



Florida Emergency Medical Services for Children Advisory Committee Meeting Minutes

*Partnering with EDs, EMS agencies, disaster preparedness organizations, and families in the care of ill and injured children to enhance pediatric readiness across the continuum of care*

Orange County Convention Center in Orlando, Florida, Room S331-A/B and Virtual via TEAMS  
 Thursday, January 8, 2026, 1:30-3:20 pm EST

Attendees

Program Staff	Appointed Members	Liaisons	DOH BEMO
1. Amii Kennedy	5. Barbara Tripp	9. Billie Jo Burr	20. David Summers
2. Katelyn Dabhi	6. Marshall Frank	10. Elizabeth Zorovich	21. Jane Bedford
3. Megan Curtis Gonzalez	7. Nichole Shimko	11. Ernest Weishaupt	22. Jennifer McManus
4. Phyllis Hendry	8. Tricia Swan	12. Jeremiah Rabish	23. Kimberly Moore
		13. John Wilgis	24. Lindsey McDole
		14. Julie Downey	25. Robert Mills
		15. Lauren Young Work	26. Sam Thurmond
		16. Lisa Nichols	27. Shireka Davis
		17. Penelope Blake	28. Thomas DiBernardo
		18. Rebecca Brownfield	29. Ty Carhart
		19. Tracey Vause	30. Yvette Evans
Other			
31. Aaron Imeson	56. Diana Prieto	82. Mark Foss	
32. Alan Randy Chancey	57. Elizabeth McGarry	83. Mark Wolcott	
33. Alex Lamb	58. Emily Cannister	84. Megan Merrick	
34. Alexa Zollinger	59. Emily Myers	85. Megan Poff	
35. Alison Stevens	60. Ernie Spreitzer	86. Melissa McNally	
36. Amy Berger	61. Glenn East	87. Michael Rushing	
37. Aneel Mehra	62. Heidi McKaige	88. Mike Stoner	
38. Anne Blevins	63. Jael Lopez	89. Mitch Madevic	
39. Benjamin Roltde	64. James Hammond	90. Noreen Schramm	
40. Bradley Hughes	65. John Haney	91. Pang Xiong	
41. Brenda Clotfelter	66. Johnny Padget	92. Robert Kirk	
42. Brian Massey	67. Julie Bacon	93. Robert Wilson	
43. Bryan Lopez	68. Julie Zasada	94. Rob Wilson	
44. Candace Pineda	69. Justin Fleischer	95. Sara Kirby	
45. Carla Raby	70. Kari Hoge	96. Sara Webb	
46. Casey Allen	71. Kelly Keys	97. Scott Gunn	
47. Chantel Berggren	72. Kevin Captain	98. Scott Kalseth	
48. Charles Ingram	73. Kim Landry	99. Shane Sealy	

49. Chris Kammel	74. Lauren Sanguineti	100. Stephanie Childress
50. Christopher Carney	75. Lew Steinburg	101. Stewart Brown
51. Colin Johnson	76. LuWayne Ransom	102. Taylor Brunno
52. Cora Walden	77. Linda Zachar	103. Travis Witt
53. David Lykens	78. Madison Eberhardt	104. Vanessa Lluay
54. David Motes	79. Margaret Crawford	105. Xavier Miranda
55. Dawn Sollee	80. Maria Ella De Juan	106. Yulissa Rivera
	81. Marie Rossique	+ Others not identified

**Meeting Summary (see presentation slides and agenda [here](#)):**

**Welcome**

- Asked attendees to complete the sign-in sheet to record attendance. Attendees joining a Florida EMSC Advisory Committee meeting for the first time were asked to provide their name, affiliation, and email address. Provided Florida EMSC resources for in-person attendees.
- Shared the [agenda](#) for the meeting
- Highlighted the mission of Florida EMSC: *Partnering with Florida EDs, EMS agencies, disaster preparedness organizations, and families in the care of ill and injured children to enhance pediatric readiness across the continuum of care*

**Florida Emergency Medical Services for Children Advisory Committee**

- Reviewed Florida EMSC Appointed Members, Liaisons, and Program Staff. Elizabeth Zorovich, MD, is the new Freestanding/Community EDs Liaison.

**Bureau of Emergency Medical Oversight (BEMO) Updates**

- Shared the [Florida Health Care Coalitions and Contacts Map](#) (updated 9/4/2025)
- Highlighted the state [EMS Advisory Council \(EMSAC\) website](#). The website hosts information about the state EMSAC meetings, the council, committees, and EMS awards. Attendees are encouraged to visit the website to stay up to date with state EMSAC meeting information.

**Federal EMSC Program Funding**

- The House and Senate agreed to fund the EMSC program for the 2026 grant year. A federal shutdown occurred from October 1 to November 12, 2025. EMSC State Partnership Programs were asked to submit a progress report due by January 7, 2026.

**Old Business**

- The Florida Committee on Trauma (FCOT) updated its statement on [Prehospital TXA Use in Pediatric Patients](#): “Without advanced coagulation studies such as TEG, the use of TXA in Pediatric Trauma, particularly in the pre-hospital setting, does not currently have evidence-based indications. Numerous questions remain as to the appropriate pediatric dose, timing, and specific indications for the use of TXA in the pediatric trauma population. The one recommendation that the FCOT Pediatric Subcommittee can make is that the administration of TXA in pediatric trauma patients in the field for hemorrhagic shock (especially penetrating mechanism) may be of benefit at a dose of 15 mg/kg up to 1 gram over 10 minutes within 3 hours of injury. Further recommendations will be forthcoming, pending the results of the larger, multi-center PECARN TIC-TOC Trial. There is no evidence to support use of TXA in patients with traumatic brain injury (TBI) or in hemodynamically stable patients.”
- Reviewed the 2025 State EMS Survey EMSC-related results. The Florida EMSC Advisory Committee is requesting edits to some of the questions for the next annual EMS survey. It was recommended that a few questions be added to the Emergency/Disaster Preparedness section of the survey. Florida EMSC will email the questions to Claire G. (action item). In the future, different individuals representing the EMS agency will be able to complete the survey, rather than just one individual.
- Provided an update on the ED Pediatric Readiness Legislation ([HB 355](#) and [SB 68](#) Health Care Patient Protection) filed. As of December 11, 2025, HB 355: legislation is now ready for full consideration by

the Florida House after unanimous support from the House Health & Human Services Committee. As of November 18, 2025, SB 68 is in the Appropriations Committee on Health and Human Services. Shared the article titled, [Is a pediatric care crisis brewing?](#) by Becker's Hospital Review. Encouraged attendees to support the bill.

