

ACS NEWS

National Healthcare Organizations Issue Statement to Set Life-Saving Standards for Pediatric Readiness in Emergency Departments

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**New
Pediatric Readiness
recommendations
released!**



National
PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

CHICAGO — A new joint statement released today outlines what every emergency department needs to be ready to care for kids — an effort that could save more than 2,100 children's lives nationwide each year.

The joint statement, [**Pediatric Readiness in the Emergency Department**](#), was developed by experts from the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), the Emergency Nurses Association (ENA), and now, for the first time, the American College of Surgeons (ACS). The statement provides the critical steps emergency departments can take to be fully prepared for children's health needs and is an update to recommendations previously revised in 2018 and 2009.

The statement was co-published in the Journal of the American College of Surgeons (JACS) along with Pediatrics, Annals of Emergency Medicine, and the Journal of Emergency Nursing.

Jeffrey D. Kerby, MD, PhD, FACS, Chair of the ACS Committee on Trauma, said in an [**accompanying commentary**](#) appearing in JACS that care at pediatric trauma centers has superior outcomes, but timely access to these centers is still woefully inadequate with just 51% of children having reliable access to a pediatric trauma center within an hour of where they live.

"Given the persistent and highly prevalent lack of timely access to pediatric trauma centers for children, demonstrated mortality benefit of treatment at high readiness centers, and reasonable costs associated with these improvements, the ACS COT is fully supportive of this Joint Policy Statement and is strongly encouraging all trauma centers to optimize their own Pediatric Readiness," Dr. Kerby said in the commentary.

The joint statement informs the work of the National Pediatric Readiness Project, an initiative of the Emergency Medical Services for Children (EMSC) Program — part of the Department of Health and Human Services' Health Resources and Services Administration — in collaboration with multidisciplinary organizations. The NPRP aims to support the more than 5,000 emergency departments nationwide in improving pediatric capabilities through self-assessments, benchmarking, checklists, quality dashboards, and other resources.

"More than 80% of children who come to an emergency department go to a local community hospital, not a children's hospital," said Kate Remick, MD, lead author of the statement. "Every emergency department should be fully prepared for kids, no matter how often they see them. These recommendations save lives."

The Stakes Are High, But the Fixes Are Achievable

Research shows high Pediatric Readiness is associated with up to 76% lower mortality risk among critically ill and injured children. The cost needed to achieve high readiness is relatively low, between \$4 to \$48 per pediatric patient, depending on patient volume.

Many emergency departments face systemic challenges — workforce shortages, competing demands, and strained resources — that make it challenging to meet national standards. But the revised statement

emphasizes that Pediatric Readiness is vital and achievable for all emergency departments, including freestanding emergency departments, rural emergency hospitals, and critical access hospitals.

What's New in the 2025 Recommendations?

The recommendations continue to emphasize the importance of appointing both nurse and physician pediatric emergency care coordinators (PECCs) to lead readiness efforts within emergency departments. Updates include:

- Increased focus on pediatric-specific clinical practice guidelines and decision support tools for common conditions to standardize care
- A list of nationally vetted pediatric quality measures, including targeted measures by condition
- New emphasis on the need for multidisciplinary review of all pediatric deaths and adverse events to assist emergency departments in local quality improvement efforts
- A deeper focus on pediatric mental health, including universal suicide screening in teens
- Reinforcement of the importance of immediately available, portable, weight-based pediatric resuscitation carts and use of medication dosage tools to avoid manual calculations
- Broader expectations for pediatric considerations in disaster preparedness

To help emergency departments implement these recommendations, the statement includes a Pediatric Readiness Checklist. The statement is accompanied by a technical report that outlines the scientific evidence supporting each recommendation.

2026 Readiness Assessment: A Chance to Improve

The new statement sets the stage for the upcoming nationwide NPRP Assessment period, slated to open March 3, 2026. Emergency departments will be assessed on a 100-point scale and receive a score, benchmarking information, and a gap report identifying areas for improvement.

The previous assessment published in 2023 noted improvements in five of six categories measured since 2013, including an increase in the number of emergency departments with pediatric equipment and supplies (90% to 97%) and the number of emergency departments with a pediatric mental health care policy (44% to 73%).

"The 2026 assessment is our chance to see where we stand — and where we can do better," said Marianne Gausche-Hill, MD, co-author of the statement. "By participating in the National Pediatric Readiness Project Assessment, you can identify what is needed for your ED to be fully ready to care for children."

Hospitals can learn more by registering for [a free webinar](#) on Feb. 12 and can start preparing now using NPRP resources, including a toolkit, checklist, and more, at pediatricreadiness.org.

Media interviews: Aaron R. Jensen, MD, MEd, MS, FACS, FAAP, and Avery B. Nathens, MD, PhD, FACS, are available for interviews by contacting pressinquiry@facs.org.

*Citation: Kerby, J. Advancing Pediatric Readiness: A Call to Action for All Trauma Centers. *Journal of the American College of Surgeons*, 2026. DOI: 10.1097/XCS.0000000000001706*

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