



The Pony Express

Headline News

Texas EMSC Advisory Committee Member Receives National Heroes Award



Since 1998, the [EMSC National Heroes Award](#) selection committee has solicited nominations from throughout the country to recognize and reward outstanding achievement in emergency medical services for children (EMSC). The individuals who are selected reflect the best of the best. They are compassionate, tireless advocates who have made a real difference within the pediatric health care community at the local, state, and national levels.

On May 27, during the Annual EMSC Program Meeting in Bethesda, MD, the federal EMSC Program awarded seven individuals a 2010 EMSC National Heroes Award for their commitment, creativity, and resourcefulness in successfully addressing one or more challenging EMSC issues.

Among these champions for children's health care was one of our very own. For her leadership in EMSC and dedication to the health and welfare of children, Sally Snow, RN, BSN, CPEN, FAEN, is this year's recipient of the EMSC Advisory Committee Member Award.

Ms. Snow is currently the trauma program director at [Cook Children's Medical Center](#) and the coordinator/instructor for the Trauma Nurse Core and the Emergency Nurse Pediatric Core courses. She initiated the pediatric division of the [Texas EMS Trauma and Acute Care Foundation \(TETAF\)](#) and was appointed to the legislatively mandated group that became the Governor's EMS/Trauma Advisory Council's Pediatric Committee. In this role, she worked to develop criteria for pediatric categorization of hospitals while also serving as a site surveyor for an EMSC grant.

Since 2009, Ms. Snow has served as the emergency department nurse representative to the [Texas EMSC Advisory Committee](#). She has actively participated in efforts to improve response rates to a survey on EMSC performance measure compliance and co-authored a 2010 Journal of Trauma Nursing article on the importance of performance measures. She is currently working with the EMSC State Partnership grant manager to develop and disseminate a course for prehospital providers on caring for children with special health care needs.

At the federal level, Ms. Snow represents the [Society of Trauma Nurses](#) on the [EMSC Partnership for Children Stakeholders Group](#) and serves on the EMSC National Resource Center Advisory Committee.

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Best Practices

Fisher County CARES Emergency Medical Response for Adrenal Insufficiency now available in Fisher County, Texas!

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[CARES Foundation](#) recently announced that protocols, medications, and training are now in place in Fisher County, Texas for the emergency treatment of adrenal crisis resulting from Congenital Adrenal Hyperplasia and other adrenal insufficiencies.

Congenital Adrenal Hyperplasia (CAH) refers to a family of inherited disorders in which reduced cortisol synthesis interrupts feedback inhibition of adrenocorticotropic-hormone (ACTH) release from the pituitary, leading to continual stimulation of the adrenals by ACTH and, consequently, adrenal hyperplasia. Incidence of "classic" CAH, which presents in infancy with signs of adrenal insufficiency, has been estimated at 1:15,000.

People who do not have adrenal insufficiencies naturally produce up to ten times the normal amount of cortisol, which is vital to the maintenance of blood pressure and heart muscle tone, as well as sugar and salt balance, during times of physical stress. When illness or injury occurs in adrenally insufficient individuals, however, an immediate additional dose of glucocorticoids (hydrocortisone) is necessary to avert [adrenal crisis](#).

The drug of choice for treatment of CAH in times of adrenal crisis is Solu-cortef®, which provides both glucocorticoid and mineralocorticoid coverage. It is safe, has a shelf life of five years and is cheap (\$5 per act-o-vial wholesale). Delay in administration of these medications can lead to shock, heart failure and death.

An army of CARES volunteers is advocating for the inclusion of treatment for adrenal insufficiency and adrenal crisis in EMS protocols across the nation. Through a cooperative effort between a small group of concerned parent advocates and a local EMS system, Fisher County Hospital District EMS has become the first agency in Texas to make this a reality. This is exemplary of the provision of family- and community- centered care in EMS and stands as evidence that advocacy and collaboration can make a positive difference in pediatric emergency medical care.

For more information, check out the [EMS webpage](#) or contact Campaign Leader Jessica Upchurch at jhallupchurch@virtuosos.com.



