COMMENTARY

ENHANCING EMERGENCY DEPARTMENT CARE THROUGH STANDARDIZED CHECKLISTS

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The chaotic nature of the Emergency Department (ED) can lead to missed details and fragmented care, particularly during high-stress resuscitations[1]. To mitigate this and to ensure a consistent standard of care, adoption of standardized, evidence-based checklists for both pediatric and adult emergencies is proposed. These forms serve as critical cognitive aids, guiding healthcare providers through a systematic and comprehensive assessment, thereby improving patient safety and clinical outcomes[1,2]. This approach aligns with the widely accepted principles of Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced

CAPSULE SUMMARY

High-stress resuscitations, the hectic atmosphere of the Emergency Department (ED) might result in overlooked facts and disjointed care. It is suggested that standardised, evidence-based checklists be used for both adult and pediatric emergencies in order to guarantee a uniform standard of care.

Life Support (PALS), which advocate for a structured approach to patient evaluation and management[3,4].

For pediatric patients, the PALS emergency reception form and checklist incorporates the Pediatric Assessment Triangle (PAT) and a detailed primary and secondary survey. Patient information, initial assessment, primary survey, and secondary survey can be recorded (Table 1).

The adult ACLS emergency reception form and checklist follows a similar structure based on ACLS primary and secondary surveys, emphasizing rapid identification and management of life-threatening conditions, including arrhythmias and cardiac arrest (Table 2).

Implementation of these checklists is expected to enhance patient safety by reducing the likelihood of overlooking critical signs or symptoms, particularly in pediatrics where rapid deterioration is possible. They also improve efficiency by serving as a clear roadmap that guides providers through

Table 1: PALS emergency reception form and checklist

Section	Items to Record
Patient Information	Name, Date of Birth, Age, Weight (kg), Date/Time of Arrival, Presenting Complaint, Allergies, Medications
Initial Assessment	Appearance (Lethargic / Alert / Irritable / Tone), Work of Breathing (Normal / Increased Effort / Retractions / Grunting / Nasal Flaring), Circulation to Skin (Pink / Pale / Cyanotic / CRT), Initial Vitals (HR, RR, SpO_2, BP)
Primary Survey	Airway (Patency / Adjunct), DOPE mnemonic for intubated patients (Displacement, Obstruction, Pneumothorax, Equipment Failure), Breathing (Auscultation: Equal / Wheeze / Crackles), Circulation (Pulse Quality, Fluid Bolus), Disability (AVPU, GCS, Pupils, Glucose), Exposure (Temperature, Rashes/Trauma)
Secondary Survey	History (Signs, Allergies, Medications, Past History, Last Meal, Events), Systemic Exam: HEENT, Respiratory (Inspection, Auscultation), Cardiovascular (Pulses, Heart Sounds), Abdominal (Inspection, Palpation), Musculoskeletal (Deformity, Swelling), Neurological (LOC, Motor, Pupils)

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Table 2: ACLS emergency reception rorm and checklist

Section	Items to Record
Patient Information	Name, Date of Birth, Age, Weight (kg), Date/Time of Arrival, Presenting Complaint, Allergies, Medications
Primary Survey	Airway (Patency / Adjunct / Obstruction), Breathing (RR, SpO_2, Auscultation), Circulation (HR, BP, Pulse Quality, CRT), Disability (AVPU, GCS, Pupils), Exposure (Temperature, Rashes/Trauma)
Secondary Survey	History (Signs, Allergies, Medications, Past History, Last Meal, Events), Systemic Exam: HEENT, Respiratory (Inspection, Auscultation, Percussion), Cardiovascular (Pulses, Heart Sounds, Murmurs), Abdominal (Inspection, Palpation, Percussion), Genitourinary / Musculoskeletal (GU, MSK), Neurological (LOC, Motor, Sensation)
Emergency Interventions & ACLS Algorithms	ECG (Rhythm), Cardiac Arrest (CPR, Defibrillation, Medications per algorithm)

necessary steps, reducing backtracking and supporting faster, more confident decision-making[3]. Standardization ensures every patient receives a consistent level of assessment and documentation, which is crucial for quality assurance and accreditation. Furthermore, the forms optimize communication during handovers, provide a structured educational tool for new staff, and improve documentation for legal and quality purposes [4].

A pilot program in the ED is recommended, initially involving a specific team or area. Stakeholder engagement from ER leadership, nursing staff, and physicians is essential, highlighting the benefits for all parties. Mandatory training sessions will ensure staff understand how to use the forms effectively. Forms may be digital, integrated into electronic health records, or paper-based, readily available at triage stations and resuscitation rooms. A feedback loop should be established to gather staff input during the pilot, allowing for iterative improvements to the forms.

REFERENCES

1. Hearns S. Checklists in emergency medicine. Emerg Med J. 2018 Sep;35(9):530-531. Doi: 10.1136/emermed-2018-207782. Epub 2018 Jun 15. PMID: 29907603.

2. Milano, Alyssa et al. "The Impact of a Standardized Checklist on Transition of Care During Emergency Department Resident Physician Change of Shift." The western journal of emergency medicine vol. 20,1 (2019): 29-34. Doi:10.5811/westjem.2018.10.39020

3. American Heart Association. Pediatric Advanced Life Support (PALS) Provider Manual. Dallas: American Heart Association; 2020.

4. American Heart Association. Advanced Cardiovascular Life Support (ACLS) Provider Manual. Dallas: American Heart Association; 2020.