### **Prehospital Pediatric Readiness**

- Provided an update on the [Florida Prehospital Pediatric Readiness Recognition Program](#) (PRRP) (see the updated [informational handout](#)). The Florida Prehospital PRRP recognized EMS and fire-rescue agencies who demonstrate a strong commitment to enhancing pediatric emergency care, education, and disaster preparedness. Participation in the Florida Prehospital PRRP is voluntary. The program is composed of two tiers: Florida PEDReady Silver and Florida PEDReady Gold. Each tier has defined criteria that must be met to achieve recognition. Shared the program [webpage](#), [list of best practices](#), and [criteria](#). Discussed the pathway to recognition, including the application and verification processes. After completing program revisions, the application portal reopened on November 1, 2025. Five applications are accepted per quarter. Once the EMS agency confirms their application spot, they will receive a custom link to complete the application. Shared tips for a successful application and the updated [application guide](#). Shared that Ms. Dabhi will be going out on maternity leave in the Spring. Discussed challenges with the vehicle decals. Moving forward, it was agreed that the vehicle decals will no longer display the cycle of recognition. Two verification visits are scheduled for January 2026. A post-verification evaluation will be implemented. The Institutional Review Board (IRB) application is in progress. The idea of creating a JumpSTART/START algorithm was discussed. It was decided to share the [JumpSTART/START badge buddy](#) with healthcare coalitions to increase awareness (**action item**). Dr. Phyllis Hendry and Katelyn Dabhi, MS, CHES®, wrote an article for [EMPulse 2025](#) titled, *Enhancing Prehospital Pediatric Readiness: Florida's Prehospital PRRP Gains Rapid Adoption Across the State and National Attention*. EMPulse is an official publication of the Florida College of Emergency Physicians.
- Discussed the National Prehospital Pediatric Readiness Project (PPRP) for EMS agencies. The PPRP is led by the National EMSC Program, in collaboration with more than 30 national organizations and stakeholders. The [PPRP Assessment](#) will be available to take in the future for agencies wishing to evaluate their readiness and for quality improvement purposes. The 2024 PPRP Assessment Florida Frequency Report and [Florida 2024 PPRP State Summary Report](#) are available. State aggregate data was reviewed. The *National PPRP: First Comprehensive Assessment of United States Emergency Medical Services Agencies* was submitted to Annals of Emergency Medicine. A separate manuscript focusing on the PPRP Toolkit is also in development/submission. The next assessment period is expected to be in 2029. Shared the PPRP [Checklist](#) and [Toolkit](#).
- Shared that EMS Pediatric Emergency Care Coordinators/Champions (PECCs) learning modules are being developed by the EMSC Innovation and Improvement Center (EIIC). EIIC requested input from prehospital PECCs. Thanked the Florida prehospital PECCs who volunteered to participate. Shared the [Prehospital PECC Flyer](#). Challenge coins and/or lapel pins are available for PECCs (see [flyer](#)).

### **Emergency Department Pediatric Readiness**

- Discussed the National Pediatric Readiness Project (NPRP) for EDs. The NPRP [Assessment](#) is intended to evaluate the overall pediatric readiness in EDs. The assessment period occurs every 5 years. The upcoming assessment period will be from March 3 to May 31, 2026. Florida EMSC will send an invitation to complete the assessment via email. An updated national policy statement for ED pediatric readiness is expected to be released on January 20, 2026. An informational webinar is scheduled for February 12, 2026, from 1:00 to 2:00 p.m. CT (register [here](#)). Discussed that Florida EMSC is required to update contact information for all hospital EDs in Florida in preparation for the NPRP Assessment. The contact information includes the individual(s) authorized by ED leadership to complete the NPRP Assessment and the hospital or free-standing ED's nurse and physician PECCs. Encouraged attendees to email [pedready@jax.ufl.edu](mailto:pedready@jax.ufl.edu) with the requested contact information. Shared an NPRP Assessment [Overview and FAQ Handout](#). Shared the NPRP [Checklist](#) and [Toolkit](#).

- Shared that 95% voted in favor of the Emergency Nurses Association (ENA) Resolution GA25-02A: Designation of a Nurse PECC in Every ED. A part of this resolution is dedicating time for PECCs to work on pediatric readiness in the ED. Shared the [ED PECC Flyer](#). Lapel pins are available for PECCs (see [flyer](#)). Shared the [ED PECC Learning Modules Series](#). Florida EMSC continues to identify EMS liaisons and other contacts to add to the Florida Children’s Hospitals and Contacts Florida EMSC Database. The goal is to form a work group with a focus on outreach and education.
- Shared an update on the Florida PEDReady<sup>ED</sup> Lifeline grant. The program objectives are to 1) Develop and implement a model voluntary pediatric readiness recognition program for rural EDs using a Communities of Practice stakeholder model; 2) Develop a brief screening tool for early identification of children needing rapid transfer from local EDs to facilities with specialized pediatric care; and 3) Develop a free access state dashboard of Florida EDs and hospitals with burn, trauma, neonatal, maternal, and pediatric capabilities along with other key variables and information in a geospatial platform. For Objective 1, the draft program name was determined to be *Florida PEDReady Lifeline*, and a draft program logo was created. Sample criteria for the program were developed based on national standards for future vetting, revision, and piloting. For Objective 3, the state dashboard is in progress. A demonstration of the state dashboard was provided. A user guide and video overview are in progress. The dashboard will be shared and reviewed with EDs, stakeholders, etc. A program webpage is under development. Questions were raised about whether the dashboard will expand in the future to include more specialties and about whether the NICUs will include levels. The current dashboard does include NICU levels but not specialties currently. Stay tuned for future expansion plans for the dashboard.

### **Disaster**

- Shared several new disaster-related resources, including [60 Seconds to Survival](#) (adult and pediatric MCI simulation; PPN), [Pediatric Disaster Medicine Curriculum](#) (PPN), [Pediatric Disaster Trainee Disaster Elective Curriculum](#) (PPN), and a [Disaster Medicine Handbook](#) (PPN). Shared upcoming course offerings for [MGT439: Pediatric Disaster Response and Emergency Preparedness](#). Shared additional disaster-related resources, including the [Ready. Prep. Go! Podcast](#) (PPN), [National Pediatric Disaster Coalition](#), [Ready 2 Help](#) (Ready Kids), and [Disasters in Seconds](#) (Pedi-Ed-Trics™).
- Shared that Dr. Lou Romig recently retired

### **National EMSC Program Information (EDC, EIIC, State Partnership Programs, PECARN, PPN, and Targeted Issues Grants)**

- Shared the [PPN Visual Communication cards](#). The cards are used to help bridge communication gaps, especially with children who are non-verbal or speak a different language. They are designed to engage and comfort patients through colorful, child-friendly visuals; enable fast and effective communication across language barriers; and support interaction with children who have limited or no verbal skills. The cards can serve as a distraction tool. They were created by the PPN and adapted from Florida, Minnesota, and Kansas EMSC. The cards are currently being piloted. [Request a set\(s\)](#) or [download the PDF version](#). Florida EMSC requested a large order to distribute within Florida and is waiting for the order to arrive.
- Shared [PPN Learn](#). PPN Learn offers high-quality education developed by leading pediatric experts from the PPN and partner organizations. Discussed other National EMSC resources available, including the [EMSC Pulse Newsletter](#) and [Pediatric Education and Advocacy \(PEAK\) Kits](#). There are other resources, including toolkits, learning modules, and webinars.

### **New Literature and Other Resources**

- Shared new guidelines: 2025 American Heart Association (AHA) and AAP Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) [Part 5: Neonatal Resuscitation: 2025 American Heart Association and American Academy of Pediatrics Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care](#), [Part 6: Pediatric Basic Life Support: 2025 American Heart Association and American Academy of Pediatrics Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care](#), [Part 8: Pediatric Advanced Life](#)

[Support: 2025 American Heart Association and American Academy of Pediatrics Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care](#), [Highlights of the 2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care](#). The [Pediatric Advanced Life Support Algorithms](#) (2025) and [Course](#) and [Neonatal Resuscitation Program 9th Edition](#) were shared.

