



## Calls Involving Children

Most calls handled by Emergency Medical Dispatchers (EMDs) are from adults concerning adults. Children are involved in only a small number of medical calls for assistance. Whether the child is the caller or the victim, it is important for the EMD to realize that, as with most areas of medical care, calls involving children are handled differently than calls involving adults.

### Children Patients

EMD Guidecards and pre-arrival instructions designed for adult symptoms and conditions may not match well with the underlying causes of those symptoms in children. One example is that, chest pain, in children, is rarely caused by a primary heart problem.

The most common 9-1-1 call for assistance for pediatric patients is traumatic injury. Injuries make up one-half to two-thirds of all pediatric calls for medical assistance. Although meningitis, dehydration and other causes of medical shock are common reasons for children to be brought to an emergency room, children with these problems are more often brought by other forms of transportation or from the pediatrician's office without EMS assistance. Respiratory distress and seizures make up the majority of the rest of pediatric calls for assistance.

It can be difficult to tell whether a child is having an emergency or not. The younger the child, the more vague or nonspecific the signs may be. Irritability, crying, vomiting, fever and lethargy are symptoms that may accompany a wide range of pediatric conditions. While most are not serious, many are life-threatening. For instance, common, potentially life-threatening adult medical complaints include chest pain, collapse, and loss of consciousness, pediatric complaints are likely to be a fever, unresponsiveness, choking, seizing or simply "sick."

The complaint that "something is wrong with my child" may stem from a multitude of possibilities, including an unsuspected foreign body in the esophagus, meningitis, child abuse or simply an ear infection.

Complaints of children that are blue, pale, not breathing or unresponsive may be something as simple as regurgitation or as complex as a seizure, heart rhythm disturbance, apnea or septic shock. Because a child's symptoms are often nonspecific, even an experienced medical provider will have difficulty discriminating between these conditions in person, let alone over the phone.

Most of the calls you receive concerning children will come from their parents or other caregivers. Although parents are detailed observers of their children, they may not be medically trained. Whether or not they have contributed to their child's condition, parents are likely to feel guilty, angry, frightened or powerless about what is happening.

Because of this, getting information and providing instructions may be difficult. Your ability to remain calm and speak clearly and concisely will make it easier to get information, particularly if your questions are framed within the context of providing help such as, "I am sending help, and I will stay on the line with you until help arrives. Listen carefully, you can help by telling me..."

The child's level of activity can sometimes be the most helpful gauge of the urgency of the situation. Asking "How is the child now?" or "What is the child doing right now?" can help the parent give you a better picture of what is happening.

All of these considerations make it difficult to tell whether a child is having an emergency or not. Because of this, over-triage – or operating under the "worst case scenario" - is a standard strategy practiced by pediatricians, nurse practitioners and family practitioners. Triage of pediatric patients by EMDs should reflect this understanding.

Providing emergency care for children can be distressing even for the most experienced EMD, particularly if the outcome is poor. Critical incident stress management for such events is increasingly acknowledged as a beneficial necessity.

## **Children Callers**

There are times when EMDs get calls from children. There are a few special things to consider when dealing with child callers.

Children in a crisis situation often remain very calm. They generally do not understand the gravity of the situation. Remember, EMDs should not judge the severity of a call by the level of emotion expressed by the caller.

Children are very capable of answering questions and following instructions. However, EMDs may have to ask the questions one at a time to prevent confusion. It may also be necessary to repeat and rephrase questions to

simplify them for the child and to be sure the child is not answering “yes” out of reflex to an authority figure.

Remember children may be concerned about who will take care of them or fear they are responsible for the situation. Reassure them and praise them for their help in making the call.

In non-English speaking families, school-aged children may be fluent in English and may have been chosen, by other family members, to be the translator. In most public school systems English is the only language used in the curriculum. So while the parents may not have learned the language, the children have learned at least enough of the language to be efficient in school. The EMD should always ask if any other adults are present and not assume the child is calling because they are the only other person home with the victim.

These are just some of the examples of calls involving children and how these calls can be handled by Emergency Medical Dispatchers. Consult your supervisor, your agency’s policy and procedure manual and your APCO Institute EMD Guidecards for further information on how your agency handles these types of calls. For further information on the APCO Institute Emergency Medical Dispatch Program and to receive your FREE APCO EMD Implementation Guide log on to [www.apcoinstitute.org](http://www.apcoinstitute.org)

**By Bob Smith, APCO Institute EMD Program/Operations Manager**

### **Helpful Websites & Resources**

- APCO Institute Emergency Medical Dispatch textbook; 5<sup>th</sup> Edition – APCO Institute
- APCO Institute Public Safety Telecommunicator 1 textbook; 5<sup>th</sup> Edition – APCO Institute
- [www.apcoinstitute.org](http://www.apcoinstitute.org)

## Quiz

### **CDE Article – Calls Involving Children**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. EMD Guidecards and pre-arrival instructions designed for adults always work well for children.
  - a. True
  - b. False
  
2. The most common 9-1-1 call for assistance for pediatric patients is:
  - a. Traumatic injury
  - b. Difficulty breathing
  - c. Earache
  - d. High fever
  
3. The younger the child, the more \_\_\_\_\_ the signs may be.
  - a. Vague
  - b. Clear
  - c. Simple
  - d. Gross
  
4. Children in a crisis situation often remain very calm.
  - a. True
  - b. False

5. To prevent confusing the child, EMDs may have to:
  - a. Ask the questions one at a time and rephrase them
  - b. Yell at the child and demean them
  - c. Call for an interpreter
  - d. Hang up on them and make an adult call back