

have passed. The pediatric population is often overrepresented in disasters and prone to serious mental health disorders based on their developmental age and parental/community response. Pediatric Primary Healthcare providers require the Psychosocial skills necessary to work in disaster zones and to effectively care for children in disasters.

**Methods:** A faculty of experts in pediatric mental health, psychiatry, psychology, and disaster preparedness and response was convened to develop the PDMHI curriculum. The faculty developed a four hour intervention to equip health care providers with the skills and knowledge necessary to care for pediatric patients with mental health problems stemming from a disaster via evaluation, triage, intervention and referral.

**Results:** Three PDMHI training sessions were held; 67 providers were trained; 31 pediatricians, 18 nurses, 8 social workers 4 psychologists, 2 psychiatrists and 4 others. Pre and post-tests measured knowledge before and the impact 3 months post intervention; 62.5% of responding primary care providers made changes to their practice; 92% felt better equipped to identify, treat and refer patients; and 81% would be willing to work in a disaster zone, and felt prepared to treat patients with disaster mental health issues.

**Conclusion:** PDMHI covers psychosocial responses to disasters from normal to mental health disorders. Participants gained tools for managing pediatric mental health issues in primary care. Study data showed an increase in the participants perceived knowledge and skills about pediatric disaster mental health, and their willingness to participate in future disasters.

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### Feasibility of the Novel Combination of Influenza Vaccinations, and Child Passenger Safety Seat Fittings, in a Drive-Thru Clinic Setting.

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**Study/Objective:** We hypothesized that combining influenza vaccinations and child passenger seat fittings (CPSF) in a DTC format will be both feasible and desired by the community.

**Background:** Disaster Medicine and Public Health Preparedness are ever-evolving areas of medicine with the purpose of helping the masses quickly and efficiently. The drive-thru clinic (DTC) model is a disaster tool that allows distribution of supplies or services while participants remain in their automobiles. Influenza vaccination is the most commonly utilized form of the DTC and has been utilized in metropolitan areas successfully as a single service.

**Methods:** Each driver was verbally surveyed at each station of the DTC. The survey content involved satisfaction and background of health habits.

**Results:** In the inaugural DTC, six-hour session, there were 86 automobiles served that contained 161 children, of which 28 also participated in CPSF. The median total clinic time was 9:00 (Interquartile Ranges (IQR) 6:00–14:00) minutes. For those who only received influenza vaccines, the median total clinic time was 7:30 (IQR 6:00–10:00) minutes. For those

who received both services, the median total DTC time was 27:00 (IQR 22:20–33:30) minutes, with an average of 1.75 CPSFs per automobile.

**Conclusion:** This was a pilot study involving two different services using the DTC model, and the first of its kind in the literature. Our DTC was successful in executing both services, without sacrificing speed, convenience, or patient satisfaction. Additional studies are needed to further evaluate the efficacy of the multiple service DTC.

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### Utility of Performing Serum Glucose Measurement and EKG in the Outpatient Evaluation of Pediatric Syncope

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**Study/Objective:** To determine the frequency of BG and EKG abnormalities in previously healthy children who present to an emergency department [ED] with Syncope.

**Background:** Syncope is characterized by sudden onset, brief duration episode of altered consciousness usually associated with loss of postural tone from which recovery is full and spontaneous. Prior studies have shown that evaluating a detailed medical history often provides discerning information regarding etiologic risk; despite this, routine tests are frequently performed in syncope cases.

**Methods:** Chart review of consecutive children aged 5–18 years presented to the Pediatric ED at Maimonides Medical Center, Brooklyn from 2004–2014 with a discharge diagnosis of syncope, fainting, or vasovagal event. All events were acute, of sudden onset and brief duration [ $< 10$  minutes], with loss of or altered consciousness, and spontaneous full recovery. Patients with known underlying metabolic or endocrine, cardiac, psychiatric disorders; anemia or pregnancy; preceding head trauma, acute blood loss [except epistaxis], current intoxication, observed seizure activity; currently receiving an oral hypoglycemic medication were excluded. All had BG measured prior to administration of IV/oral glucose or parenteral glucagon. Data collected included patient demographics, past medical history/current medications, vital signs, laboratory values, EKG results per interpretation by an attending-level pediatric ED physician or pediatric cardiologist, medical interventions, and disposition. Hypoglycemia was defined at serum glucose  $< 60$  mg/dL.

**Results:** A total of 969 patients met the study criteria. Of these, hypoglycemia was present in 3 cases [0.3%]. EKG was performed and interpreted in 656 patients [68%]; in 4 cases [0.5%] an abnormality was identified: 1 case of prolonged PR interval, 3 cases of cardiac hypertrophy [2 ventricular, 1 atrial]. Follow up ECHO done on all these patients revealed no cardiac pathology. Financial analysis for performing BG and EKG on these patients amounted to total health care cost of \$226,156.

**Conclusion:** Previously healthy children presenting for outpatient evaluation for simple syncope rarely have underlying hypoglycemia or EKG abnormality.

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