- In addition, other literature was shared, including [Patient and Emergency Medical Services Agency Factors Associated with Quality Care for Children](#) (November 2025), [Morbidity and Mortality from Ingested Button Batteries Higher than Generally Known](#) (October 2025), and [The Impact of Emergency Care Planning for Children with Medical Complexity: Nora's Story](#) (October 2025).

### **Florida EMSC State Partnership Program Information**

- Reviewed the National EMSC performance measures
- The HRSA Florida EMSC Site Visit was postponed till late 2026
- Shared the [One-page overview](#), [Resources flyer](#) ([Modified JumpSTART and START badge buddies](#), [pediatric emergency ABCs and more](#)), communication cards ([Spanish/English](#), [Haitian Creole/English](#)) and [pediatric pain and fever dosing guide](#)), and Ready Wrigley hurricane preparedness educational coloring books (available in [English](#) and [Spanish](#)). Florida EMSC fidget spinners and notepads are available upon request.
- Shared the Florida EMSC [website](#) and social media pages: Facebook ([@floridaemsforchildren](#)) and Instagram ([@flemsforchildren](#))
- The [Fall Issue 2025](#) of the PE<sup>2</sup>ARL Quarterly E-newsletter was released. The Winter Issue is coming soon. To submit topics, events, etc., to be featured in the next issue, email [pedready@jax.ufl.edu](mailto:pedready@jax.ufl.edu). [Sign up](#) to receive future issues and other Florida EMSC updates.
- [Past presentations](#) are available on the Florida EMSC website
- Shared the Pain Assessment and Management Initiative® (PAMI®) Program. The overall goal of the program is the advancement of multimodal, integrative safe pain management to improve outcomes and reduce opioid risks in adult and pediatric patients. Shared the [PAMI® Pain Management and Dosing Guide™](#).

### **Upcoming Events**

- Shared the following upcoming events: [National Association of EMS Physicians 2026 Annual Meeting](#) 1/26-1/31/2025 at the JW Marriott Tampa Water Street in Tampa, Florida; [AdventHealth Orlando 7<sup>th</sup> Annual Identifying Victims of Human Trafficking Symposium](#) 2/4/2026 8-4:30 pm at Werner Auditorium in Orlando, Florida or virtual; [EMS World 2026 Live](#) 5/27-5/29/2026 in Austin, Texas and [EMS World 2026 Expo](#) 9/28-10/2/2026 in Orlando, Florida; and [First There First Care and Gathering of the Eagles 2026](#) 6/1-6/5/2026 in Fort Lauderdale, Florida

### **New Business**

- Discussed the current issue involving e-bikes. Discussed the issue with EMS documentation. The FDOH Data Committee is working to provide better guidance on documenting e-bike injuries. This will be the focus of the next committee meeting. Julie Downey, EMT-P provided an update on the Florida Pedestrian and Bicycle Safety Coalition's work on e-bikes. Shared that the coalition worked with Amazon, so that when someone is looking at an e-bike product, a recommended list appears, including the proper helmet, light, and lock. Looking at legislation. Lisa Nichols, MBA, BSN, RN, CCRN-K, emphasized the importance of capturing the speed involved in e-bike injuries. David Lykens mentioned that ESO in the trauma section has the capability to document "electric bike accident" and "electric scooter accident." There is pending e-bike related legislation in the current session.
- The FAEMSMD Committee is working on whether there should be criteria for EMS agencies to take patients to free-standing EDs or exclusions
- Work is being done on a multi-state Pediatric Stroke Readiness and Data Coalition led by Vanderbilt Pediatric Neurologist, Dr. Lori Jordan, with participation by the Florida Stroke Coalition and others. When new Primary Stroke Center Guidelines are released, it is anticipated they will include guidance for children with acute stroke symptoms. Similarly, Comprehensive Stroke Centers will also be

expected to at least educate on and have a plan for children who might be having a stroke. Recent Florida EMS data shows there is an average of 30 pediatric stroke alerts per month. This will be further addressed in future Medical Care and Medical Directors Committee meetings. Encouraged attendees to share ED and EMS protocols for pediatric stroke with Florida EMSC at [pedready@jax.ufl.edu](mailto:pedready@jax.ufl.edu).

- Discussed the 2025 Broselow Tape Version 3 errors. AirLife has identified three medication-related errors in the content printed on the affected product version. This includes **Vecuronium**: In the Calculation Basis “Red to Head” reference section, the dosage is shown as 0.1 mg/mL (concentration) instead of the correct 0.1 mg/kg (weight-based dose); **Flumazenil**: In the Calculation Basis “Red to Head” section, the dosage is shown as 0.1 mg/kg instead of the correct 0.01 mg/kg. The color-coded sections of the tape list the correct Flumazenil dose, but the reference table is incorrect and represents a 10-fold overdose; and **Ketamine** (IV/IO for pain/analgesia): The tape lists IV/IO ketamine for pain/analgesia as 1 mg/kg, whereas the appropriate pediatric analgesic (sub-dissociative) dose is 0.1 mg/kg. This represents a 10-fold overdose and may result in a dissociative sedation dose being administered when only analgesia was intended. **These issues are presented on the AirLife brand, 2025 Edition, 36-23446 Rev 3 Print Version of the Broselow Rainbow Tape.** Prior versions of the Broselow Rainbow Tape are not impacted by the incorrect Flumazenil or Ketamine doses. The “AirLife brand, 2025 Edition, 36-23446 Rev 2 Print Version” is impacted by the incorrect Vecuronium dosage and is already under recall per FSCA-2025-0005 (initiated May 2025). Scott DeBoer shared his perspective on the errors. Scott DeBoer mentioned referring to the recall notice for contact information to request replacement tapes at no charge. A question was posed to institutions that have the latest recall of the Broselow Tape: “What would be recommended for use in the meantime while the issue is being addressed?” Penny Blake, MSN Ed, RN, CEN, shared that the Joint Commission said it was appropriate to use the 2019 version of the tape until the corrected version of the latest tape is released. Dr. Hendry commented that the PAMI Pain Management and Dosing Guide uses a range of 0.1 to 0.3 mg/kg of ketamine for sub-dissociative analgesia.

