistant
- Physician
- Phlebotomist / lab worker
- Student
- Other: _____

75. Who usually takes venous blood samples?

Mark only one oval.

- Nurse
- Nurse practitioner / physician assistant
- Physician
- Phlebotomist / lab worker
- Student
- Other: _____

76. Who usually takes swabs/NPAs (nasopharyngeal aspirate)

Mark only one oval.

- Nurse
- Nurse practitioner / physician assistant
- Physician
- Student
- Other: _____

77. What point of care tests are available in the Emergency department?

Multiple answers possible

Check all that apply.

- Blood sugar
- Urinalysis
- NPA (nasopharyngeal aspirate) for respiratory virus
- Blood gases / lactate
- CRP
- Other: _____

78. If NPA for respiratory virus is available, please specify

79. Comments

Patient outcome and follow-up

80. Who documents the working diagnosis at the end of the ED visit?

Mark only one oval.

- physician
 nurse

81. Is hospitalization > 24 uur mainly (> 90 %) for medical reasons ?

Mark only one oval.

- Yes
 No
 Other: _____

82. Are children admitted to the ward if the stay at the ED takes longer than advised by triage guidelines?

Mark only one oval.

- Yes
 No
 Other: _____

83. How long are children allowed to stay at the ward until guidelines state that they have to be admitted?

84. Please specify which are reasons for ICU admission at your hospital

Check all that apply.

- Continuous monitoring of vital signs
 Non-rebreathing mask
 High flow oxygen such as optiflow
 Non-invasive ventilation
 Mechanical ventilation
 Tracheal cannula
 Use of inotropes
 Not enough beds at the regular departments
 Use of a central line (for treatment other than inotropes)
 Continuous intravenous antiepileptic drugs
 Other: _____

85. **How often are paediatric patients admitted to the PICU for other reasons (e.g. not enough beds at the regular department)**

Mark only one oval.

1 2 3 4 5

very infrequent very frequent

86. **Is mortality at ED reported in the patient ED file?**

Mark only one oval.

Yes

No

Other: _____

87. **If patient characteristics, diagnostics, treatment or outcome are recorded retrospectively in the chart, what could be a reason for this?**

Check all that apply.

Urgency of the patient

ED crowding

Other: _____

88. **Comments.**

