Introduction

• Unnecessary diagnostic testing in children cared for in emergency departments (EDs) occurs commonly, contributes to health care waste, and can be associated with patient harm.

• Choosing Wisely (CW) is a program designed to emphasize best practice recommendations and address barriers to the growing global problem of unnecessary testing.

Objective

• A task force of U.S. and Canadian pediatric emergency medicine (PME) physicians was formed to create a Choosing Wisely recommendation list for children receiving care in EDs.

Methods

1. A task force of PME physicians provided input on priorities.

2. A member survey invited 205 participants to submit their “top 10” items.

3. Task force members removed three items based on their similarity to existing recommendations.

4. A task force member survey, anchored scoring was used after removal of duplications.

5. Final list of items were collected from the 33 contributors at six pediatric EMs.

Final 5 List multidisciplinary review

Five Things Physicians and Patients Should Question

Do not obtain radiographs in children with bronchiolitis, croup, asthma, or first-time wheezing.

Radiosensitivity is among the most common reasons for pediatric emergency department (ED) visits, with breathing being a frequently encountered clinical finding. For children presenting with first-time wheezing or with typical findings of asthmatics, bronchiolitis, or croup, radiographs rarely identify significant findings. Children with these common presentations to EDs are already being examined for respiratory distress. The clinical guidelines emphasize the value of the history and physical examination in making an accurate diagnosis and excluding serious underlying pathology. EDs should focus on the assessment of sufficiency of respiratory function, adequacy of airway exchange, and the appropriateness of imaging. If imaging is ordered, the guidelines stress the importance of this to be done by the treating provider.

2. Do not order laboratory testing or a CT scan of the head for a patient with an uncomplicated, generalized seizure or a simple febrile seizure who has returned to baseline mental status.

Children presenting with uncomplicated, generalized seizures or simple febrile seizures who return to their baseline mental status can be treated with medical therapy. Most children with acute febrile seizures do not have underlying medical etiologies for their seizures. A large body of evidence, both in adults and children, has shown that creative laboratory testing without clinical indications is unnecessary and adds to healthcare costs. Any diagnostic tests should be based on history and physical examination. Unnecessary testing should be discouraged.

3. Do not obtain abdominal radiographs for suspected constipation.

Radiographs are often used to determine the specific, generalized abdominal distention resulting from excessive intestinal gas; however, radiographs should not be used to confirm the presence and severity of abdominal distention and should not replace clinical diagnosis. Use of abdominal radiographs to diagnose constipation has been associated with increased diagnostic error. Clinical guidelines recommend against obtaining routine abdominal radiographs in children with clinical diagnosis of functional constipation. The diagnosis of constipation or fecal impaction should be made primarily by history and physical examination, augmented by a digital rectal examination when indicated.

4. Do not obtain comprehensive viral panel testing for patients who have suspected respiratory viral illnesses.

Viral infections occur frequently in children and are a common reason to seek medical care. The diagnosis of a viral illness is made clinically and usually does not require confirmatory testing. Additionally, there is a lack of consistent evidence to demonstrate the impact of comprehensive viral panel (p. 2) testing in children without clinical symptoms. Inaccurate testing results and management decisions made based on false-positive or -negative results could result in ineffective or harmful treatments, especially in emergency settings. National and international clinical practice guidelines do not recommend these testing methods. Additionally, some clinical tests are not profitable, and obtaining unnecessary and inappropriate laboratory tests can be a substantial waste of health care resources. Costs and potential harm can be considerable in high-risk patients like children with immune deficiencies. Use of empirical antibiotic treatment or additional testing, or hospitalization. Testing for specific viruses might be indicated if the results of this testing may alter therapy plans (e.g., antibiotics for influenza or hospitalization). The recommendations do not pertain to specific recommendations related to diagnoses and management of SARS-CoV-2, please see the website www.cdc.gov/coronavirus/2019-ncov/daily-life-work/school.html.

References & Top 5 List

• 205 items were collected from the 33 contributors at six pediatric EDs.

• Roles: PEM physician (n=16), PEM fellow (n=6), Advanced practice providers (n=5), pediatric nurse (n=4), pediatrician (n=1), emergency medicine physician (n=1).

• Years of experience: <5 (n=9), 5-12 (n=11), >12 (n=13)

• 22 females (67%), 11 males (33%)

• 72 non-duplicative items were independently scored by the task force to create the top 25 item electronic survey.

• 89 survey invitees sent to AAP PEM Committee for Quality Transformation (CQOT) members: 63% response rate.

• Task force members removed three items based on their similarity to existing items on non PEM CW lists.

• Final five items published by CW USA and CW Canada: December 1, 2022.

Conclusion

• A multinational PEM task force used a systematic process to develop the first CW list for pediatricians in the ED setting.

• Future activities will include the dissemination of this CW list and the design and implementation of effective interventions aimed at improving clinical practices specific to these CW items.

...or Google: #PediatricEmergencyChoosingWisely

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2. Share a post using the hashtags #PediatricEmergencyChoosingWisely and #PAS2023 on your favorite social media platforms

3. Visit the Choosing Wisely Canada website

4. Share a post using the hashtags #PediatricEmergencyChoosingWisely and #ChoosingWiselyCanada

5. Visit the Choosing Wisely Canada website

Results

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