### **Liaison and Constituency Group Reports**

- **Rural:** Vause, Bedford, Redd  
**Vause:** Walton County Fire Rescue is building a remote patient monitoring (RPM) program in the community paramedic program in Walton County. The program is currently primarily focused on managing adult chronic diseases and preventing readmissions. The plan is to expand to pediatrics as a pilot program in 2026, which can potentially be utilized by other rural agencies in jurisdictions with limited pediatric services. Walton County has a pediatrician desert. A discussion was held about incorporating pediatrics into community paramedicine/mobile integrated health (MIH). A recommendation was made to work with school clinics. Click [here](#) to see MIH programs by county.  
**Bedford:** In 2025, the Office of MIH expanded statewide data collection and support for EMS agencies. The Office of MIH contracted with eight EMS agencies to provide MIH data, forming the basis for a standardized minimum dataset that has already generated nearly 500 patient enrollments for analysis. This dataset informed the creation of the Florida MIH Data Dictionary for EMSTARS, ensuring consistent reporting. They launched a publicly available [map](#) of all MIH programs on FLHealthCharts, which is updated regularly as new programs emerge. To streamline reporting, we are working with agency data platforms to enable efficient submission into Biospatial in a way that avoids adding new burdens to agencies while meeting data dictionary standards. These efforts have been especially impactful in rural counties, where data-driven planning helps extend care and improve access for underserved populations.
- **Disaster Preparedness:** Downey  
The Disaster Response Committee held a mid-quarter call to discuss the survey questions for the strategic plan. Encouraged participants to use the [JumpSTART/START badge buddies](#) versus the old algorithms. See the [Mass Casualty Incident \(MCI\)/Active Shooter/Hostile Event Response Procedure](#) (updated July 2025). Encouraged participants to include pediatrics in MCI and active shooter plans.

The National Fire Protections Agency Association's 3000 Standard Active Shooter/Hostile Event was updated. The Ambulance Deployment Plan for non-governmental agencies was updated. Getting ready to update the patient movement plan and will ensure it includes pediatrics. A drill for [15 'til 50](#) patients is being held in Tallahassee. Will look at a train the trainer model. Encouraged EMS agencies to work with their healthcare coalitions (see the state [healthcare coalition map and contacts](#)). Will share JumpSTART/START badge buddies with the healthcare coalitions (**action item**). Encouraged participants to continue Stop the Bleed/Hemorrhage Control Class.

- **Florida Pedestrian and Bicycle Safety Coalition:** Downey

The Florida Pedestrian and Bicycle Coalition held its meeting in Tampa on October 21-22, 2025. The main discussion was centered around e-bikes and the dramatic increase in injuries. Discussed ways to educate parents about the hazards and the use of proper helmets. Came up with several ideas, including partnering with Amazon. When someone is looking at an e-bike product, a recommended list appears, including the proper helmet, light, and lock. Shared the parent guides that were developed: Is an E-bike or E-scooter on your child's wish list this holiday season? ([Instagram](#), [X](#), [Facebook](#)) and [E-Bike Holiday Post Text](#).

- **Florida Emergency Nurses Association (FENA):** Blake

**Florida Pediatric Readiness Program:** The grant money approved by ImPACTS (\$76,000) for use for Hospital ED Pediatric Readiness. Two Flatte Family kits have been requisitioned and received for use in simulation teaching during PECC Train the Trainer sessions. No further follow-up has been received from Lakeside Medical Center in Belle Glade but will continue to follow up to offer resources and education. rBaby/ImPACTS contacted me regarding input on a hospital ED in the Palm Beach County area that would be a possible recipient of a grant of \$5000 for simulation training, including the use of SimBox. Based on the requested criteria (PBC ED, PECC in place, and an adult ED that also receives children), Delray Medical Center was recommended and approved. Plans are ongoing now between DMC and rBaby for training programs and education. The First Train the Trainer class was held on October 16th in conjunction with the state FENA meeting in Tamarac. Seven people attended the training to become regional PECCs – 1 from Tampa, 1 from Naples, 2 from AdventHealth Orlando (representing all hospitals in that system in that area), 1 from Orlando, and 1 from the Crystal River area. All felt the training was valuable and have started their own programs in their regions. The next Train the Trainer event for regional PECCs will be held on February 10 at Sarasota Memorial Hospital. Four of the 8 designated registration spots have been claimed so far. More events will be added as we are able. Our first webinar will be held on January 15<sup>th</sup> from 5:00-6:00 p.m. to discuss using SimBox as a resource for training. Maricar Cabral from Joe DiMaggio Children's Hospital agreed to give the presentation. It will be open to any PECCs who wish to receive the education. A flyer will be going out this week. February's webinar will cover either Peritoneal Jet Stream Injuries in Pediatrics or an update on the new NRP changes in the 9<sup>th</sup> edition. Group members have been asked to disseminate information about the importance of documenting e-bike injuries in medical records for data capture purposes. Group members have offered to assist Nikki Shimko with their skill stations at the Pediatric Readiness Day at FGCU.

**FENA:** The next quarterly meeting of the Florida ENA will be in Orlando on February 27, 2026

**Outreach:** FENA members of the Pediatric Readiness committee are providing facilities with resources and links to assist in their pediatric readiness. They include information about the Florida Prehospital PRRP at sites in their areas. Business cards have been printed and given to those who requested them. A letter has been drafted for members to use when contacting EDs regarding resources available for improving pediatric readiness. Liaisons are choosing one ED from each of their regions to contact as an initial outreach, with rural and standalone EDs given priority. They will be offering review surveys or assisting with completing them, providing lists of needed equipment, and offering free education and simulation scenarios for those departments that are interested. A resource site was created with information that is on the EMSC site and the NPRP site and can be accessed [here](#). We have also uploaded a number of pediatric simulation scenarios for use for drills in EDs that can be

accessed [here](#). We have a few infant manikins that we can provide to our members who will be helping with simulated drills in their chosen EDs. Additionally, one of our members used the FL EMSC slides as a resource to create a PowerPoint presentation to be used at local ENA chapter meetings and when meeting with hospital EDs, which can be accessed [here](#). The committee is developing a format to offer monthly online meetings for Florida hospital PECCs to join, where they can collaborate with others, have their questions answered, and be provided resources to assist in their roles. The target time is to start this summer with offerings. We continue to request updated contact information for hospitals to be added to the spreadsheet.

**Social Media:** The “FENA ED Pediatric Readiness Resource” Facebook group keeps adding viewers and subscribers. We also use the Florida ENA Facebook page to post information. We have an Instagram account as well, in collaboration with FL EMSC. We have also created a WhatsApp group for rapid communication for members.

**Florida ENA Scholarships:** Florida ENA has scholarships for first responders seeking nursing degrees. This scholarship is for any first responder admitted to a School of Nursing and/or currently enrolled in a School of Nursing to pursue a higher level of education in the Emergency Setting. Eligible First Responders include certified EMTs, paramedics, firefighters, and law enforcement officers who have a Student Membership of ENA and/or Affiliate ENA membership and are in at least the second semester of core nursing courses/classes from the application date. There are two (2) awards each year. Each applicant is awarded \$500. The deadline for submission is September 30 of the current year. Located a copy of the application [here](#) under resources. There are no applicants yet.

**Advocacy:** We mobilized both our FENA Government Affairs team and the Pediatric Readiness Group members in contacting their state Florida House and Senate legislators to request they support the two bills currently going through committees (SB 68, HB 355).

