

- A. Presentation from Medical Director Dr. Amber Rice Regarding the Pedi-PART Study that the District will be Participating In



**Northwest Fire District  
Governing Board**  
13535 North Marana Main Street  
Marana, Arizona

**SCHEDULED**

**MEMORANDUM NO. 24-0713**

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<b>Date:</b>	February 27, 2024
<b>To:</b>	Governing Board
<b>From:</b>	Amber Rice, Medical Director
<b>Division:</b>	EMS/Dispatch
<b>Type of Action:</b>	Information Only
<b>Strategic Plan Goals:</b>	Maximize collaboration with outside partners and stakeholders
<b>Agenda Item:</b>	Presentation from Medical Director Dr. Amber Rice Regarding the Pedi-PART Study that the District will be Participating In

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**RECOMMENDATION:**

Information only.

**MOTION:**

Information only.

**DISCUSSION:**

When a child suffers a life-threatening illness or accident, Emergency Medical Services (EMS) is often the first on the scene and the first to apply lifesaving medical strategies to restore or maintain breathing before the child can get to the hospital.

The Pedi-PART study is designed to determine the best strategy to restore or maintain breathing in children. There are three methods that EMS personnel currently use to maintain/restore breathing in children:

- Bag valve mask ventilation (BVM): Paramedics place a tight-fitting mask on top of the face and squeeze oxygen in through the mouth and nose and into the lungs.
- Endotracheal intubation (ETI): Paramedics place a plastic tube down the throat through the voice box and squeeze oxygen into the windpipe and lungs.
- Supraglottic airway insertion (SGA): Paramedics place a special tube in the mouth and down the throat above the voice box and squeeze oxygen into the windpipe and lungs.

In this study, we will determine which method works best for child survival by comparing the three (3) methods that are used every day by emergency medical providers to manage airways and support breathing. Participating EMS agencies will be assigned to use a different method each day. This will allow researchers to compare the effectiveness of each method. If the assigned method is unsuccessful then EMS may rescue with any other airway method.

EMS agencies from 10 different cities across the US will participate in the trial. These EMS

agencies are collaborating with the Pediatric Emergency Care Applied Research Network ([PECARN Link](#)).

This National Institute of Health (NIH)-funded and sponsored, randomized trial involves Northwest Fire District, Golder Ranch Fire District, and Tucson Fire Department as well as EMS agencies from nine (9) other cities across the United states. Dr. Rice and Dr. Gaither will oversee the study locally.

**ALTERNATIVES:**  
Information only.

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Fiscal Impact	
FISCAL YEAR:	23/24
BUDGETED Y/N:	N/A
AMOUNT REQUESTED:	N/A
FISCAL IMPACT:	N/A

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Attachments	
Pedi-PART Presentation	
Pedi-PART Information Flyer	



# The Pediatric Prehospital Airway Resuscitation Trial

Pedi-PART





- ✓ Purpose
- ✓ Procedures
- ✓ Risks and Benefits
- ✓ Consent Process
- ✓ How to provide Feedback






# Research improves healthcare

Research for emergency conditions is hard to do because there may not be enough time to talk to participants and their families about participating before treatment is needed.



A photograph of two paramedics in dark uniforms with 'PARAMEDIC' patches attending to a young boy lying on a stretcher in the back of an ambulance. The boy is wearing a green shirt and has an oxygen mask over his nose and mouth. One paramedic is adjusting the stretcher while the other looks on. The scene is brightly lit, suggesting daylight.

## Exception Form Informed Consent (EFIC) in Emergency Research

The FDA outlines rules for research that allow for emergency treatments to be studied called Exception from Informed Consent.



# Emergency Care for Children

Every 23 minutes in the US, Emergency Medical Services (EMS) providers give life-saving care to a critically ill child who has stopped breathing

The three methods used by EMS providers to assist breathing include: bag-valve-mask, intubation, and supraglottic airways

