

AMERICAN ACADEMY OF PEDIATRICS

Committee on Pediatric Emergency Medicine

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Pediatric Emergency Medicine Committee

Death of a Child in the Emergency Department: Joint Statement by the American Academy of Pediatrics and the American College of Emergency Physicians

Note: Please be advised that the American Academy of Pediatrics and the American College of Emergency Physicians are in the process of independently developing technical reports on this issue that will provide more in-depth educational and clinical information for their respective members on the death of a child in the emergency department. When completed, these reports will be published separately by each organization to supplement this joint policy statement.

ABBREVIATION. ED, emergency department.

The death of a child in the emergency department (ED) is an event with emotional, cultural, procedural, and legal challenges that often distinguish it from other deaths.

The American Academy of Pediatrics and the American College of Emergency Physicians support the following principles:

- Emergency physicians should use a family-centered and team-oriented approach when a child dies in the ED.
- Emergency physicians should provide personal, compassionate, and individualized support to families while respecting social, religious, and cultural diversity.
- Emergency physicians should notify the child's primary care physician of the death and, as appropriate, work with the primary care physician in follow-up of postmortem examination results.
- EDs should incorporate procedures to organize resources and staff to provide a coordinated response to a child's death. These include the following:
 - Working with the primary care physician to ensure notification of subspecialty physicians of the death of their patient.
 - Educating staff as to the resources available to assist families.
 - Facilitating identification and management of a medical examiner's case and identification and reporting of cases of child maltreatment.

- Promulgating liaisons with other individuals and organizations that may assist families, communities, and staff.
- Assisting ED staff, out-of-hospital providers, and others who are experiencing critical incident stress.
- Facilitating organ procurement and obtaining consent for postmortem examinations when appropriate.

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