- **Florida Trauma Program Manager:** Nichols  
Trauma Managers Group didn’t meet before the last FCOT meeting. Many centers are incorporating new trauma registries, which is taking a lot of time. The Trauma PI sub-group and Trauma Registry sub-group are active and working together on different projects across the state.
- **Mental Health:** Work  
I am continuing my mental health section in the Florida EMSC newsletter in 2026. If there are any topic requests, please contact [LDYoung@pbc.gov](mailto:LDYoung@pbc.gov). I am currently working on getting EMS and MIH looped into the Florida Pediatric Mental Health Collaborative, which is part of the Florida Chapter of the AAP. They have task forces and collaboratives by region that relate to pediatric mental health projects, and they also have a helpline for physicians to get consultations with pediatric psychiatrists. I will have more updates on this soon. I have attached updated brochures. Programs are welcome to copy from for pediatric grief. I also attached a substance use prevention tool we created, which we are also open to sharing. If you need any resources or consultation related to a pediatric mental health initiative in your area, please contact [LDYoung@pbc.gov](mailto:LDYoung@pbc.gov). I am happy to help.
- **Family Advisory Network (FAN):** Brownfield, Burr, McNeil – no update  
Dr. Hendry will ask Billie Jo to look at National FAN resources that may be relevant to share with the EMSC Advisory Committee (**action item**)
- **Data Committee and Biospatial** – no update
- **Community Paramedicine/Mobile Integrated Health/Health-Access-Resiliency and Telehealth:** Bedford – see update under rural report
- **EMS Educators** – no update
- **Pediatric Emergency Care Coordinators/Champions:** Weishaupt, Rabish – no update
- **Pediatric and Neonatal Transport Network Association:** Shimko  
Will have a Certified Neonatal Pediatric Transport Course at Jackson Holtz in Miami, Florida. There will be another course offering in March/April 2026 in the Tampa, Florida area. Had a great discussion about how teams are keeping their competencies on neonates and pediatrics. Surveyed 23 teams across the nation. Will plan to share what is learned in the future.

- **Injury Prevention** – no update
- **Children’s Medical Services, Child Death, Child Abuse:** Senn – no update
- **Florida Committee on Trauma:** Draus – no update
- **Florida Hospital Association:** Wilgis, Pelligrino – no update
- **Free Standing Emergency Department:** Zorovich – no update
- **Other**

### Questions and Open Discussion

- Congratulated Lisa DeBoer, NREMT-P/PI, on receiving the 2025 National Association of Emergency Medical Technicians (NAEMT) – American Academy of Pediatrics (AAP) Pediatric EMS Award
- The next Florida EMSC Advisory Committee meeting will be held virtually in March/April 2026. Stay tuned for more information. View past and future [Florida EMSC Advisory Committee information](#).

### Contact Information

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  - Facebook: [@floridaemsforchildren](https://www.facebook.com/floridaemsforchildren)
  - Instagram: [@flemsforchildren](https://www.instagram.com/flemsforchildren)





**URGENT: MEDICAL DEVICE RECALL NOTICE**  
**BROSELOW RAINBOW TAPE**  
**(7700REA, 7700RE, 7730ALS, 7730IALS, AE4700, AE4800)**  
**IMMEDIATE ACTION REQUIRED**  
**1<sup>st</sup> NOTIFICATION**

Date: December 15, 2025

Dear Distributor/Customer,

**Purpose of the letter:**

The purpose of this voluntary Medical Device Recall Notice is to inform you of multiple content discrepancies on the AirLife Broselow Rainbow Tape (2025 Edition, 36-23446 Rev 3) and to provide instructions for examining inventory to identify affected product, cease use, and discard such product.

Impacted products are distributed as part of 7700REA, 7700RE, 7730ALS, 7730IALS, AE4700, and AE4800 by AirLife and Armstrong. We have identified you as a customer who has received the affected products.

**Description of the problem:**

AirLife has identified three medication-related errors in the content printed on the affected product version (Image B shows these errors on the product):

**1. Vecuronium**

- In the Calculation Basis “Red to Head” reference section, the dosage is shown as 0.1 mg/mL (concentration) instead of the correct 0.1 mg/kg (weight-based dose).

**2. Flumazenil**

- In the Calculation Basis “Red to Head” section, the dosage is shown as 0.1 mg/kg instead of the correct 0.01 mg/kg.



- The color-coded sections of the tape list the correct Flumazenil dose, but the reference table is incorrect and represents a 10-fold overdose.

### 3. Ketamine (IV/IO for pain/analgesia)

- The tape lists IV/IO ketamine for pain/analgesia as 1 mg/kg, whereas the appropriate pediatric analgesic (sub-dissociative) dose is 0.1 mg/kg.
- This represents a 10-fold overdose and may result in a dissociative sedation dose being administered when only analgesia was intended.

These issues are present on the **AirLife brand, 2025 Edition, 36-23446 Rev 3 Print Version** of the Broselow Rainbow Tape (see Image C for identification of the specific version).

Prior versions of the Broselow Rainbow Tape are not impacted by the incorrect Flumazenil or Ketamine doses. The “AirLife brand, 2025 Edition, 36-23446 Rev 2 Print Version” is impacted by the incorrect Vecuronium dosage and is already under recall per FSCA-2025-0005 (initiated May 2025).

AirLife has received complaints related to these issues; however, **no patient injuries or adverse events have been reported to date.**



*Image A. Photo of the Broselow Rainbow Tape.*

## RED TO HEAD

## ORANGE

Normal Heart Rate: 58-118  
Normal Respiratory Rate: 18-25  
Normal Systolic BP: 97-115  
Minimum Systolic BP: 86

### 7-9 years

SEIZURE		AIRWAY MANAGEMENT	
Fosphenytoin IV/IO (100 mg PE/2 mL)	530 mg (10.6 mL)	PRE-RS/RSA SEDATIVES AND/OR ANALGESICS	
Levetiracetam IV/IO (100 mg/mL)	1,325 mg (13.25 mL)	Etomidate IV/IO (2 mg/mL)	8 mg (4 mL)
LORazepam IV/IO (2 mg/mL)	2.65 mg (1.33 mL)	Fentanyl IV/IO (50 mcg/mL)	26.5 mcg (0.53 mL)
LORazepam IV/IO (4 mg/mL)	2.65 mg (0.66 mL)	Ketamine IV/IO (50 mg/mL)	26.5 mg (0.53 mL)
Midazolam IV/IO (5 mg/mL)	2.65 mg (0.53 mL)	Ketamine IV/IO (100 mg/mL)	26.5 mg (0.27 mL)
		Midazolam IV/IO (5 mg/mL)	2.65 mg (0.53 mL)
HYPOGLYCEMIA			
D10W IV/IO (0.1 g/mL)	13.25 g (132.5 mL)	PRE-RS/RSA NEUROMUSCULAR BLOCKERS	
D25W IV/IO (0.25 g/mL)	13.25 g (53 mL)	Rocuronium IV/IO (10 mg/mL)	26.5 mg (2.65 mL)
D50W IV/IO (0.5 g/mL)	13.25 g (26.5 mL)	Succinylcholine IV/IO (20 mg/mL)	53 mg (2.65 mL)
		Vecuronium IV/IO (1 mg/mL)	2.65 mg (2.65 mL)
TOXICOLOGY (800-222-1222)			
Charcoal PO/NG (25 g/120 mL)	26.5 g (126 mL)	POST-RS/RSA SEDATIVES AND/OR ANALGESICS	
Flumazenil IV/IO (0.1 mg/mL)	0.2 mg (2 mL)	Fentanyl IV/IO (50 mcg/mL)	26.5 mcg (0.53 mL)
Naloxone IV/IO (0.4 mg/mL)	2 mg (5 mL)	Ketamine IV/IO (50 mg/mL)	26.5 mg (0.53 mL)
Naloxone IV/IO (1 mg/mL)	2 mg (2 mL)	Ketamine IV/IO (100 mg/mL)	26.5 mg (0.27 mL)
		Midazolam IV/IO (5 mg/mL)	2.65 mg (0.53 mL)
PAIN			
Fentanyl IV/IO (50 mcg/mL)	26.5 mcg (0.53 mL)	POST-RS/RSA NEUROMUSCULAR BLOCKERS	
Ketamine IV/IO (50 mg/mL)	26.5 mg (0.53 mL)	Rocuronium IV/IO (10 mg/mL)	26.5 mg (2.65 mL)
Ketamine IV/IO (100 mg/mL)	26.5 mg (0.27 mL)	Vecuronium IV/IO (1 mg/mL)	2.65 mg (2.65 mL)
Morphine IV/IO (5 mg/mL)	2.65 mg (0.53 mL)		
Morphine IV/IO (10 mg/mL)	2.65 mg (0.27 mL)		
INCREASED INTRACRANIAL PRESSURE			
3% HYPERTonic Saline IV/IO	53 – 132.5 mL		
Mannitol IV/IO (20% 0.2 g/mL)	26.5 g (131.3 mL)		
Mannitol IV/IO (25% 0.25 g/mL)	26.5 g (106 mL)		

