Pediatric Emergency Excellence: The Certified Pediatric Emergency Nurse (CPEN®)

Whenever and wherever an infant, a child or an adolescent presents for emergency care, they deserve to be seen by practitioners who possess the specialty knowledge and acumen to make the right decisions at the right time to meet their unique needs. That is why the gold standard for pediatric emergency nursing excellence is BCEN®’s Certified Pediatric Emergency Nurse (CPEN) credential.

Clinical Readiness for All Ages, Anywhere, Anytime
At any time, any team working along the continuum of emergency and trauma care may be called on to care for our most vulnerable and most treasured patients — our children. While visiting a pediatric emergency department (ED) or tertiary care center may be ideal, infants, children and teens who need immediate care can and do show up everywhere emergency nurses practice.

Consider these facts about the pediatric emergency landscape from recent government reports and the efforts of health professional organizations:

- Pediatric visits constitute approximately 20% of all ED visits.¹ ²
- There were 30 million ED visits by pediatric patients in 2015, with infants and children under age 5 accounting for 40% of those visits.¹
- 17% of all children sought emergency care at least once in 2015.¹ ³
- Nearly 70% of children seeking emergency care are seen in hospitals whose EDs typically treat fewer than 15 children per day.⁴
- While pediatric patients are a small fraction of emergency medical service (EMS) transports, the unique needs of pediatric patients with serious or life-threatening illnesses or injuries can be especially “magnified” in out of hospital and transport settings.⁵

Unique Needs, Complex Nature of Pediatric Care
Infants, children, and adolescents have unique anatomical, physiological, developmental and psychosocial needs that must be considered when providing emergency services. Beyond the need to understand both the basic aspects and intricacies of childhood illnesses and injuries, multiple other factors add to the complexity of care including:

- Inability of infants and younger patients to articulate their illness or injury
- Higher risk of rapid deterioration
- Importance of family-centered care

Pediatric emergency caregivers also need to be adept at weight-based fluid and medication dosing, well-versed in pediatric-specific pain management strategies, and experienced with equipment and supplies designed for pediatric patients.

In addition to mastery of pediatric knowledge and techniques, the ability to detect subtle cues and signs during triage, assessment and monitoring and possessing exceptional communications skills with children and adults are crucial to safe and effective pediatric emergency care. CPEN-certified nurses bring that full spectrum of pediatric emergency expertise — and the competencies and confidence that follow — to emergency, trauma and critical care transport teams as they deliver care to pediatric patients and their families.

The ABCs of Training & Expertise for Pediatric Emergency Nurses
To start, nurses may acquire basic pediatric emergency training with courses such as Pediatric Advanced Life Support (PALS), which focuses on resuscitation events. The two-day Emergency Nursing Pediatric Course (ENPC), which includes a basic overview of the most common pediatric illnesses and injuries and hands-on training, offers the “minimum standard for emergency nursing
education for nurses caring for children in the ED.”
Both of these courses contribute to better pediatric emergency care and can serve as stepping-stones toward national board certification in the specialty.

Professional certification — which has become the standard for physician practice and is increasingly being recognized for its positive impacts on nursing practice and patient care outcomes — is truly in a class by itself. Separate from the core, more focused basic training courses, CPEN certification spans the entire pediatric emergency care body of knowledge.

The Certified Pediatric Emergency Nurse (CPEN) is a national board certification earned by registered nurses (RNs), and even advanced practice nurses (APRNs), who demonstrate advanced knowledge and clinical judgment in all aspects of pediatric emergency care, including providing direct care, healthcare facilitation, education, and advocacy for pediatric emergency patients and their families. Before RNs sit for the CPEN exam, the Board of Certification for Emergency Nursing (BCEN®) recommends (but does not require) two years of pediatric emergency nursing experience.

Nurses who aim for the CPEN commit to attaining and staying on top of the pediatric emergency body of knowledge and current best practices. As such, they play a key role in driving new best practices and educating their peers about the latest advances. CPENs are also trusted and highly valued resources among all of their colleagues.

A Marriage of Two Specialties
In the early to mid-2000s, nurses and nurse leaders increasingly asked BCEN to consider developing a national emergency nurse certification program for the pediatric population. While BCEN’s Certified Emergency Nurse (CEN®), introduced in 1980, is the preferred credential for emergency generalists and the exam includes some pediatric questions, it largely focuses on adult scenarios. Likewise, the Certified Pediatric Nurse (CPN®), launched in 1989 by the well-regarded Pediatric Nursing Certification Board (PNCB), is the go-to for pediatric generalists.

Meanwhile, the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) published joint guidelines on pediatric care in the ED in 2001. Not long after, they received federal funding to conduct a baseline assessment of the pediatric readiness of U.S. EDs.
As the industry coalition broadened, in June 2006, the Institute of Medicine (IOM) would release Emergency Care for Children: Growing Pains, which identified an urgent need for specialized nursing expertise in the management of the emergency healthcare needs of pediatric patients.

Aiming to be collaborative and bring the greatest degree of knowledge and expertise to bear, BCEN and PNCB formed a partnership in 2005. Their formal needs assessment, completed in March 2006, overwhelmingly confirmed the need to design and implement a new certification program for nurses caring for pediatric patients in emergency care settings. The two organizations then proceeded to partner through a 50-50 arrangement to develop and offer the exam, and the CPEN certification program was introduced in January 2009, with the first exam offered on January 21. Just weeks later, in February 2009, the CPEN was deemed a Magnet®-accepted certification program.

Once the number of CPENs reached a critical mass, the CPEN certification program underwent the very rigorous process of earning initial accreditation from the American Board of Nursing Specialty Certification (ABSNC) in May 2015. Accreditation demonstrates that a certification program meets the highest industry standards. It also serves as an independent indicator for nurses, consumers and healthcare organizations of the continued and consistent quality of the credentialing body. Soon after, in June 2016, with mutual agreement that the CPEN more strongly fit in BCEN’s emergency specialty wheelhouse, BCEN and PNCB amicably dissolved the 50-50 partnership and BCEN became the sole owner of the CPEN certification.

CPENs: Advancing, Leading, Transforming Pediatric Emergency Care
As of October 2020, there are over 5,300 CPENs delivering the highest quality pediatric emergency care in children’s hospitals, mixed and pediatric emergency departments, trauma centers, and prehospital critical care transport settings. CPENs practice throughout the U.S. and also in Canada, Australia and Asia.

Improving the U.S. healthcare system’s capacities, resources, and abilities to care for our most vulnerable patients is the focus of efforts including the National Pediatric Readiness Project. As the International Year of the Nurse comes to a close, and while the short-term impacts of COVID-19 on the pediatric population range from mild symptoms to multisystem inflammatory syndrome in children (MIS-C), and the long-term impacts are unknown, the importance of pediatric emergency expertise has never been so apparent.
With the recognized need and growing demand for pediatric emergency nursing excellence, CPENs will play an increasingly major role in advancing, leading, and transforming pediatric emergency care for many years to come.

References


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