

A Course for Pediatric Disaster Management

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Objectives: Currently, there is no systematic instruction dealing with the unique needs of multiple pediatric disaster victims, even though they are more susceptible to injury than adults, more likely to respond to rapid and efficient medical care than adults, and require specific medications and equipment. We developed a two-day lecture and interactive program of pediatric disaster management that was piloted in four U.S. cities, and a Spanish version in Guatemala, to physicians, medical students, nurses, and prehospital providers.

Methods: One day of didactic lectures with discussion sessions and workshops preceded one day of a disaster simulation drill, followed by faculty critiques and an examination. Lectures covered triage, stabilization, and resuscitation; pediatric anatomy, physiology, and patterns of injury; psychosocial issues of children during a disaster; disaster planning, organization, and mitigation; and equipment and medications for pediatric patients. Workshops were cases and exercises that reinforced lectures. The mass casualty drill was modified for the given locale.

Results: Student feedback indicated the course was taught successfully, the material relevant, and the teaching format appropriate.

Conclusions: A pediatric Disaster Medicine course is needed, has international applications, and is an effective way to train large numbers of professionals to meet the needs of children in a disaster.

Keywords: disaster; education; management; pediatric; training

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Using Simulation Model to Analyze and Assess Strategies in Emergency Department

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Simulation is a new methodology to describe a system operation, establish a hypothesis, and predict a possible outcome after changing strategies. This paper reports on a scenario analysis of an Emergency Department model with respect to the different strategies, such as opening of a fast in a specified period, diversion of critical patients from other facilities, or changing staff shifts, etc. A number of variables were compared between the present setting and the assumed scenarios, including utilization of staffs and facilities, waiting time, turnaround time, and cost. We conclude that the probable outcome of variant changing could be predicted in the emergency management with less risk using a simulation model.

Keywords: computer simulation, emergency department, scenario analysis

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