24 kg
26 kg
29 kg

### 1-2 years

SEIZURE		AIRWAY MANAGEMENT	
Fosphenytoin IV/IO (100 mg PE/2 mL)	210 mg PE (4.2 mL)	PRE-RS/RSA SEDATIVES AND/OR ANALGESICS	
Levetiracetam IV/IO (100 mg/mL)	525 mg (5.3 mL)	Etomidate IV/IO (2 mg/mL)	3.2 mg (1.6 mL)
LORazepam IV/IO (2 mg/mL)	1.1 mg (0.55 mL)	Fentanyl IV/IO (50 mcg/mL)	10.5 mcg (0.21 mL)
LORazepam IV/IO (4 mg/mL)	1.1 mg (0.28 mL)	Ketamine IV/IO (50 mg/mL)	10.5 mg (0.21 mL)
Midazolam IV/IO (5 mg/mL)	1.1 mg (0.22 mL)	Ketamine IV/IO (100 mg/mL)	10.5 mg (0.11 mL)
		Midazolam IV/IO (5 mg/mL)	1.05 mg (0.21 mL)
HYPOGLYCEMIA			
D10W IV/IO (0.1 g/mL)	5.25 g (52.5 mL)	PRE-RS/RSA NEUROMUSCULAR BLOCKERS	
D25W IV/IO (0.25 g/mL)	5.25 g (21 mL)	Rocuronium IV/IO (10 mg/mL)	10.5 mg (1.05 mL)
D50W IV/IO (0.5 g/mL)	N/A	Succinylcholine IV/IO (20 mg/mL)	21 mg (1.05 mL)
		Vecuronium IV/IO (1 mg/mL)	1.05 mg (1.05 mL)
TOXICOLOGY (800-222-1222)			
Charcoal PO/NG (25 g/120 mL)	10.5 g (50 mL)	POST-RS/RSA SEDATIVES AND/OR ANALGESICS	
Flumazenil IV/IO (0.1 mg/mL)	0.11 mg (1.1 mL)	Fentanyl IV/IO (50 mcg/mL)	10.5 mcg (0.21 mL)
Naloxone IV/IO (0.4 mg/mL)	1.05 mg (2.63 mL)	Ketamine IV/IO (50 mg/mL)	10.5 mg (0.21 mL)
Naloxone IV/IO (1 mg/mL)	1.05 mg (1.05 mL)	Ketamine IV/IO (100 mg/mL)	10.5 mg (0.11 mL)
		Midazolam IV/IO (5 mg/mL)	1.05 mg (0.21 mL)
PAIN			
Fentanyl IV/IO (50 mcg/mL)	10.5 mcg (0.21 mL)	POST-RS/RSA NEUROMUSCULAR BLOCKERS	
Ketamine IV/IO (50 mg/mL)	10.5 mg (0.21 mL)	Rocuronium IV/IO (10 mg/mL)	10.5 mg (1.05 mL)
Ketamine IV/IO (100 mg/mL)	10.5 mg (0.11 mL)	Vecuronium IV/IO (1 mg/mL)	1.05 mg (1.05 mL)
Morphine IV/IO (5 mg/mL)	1.05 mg (0.21 mL)		
Morphine IV/IO (10 mg/mL)	1.05 mg (0.11 mL)		
INCREASED INTRACRANIAL PRESSURE			
3% HYPERTonic Saline IV/IO	21 – 52.5 mL		
Mannitol IV/IO (20% 0.2 g/mL)	10.5 g (52.5 mL)		
Mannitol IV/IO (25% 0.25 g/mL)	10.5 g (42 mL)		

10 kg
11 kg

### CALCULATION BASIS

ALL DRUGS GIVEN BY IV CAN BE GIVEN IO

#### LEGEND

##### Fluids/ Blood Products (IV/IO)

Crystalloid (0.9 NS or LR)	10-20 mL/kg
Blood Products	10 mL/kg

##### Maintenance Fluids (IV/IO)

0.9 NS with appropriate potassium chloride (KCl) and dextrose	American Academy of Pediatrics 2018 Clinical Practice Guideline Maintenance IV/IO Fluids as per the Holliday-Segar Rule
4 mL/kg/hr for the first 10 kg of body weight (3-10 kg)	
2 mL/kg/hr for the second 10 kg of body weight (11-20 kg)	
1 mL/kg/hr for any kg of body weight above 20 kg (>20 kg)	

##### ASTHMA

Albuterol (nebulized) up to 10-20 mg/hour
DexAMETHasone IV/IO 0.6 mg/kg
MethylPREDNISolone IV/IO 1-2 mg/kg
Magnesium Sulfate IV/IO 50 mg/kg

##### AIRWAY MANAGEMENT

AIRWAY MANAGEMENT	SEIZURE
PRE-RS/RSA SEDATIVES AND/OR ANALGESICS	Fosphenytoin IV/IO 20 mg PE/kg
	Levetiracetam IV/IO 50 mg/kg
	LORazepam IV/IO 0.1 mg/kg
	Midazolam IV/IO 0.1 mg/kg
	<b>INCREASED INTRACRANIAL PRESSURE</b>
	3% HYPERTonic Saline IV/IO* 2-5 mL/kg
	Mannitol IV/IO 1 g/kg
	<b>HYPOGLYCEMIA</b>
	Dextrose IV/IO (D10, D25, & D50) 0.5 g/kg
	<b>TOXICOLOGY (800-222-1222)</b>
	Naloxone IV/IO 0.1 mg/kg
	Flumazenil IV/IO 0.1 mg/kg
	Charcoal PO/NG 1 g/kg
	<b>PAIN</b>
	Fentanyl IV/IO 1 mcg/kg
	Ketamine IV/IO 1 mg/kg
	Morphine IV/IO 0.1 mg/kg
POST-RS/RSA NEUROMUSCULAR BLOCKERS	Rocuronium IV/IO 1 mg/kg
	Vecuronium IV/IO 0.1 mg/kg

Note: Consider reducing RSA/RSI sedative and/or analgesic doses in the context of poor perfusion

**Image B.** The impacted Broselow Rainbow Tape lists an incorrect Vecuronium dose of 0.1 mg/mL instead of the correct 0.1 mg/kg dose, an incorrect Flumazenil dose of 0.1 mg/kg instead of the correct 0.01 mg/kg dose, and an incorrect Ketamine dose for pain of 1 mg/kg instead of the correct 0.1 mg/kg in the Calculation Basis section circled above in red. The dose calculations on each color-coded section are correct and circled above in green.



