

SOUTHWESTERN NEWS

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HIGH-TECH CD DESIGNED BY UT SOUTHWESTERN PEDIATRICIANS HELPS SAVE CHILDREN'S LIVES IN EMERGENCIES

DALLAS – Sept. 4, 2002 – Playing a new interactive CD-ROM may help save the lives of children with real-life emergencies that annually send millions to hospital emergency rooms.

Two leading pediatric emergency experts, Drs. Robert Wiebe and Patricia Primm from UT Southwestern Medical Center at Dallas, believe the high-tech tool can do just that. Wiebe, director of pediatric emergency medicine at UT Southwestern, and Primm, associate professor of pediatrics, daily treat pediatric emergencies at Children's Medical Center of Dallas and see the need to strengthen preparedness for emergencies needing triage at doctors' offices. They plan to distribute 2,000 copies of the pediatric CD nationwide, and said they envision its use as a treatment and educational tool for any office practices caring for children.

The UT Southwestern researchers collaborated with four other medical institutions nationwide to develop and publish the CD, titled Office PERC (Office Preparedness for Emergency Response to Children). It's designed to help pediatricians, family practitioners, nurses and office staffs to better stabilize and triage pediatric emergencies.

"One of the most common emergencies is a child sick with asthma who is in the pediatrician's office for treatment," said Primm. "The child has extreme difficulty breathing. Instead of using ambulance transport and treatment, the parent often takes the child from the doctor's office to the hospital emergency room with an oxygen tank thrown in the back seat. The parent can't drive and attend to a sick child at the same time."

More than half of all emergencies involve victims younger than 15, but UT Southwestern researchers say Office PERC will help reduce pediatric medical crises. They and co-investigators at Duke University Medical Center in North Carolina, Washington University School of Medicine in Missouri, Nova Southeastern University in Florida and Medical University of South Carolina, surveyed thousands of pediatricians and family practitioners across

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five states. They used what they learned from the survey to develop Office PERC.

“Although the office practice setting is usually not equipped to handle true emergencies, patients will often use their primary care provider as an entry point to health care when an emergency occurs,” said Wiebe. “A prudent physician must prepare the office to recognize and stabilize potential emergencies and have a plan to get them to definitive care emergency resources in a timely fashion. Information provided by Office PERC will give the primary care provider all the tools necessary to have an office that is emergency prepared.”

Office PERC – a “virtual” emergency blueprint – takes education to the next level by using instructional video to help office personnel recognize the ill or injured child; to demonstrate mock emergency situation drills, in which an assessment triangle (circulation, appearance and difficulty in breathing) can be used by office staff; to assign roles to staff during emergencies; to outline supplies needed during such situations; and to provide weight zone-based templates for emergency drugs, algorithms for treating common pediatric emergencies and easily downloaded treatment information templates.

“One of the most significant issues in Office PERC is knowing the components of your EMS system,” Primm said. “For example, knowing which EMS paramedics will respond and how quickly is one of critical importance. Office PERC is a mechanism that will aid the office practitioner to identify the EMS responder level and what pediatric medical equipment is available on ambulances responding to his office.”

According to the Centers for Disease Control and Prevention’s National Center for Injury Prevention and Control, real-life emergencies, many of them life-threatening, send more than 3 million children to emergency rooms each year. Nearly 1 million children under age 15 are treated for sports injuries – the No. 1 reason kids visit emergency rooms.

A portion of a two-year, \$300,000 grant from the Department of Health and Human Services through the national research center, Emergency Medical Services for Children, funded Office PERC.

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