EMS personnel use all three methods on critically ill children every day

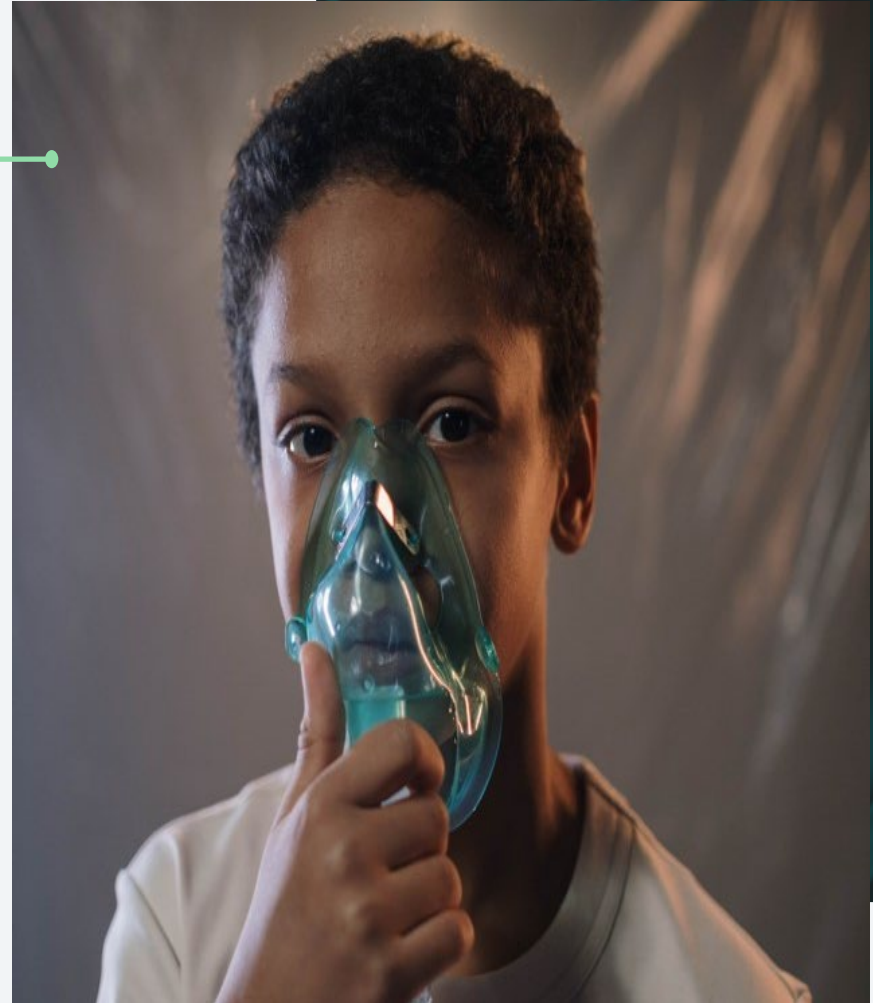


# Purpose

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The Pedi-PART study will determine which of the three airway management methods is best

Children under age 18 requiring life-saving care by EMS personnel may be included in the study.



# Participating Sites

10

EMS agencies from 10 different cities across the country will participate in the Pedi-PART trial.



# Study Procedures

This study will compare 3 methods that are used every day by emergency medical providers

Providers will be assigned to use a different device each day



# Benefits



Participants who receive study treatment may benefit from:

- Faster Treatment
- Fewer Side Effects
- Better Outcomes



## Risks

**Most of the risks in the Pedi-PART study are the same as the risks of standard care.**

**AMBULANCE**



# Providers need to focus on helping the child breathe



The study is designed to allow emergency medical providers to deliver life-saving care as quickly as possible



Participants will most likely be enrolled before there is time to give study information to parents



**Study information** is provided to participants as soon as possible before, during, or after treatment

A paramedic in an orange and black uniform with a stethoscope around his neck is attending to a patient in an ambulance. He is wearing blue gloves and looking at a tablet. The ambulance interior is visible with various medical equipment and an IV drip hanging from a stand.

**Do I have to  
Participate?**

**NO**





## Share Your Feedback With Us

We want to know how you feel about the  
Pedi-PART study taking place in your  
community

Please visit our site to learn more and  
find ways to share your feedback





# Contact Us

If you have questions or concerns, please contact:

- Amber Rice, MD
- University of Arizona
- [pedipart@arizona.edu](mailto:pedipart@arizona.edu)

# PEDI-PART STUDY FOR



**PEDI-PART**  
Pediatric Prehospital Airway Resuscitation Trial

## PEDIATRIC EMERGENCIES

When a child suffers a life threatening illness or accident, Emergency Medical Services (EMS) is often the first on the scene and the first to perform life-saving medical methods to restore or maintain breathing before the child can get to the hospital.

**The Pedi-PART study will determine which of the three airway management methods is best when caring for children who are critically ill and need emergency care because they have stopped breathing.**

This study will compare 3 methods that are used every day by emergency medical providers to manage airways and support breathing. The three methods to be compared will be Bag-valve mask, endotracheal intubation, and a Supraglottic airway, which may also be called an SGA or could be called by a brand-name, such as i-gel.

In this study, providers will be assigned to use a different device each day. For example, if it is an odd day, the airway method assigned may be the SGA or i-gel and providers would use that method instead of bag-valve-mask alone or intubation.

### Risks and Benefits

Most of the risks in the Pedi-PART study are the same as the risks of standard care. If the assigned airway method doesn't work well, providers will try another method, just like they would if there was no study. Potential benefits of the study intervention include faster airway management, which may result in fewer side effects and better results or outcomes after receiving emergency care.

Since we don't know which of the 3 methods is best, we don't know which group will experience risks or benefit, if any.

*Because treating a child who stops breathing must be done immediately, there may not be time to ask parents for permission to enroll their child. Parents will be notified after their child is enrolled and will decide if they want to continue to participate.*

*Learn more about the Pedi-PART study and provide your feedback by visiting our website*