**Image C.** Broselow Rainbow Tape version with incorrect information is identified with the AirLife brand, 2025 Edition, and 36-23446 Rev 3 Print Version

The table below provides the reference number and lot numbers or other identification of the impacted products:

Product Description	REF Number	Lot Numbers	UDI Information
Broselow Pediatric Emergency Rainbow Tape (distribution by AirLife)	7700REA	0004306540 0004316209 0004328895 0004329080 0004330876 0004331254 0004332994 0004338228 0004338229 0004338230 0004339717	Each-10889483588970 Case-30889483588974
Broselow Pediatric Emergency Rainbow Tape (distribution by AirLife)	7700RE	0004325583 0004329077 0004329078	Each-10889483588963 Case-30889483588967



Product Description	REF Number	Lot Numbers	UDI Information
		0004329079 0004331255 0004333368 0004335537 0004338439 0004340824	
Broselow, Als Organizer, Full (distribution by AirLife)	7730ALS	0004312284 0004314503 0004333110	Each-10889483589151
Broselow, Als Organizer, Full (distribution by AirLife)	7730IALS	0004317699 0004333171 0004333593	Each-10889483589205 Case-30889483589209
Broselow Pediatric Emergency Rainbow Tape (distribution by Armstrong)	AE4700	Unknown	Unknown
Broselow Pediatric Emergency Rainbow Tape (distribution by Armstrong)	AE4800	Unknown	Unknown

**Health risk:**

The Broselow Rainbow Tape is a color-coded length-based tape used in pediatric emergencies. A child’s height corresponds to a color zone and weight range. Each color zone provides pre-calculated medication doses, equipment sizes, and other emergency information to reduce the time needed for dose and equipment calculations in time-critical situations.

**Flumazenil**

Flumazenil is used primarily to reverse the effects of benzodiazepines, including in pediatric patients. In the Calculation Basis section of the affected Rev 3 tape, the Flumazenil dose is incorrectly listed as 0.1 mg/kg instead of the correct 0.01 mg/kg (10-fold overdose). Potential consequences of an elevated Flumazenil dose include:

- Seizures
- Withdrawal symptoms (in benzodiazepine-dependent patients)
- Re-sedation
- Cardiac arrhythmias



- Agitation and anxiety
- Nausea, vomiting, dizziness, headache
- Sweating and blurred vision

These events can be serious and, in some cases, life-threatening.

### **Vecuronium**

Vecuronium is a neuromuscular blocking agent used to produce paralysis during intubation or mechanical ventilation. It is dosed on a weight (mg/kg) basis, not by fixed mg/mL concentration.

In the Calculation Basis section of the affected Rev 3 tape, the dosage is incorrectly expressed as 0.1 mg/mL rather than 0.1 mg/kg. This can lead to confusion and potential delays as clinicians interpret or convert the dosing information in an emergency. Because the tape is used in time-sensitive critical care environments, such delays or confusion can contribute to serious patient harm, including hypoxia, failed or delayed intubation, or other life-threatening complications.

### **Ketamine (IV/IO for pain/analgesia)**

The affected tape lists IV/IO ketamine for pain/analgesia as 1 mg/kg, instead of the appropriate pediatric analgesic (sub-dissociative) dose of 0.1 mg/kg (10-fold overdose). A 1 mg/kg IV dose is consistent with dissociative sedation rather than analgesia.

Potential clinical consequences of administering 1 mg/kg IV/IO ketamine for analgesia include:

- Dissociative sedation
- Respiratory depression or apnea
- Loss of airway reflexes and potential airway compromise
- Laryngospasm
- Increased secretions, with risk of aspiration
- Hypertension and tachycardia
- Emergence agitation
- Prolonged recovery time
- Need for assisted ventilation or advanced airway management

These events can be serious and, in some cases, life threatening.

Due to the potential for serious harm associated with these three medication-related errors, AirLife is initiating an immediate voluntary recall and field removal of all affected units.

### **Customer immediate actions:**



Please take the following actions immediately:

**1. Stop using the affected tapes**

- Immediately discontinue use of all AirLife Broselow Rainbow Tapes identified as 2025 Edition, 36-23446 Rev 3 Print Version.

**2. Identify and segregate affected product**

- Examine your inventory and clinical areas for affected Broselow Rainbow Tapes (see Image B for identifying characteristics).
- Remove all affected tapes from clinical service.
- Segregate or quarantine the affected tapes to prevent further use.

**3. Follow disposition instructions**

- Follow the instructions provided in the accompanying communication regarding discarding/destruction of the affected tapes.
- Do not redistribute or place any affected tapes back into service.

**4. Notify your internal users**

- Ensure that all clinicians and healthcare professionals within your organization who may use the Broselow Rainbow Tape are informed of this recall/field removal and understand that the affected Rev 3 tapes must not be used.

**5. Notify downstream customers (if applicable)**

- If you have further distributed the affected tapes, please identify your customers/consignees and notify them of this recall/field removal promptly.
- Your notification may be enhanced by including a copy of this letter.
- If you have impacted product on hand, do not ship it; instead, hold it for discarding/destruction as instructed.

**6. Complete and return the Response Form (Attachment A)**

- Please complete and return the attached Response Form via e-mail to **productquality@myairlife.com** as soon as possible. Please complete and return Attachment B if you have affected product for discarding/destruction. This allows us to document your receipt of this recall notice and the status of affected product at your facility.



Please ensure that all relevant personnel in your organization are informed of this Urgent Medical Device Recall Notice.

**Contact information, replacement product, and adverse event reporting:**

AirLife apologizes for any inconvenience this causes. Your satisfaction with AirLife products and with our response to this situation is very important to us. If you have any questions regarding this Medical Device Recall Notice, please call AirLife at **1-800-433-2797**, or e-mail at [productquality@myairlife.com](mailto:productquality@myairlife.com).

**There is currently no available replacement product. A revised Broselow Rainbow Tape with corrected information is expected to be available for purchase starting Q2 2026. AirLife will send a notice to customers when such product is available.**

Any adverse reactions or quality problems experienced with the use of these products should be reported to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail or by fax.

- **Complete and submit the report Online:** [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm)
- **Regular Mail or Fax:** Download form [www.fda.gov/MedWatch/getforms.htm](http://www.fda.gov/MedWatch/getforms.htm) or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form or submit by fax to 1-800-FDA-0178.

**Attachments:**

- A. Broselow Rainbow Tape Field Safety Notice Response Form
- B. Certificate of Destruction Form

Should you have any questions, feel free to reach out to your local AirLife Territory Manager, Customer Service at 1.800.433.2797 or [productquality@myairlife.com](mailto:productquality@myairlife.com).

Thank you for your attention and cooperation.