Mail Pouch

EMSC State Partnership, TX

www.bcm.edu/pediatrics/emsc

To remove your name from our mailing list, please [click here](#).

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Sally Snow, EMSC National Hero

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In addition, Ms. Snow advocates for improved pediatric emergency care through her membership in the [Emergency Nurses Association](#) (ENA), writing the resolution that resulted in the re-establishment of the ENA Pediatric Committee. She serves as faculty for the Emergency Nursing Pediatric Course; is the ENA liaison to the Pediatric Education for Prehospital Providers' Steering Committee; and is an ENA representative on the American Academy of Pediatrics' Committee on Pediatric Emergency Medicine.

Congratulations and thank you to Sally for her unwavering dedication and commitment to the continual improvement of primary prevention and emergency medical care for children.

State Partnership Update

The EMSC Performance Measure Surveys Have Arrived!

The long awaited EMSC Performance Measure surveys are now ready and announcements will be sent to a sample of EMS agencies later this week. We are excited to get these important questionnaires out to the EMS ambulance provider and first responder organizations around the state. With good information from the personnel on the front lines, the Partnership will be able to more accurately measure the state's preparedness to respond to critically ill and injured children, to evaluate the Partnership's ongoing efforts to provide useful and meaningful programs to help EMS agencies with the tools and resources they need to provide quality pediatric emergency care, and to chart the course for the future based on the needs of EMS providers in each region of the state.

Among the data that we will be collecting is information about the availability and use of on-line medical control for pediatric patients as well as written pediatric protocols. While these issues have previously been recognized both nationally and in our own state as gaps in prehospital pediatric emergency medical care, the EMSC State Partnership has taken a proactive role in closing these gaps. With overwhelming interests and support from the EMS community across the state, we have been collecting written pediatric protocols for review in order to create a pediatric protocol resource that will be made available to all EMS agencies in the state. Likewise, we are addressing the need for more uniform availability and access to on-line medical control for pediatric emergencies by building a collaborative, multi-disciplinary team to develop regional pediatric on-line medical control resources that EMS Coordinators and medical directors will have available to them. Our immediate goal is to have something tangible for review by the GETAC committees in August. However, in order to measure the potential impact and to develop usable and effective resources, it is essential that sampled EMS agencies provide the necessary data.

Also, for those of you providing 9-1-1 response and transport, questions about the equipment carried on your agency's ambulances are included. Again, our intention is to determine what pediatric equipment and supplies are stocked routinely in Texas, whether certain pieces of equipment are lacking on a majority of ambulances, and what barriers may exist to supplying ambulances with pediatric-specific equipment. With this data, the Partnership can evaluate how we stand in the state as a whole and in any given region in regards to pediatric equipment on ambulances, where we need to focus efforts to help resolve equipment deficits, and how we can best be of assistance in overcoming regional barriers to obtaining specific pediatric equipment and supplies.

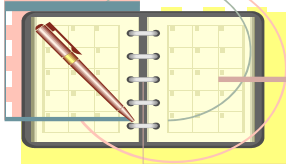
The EMSC surveys will be available on-line to a stratified random selection of 9-1-1 responding ambulance service providers and first responders throughout the state. All information provided will be completely confidential and will only be used by the EMSC State Partnership to improve access to and quality of prehospital emergency medical care to critically ill or injured children. Aggregated results will be published on the [EMSC website](#) upon completion of data analysis in order to provide every stakeholder in the state an opportunity to be involved in the ongoing effort to achieve excellence in prehospital emergency medical care for children in Texas.

Final Thought

An idea not coupled with action will never get any bigger than the brain cell it occupied.

Arnold H. Glasow

Upcoming Events



Mark Your Calendar

- June 15: [Family Advocacy Network](#) web/teleconference, 7:00 pm. For information, drop a note in the [Mail Pouch](#)
- June 24: EAC Web Conference 2:00-3:00 pm
- June 25-26: 6th annual [TxP2P Parent Conference Unbreakable Spirits](#), San Marcos.