Rob Yamashita

AirLife - VP of Regulatory Affairs



## Immediate Action Requested

### Attachment A: Broselow Rainbow Tape Recall Response Form

REF NUMBER	LOT NUMBER	QTY RECEIVED (Eaches)	QTY TO BE DESTROYED (Eaches)

**Please check ALL appropriate boxes.**

- I have read and understand the removal instructions provided in the letter sent December XX, 2025.
- I have checked my inventory.
  - I do not have any affected products.
  - I have destroyed and disposed of the affected product. (Complete and return Attachment B)
- I have further distributed the affected device.
  - I have notified the receiving facility by (specify date & method of notification):  
\_\_\_\_\_
  - I need support communicating with my customer/consignees. I have attached the ship history list including customer name, ship date, address, and quantity

Have any adverse events been reported to you regarding the affected product?    Yes    No

If yes, please explain: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

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



City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE SEND COMPLETED RESPONSE FORM(S) TO:**

E-MAIL TO: [productquality@myairlife.com](mailto:productquality@myairlife.com)



## Immediate Action Requested

### **Attachment B** – Certificate of Destruction Form

Required when product disposition designation is **Discard/Destroy**

**Name of Consignee/Company:** \_\_\_\_\_

I have read and understand the recall instructions provided in the letter December XX, 2025.

Yes \_\_\_\_\_ No \_\_\_\_\_

# RED TO HEAD

## CALCULATION BASIS

ALL DRUGS GIVEN BY IV CAN BE GIVEN IO

### LEGEND

#### Fluids/Blood Products (IV/IO)

Crystalloid (0.9 NS or LR)	10-20 mL/kg
Blood Products	10 mL/kg

#### Maintenance Fluids (IV/IO)

0.9 NS with appropriate potassium chloride (KCl) and dextrose	American Academy of Pediatrics 2018 Clinical Practice Guideline Maintenance IV/IO Fluids as per the Holliday-Segar Rule
4 mL/kg/hr for the first 10 kg of body weight (3-10 kg)	
2 mL/kg/hr for the second 10 kg of body weight (11-20 kg)	
1 mL/kg/hr for any kg of body weight above 20 kg (>20 kg)	

#### ASTHMA

Albuterol (nebulized) up to 10-20 mg/hour
DexAMETHasone IV/IO 0.6 mg/kg
MethylPREDNISolone IV/IO 1-2 mg/kg
Magnesium Sulfate IV/IO 50 mg/kg

#### AIRWAY MANAGEMENT

#### PRE-RSI/RSA SEDATIVES AND/OR ANALGESICS

Etomidate IV/IO	0.3 mg/kg
FentaNYL IV/IO	1 mcg/kg
Ketamine IV/IO	1 mg/kg
Midazolam IV/IO	0.1 mg/kg

#### PRE-RSI/RSA NEUROMUSCULAR BLOCKERS

Rocuronium IV/IO	1 mg/kg
Succinylcholine IV/IO	2 mg/kg
Vecuronium IV/IO	0.1 mg/mL

#### POST-RSI/RSA SEDATIVES AND/OR ANALGESICS

FentaNYL IV/IO	1 mcg/kg
Ketamine IV/IO	1 mg/kg
Midazolam IV/IO	0.1 mg/kg

#### POST-RSI/RSA NEUROMUSCULAR BLOCKERS

Rocuronium IV/IO	1 mg/kg
Vecuronium IV/IO	0.1 mg/kg

#### SEIZURE

Fosphenytoin IV/IO	20 mg PE/kg
LevETIRAcetam IV/IO	50 mg/kg
LORazepam IV/IO	0.1 mg/kg
Midazolam IV/IO	0.1 mg/kg

#### INCREASED INTRACRANIAL PRESSURE

3% HYPERtonic Saline IV/IO*	2-5 mL/kg
Mannitol IV/IO	1 g/kg

#### HYPOGLYCEMIA

D10, D25, & D50	
-----------------	--

#### TOXICOLOGY (800-222-1222)

Naloxone IV/IO	0.1 mg/kg
Flumazenil IV/IO	0.1 mg/kg
Charcoal PO/NG	1 g/kg

#### PAIN

FentaNYL IV/IO	1 mcg/kg
Ketamine IV/IO	1 mg/kg
Morphine IV/IO	0.1 mg/kg

\* Can also be used to treat severe, symptomatic hyponatremia

Note: Consider reducing RSA/RSI sedative and/or analgesic doses in the context of poor perfusion

## Calculation Basis Chart Only Color Zones are All Correct

### Calculation Basis Chart: (Known error – Active revision)

#### PRE-RSI/RSA NEUROMUSCULAR BLOCKERS

Rocuronium IV/IO	1 mg/kg
Succinylcholine IV/IO	2 mg/kg
Vecuronium IV/IO	0.1 mg/mL

### Color Zone Charts: (Correct mg & mL in all color zones)

Midazolam IV/IO (5 mg/mL)	0.65 mg (0.13 mL)
<b>PRE-RSI/RSA NEUROMUSCULAR BLOCKERS</b>	
Rocuronium IV/IO (10 mg/mL)	6.5 mg (0.65 mL)
Succinylcholine IV/IO (20 mg/mL)	13 mg (0.65 mL)
Vecuronium IV/IO (1 mg/mL)	0.65 mg (0.65 mL)
<b>POST-RSI/RSA SEDATIVES</b>	

### Calculation Basis Chart: (Known error – Active revision)

#### TOXICOLOGY (800-222-1222)

Naloxone IV/IO	0.1 mg/kg
Flumazenil IV/IO	0.1 mg/kg

### Color Zone Charts: (Correct mg & mL in all color zones)

<b>HYPOGLYCEMIA</b>	
D10W IV/IO (0.1 g/mL)	3.25 g (32.5 mL)
D25W IV/IO (0.25 g/mL)	3.25 g (13 mL)
D50W IV/IO (0.5 g/mL)	N/A
<b>TOXICOLOGY (800-222-1222)</b>	
Charcoal PO/NG (25 g/120 mL)	6.5 g (31 mL)
Flumazenil IV/IO (0.1 mg/mL)	0.07 mg (0.7 mL)

# Ketamine (Pain vs. RSA/RSI)

PAIN	
FentaNYL IV/IO (50 mcg/mL)	13 mcg ( <b>0.26 mL</b> )
Ketamine IV/IO (50 mg/mL)	13 mg ( <b>0.26 mL</b> )
Ketamine IV/IO (100 mg/mL)	13 mg ( <b>0.13 mL</b> )
Morphine IV/IO (5 mg/mL)	1.3 mg ( <b>0.26 mL</b> )
Morphine IV/IO (10 mg/mL)	1.3 mg ( <b>0.13 mL</b> )

Ketamine Dose (PAIN)  
 Commonly referenced range is 0.1-1 mg/kg  
 Tape utilizes 1 mg/kg

PRE-RSI/RSA SEDATIVES AND/OR ANALGESICS		No change
Etomidate IV/IO (2 mg/mL)	3.9 mg ( <b>2 mL</b> )	
FentaNYL IV/IO (50 mcg/mL)	13 mcg ( <b>0.26 mL</b> )	
Ketamine IV/IO (50 mg/mL)	13 mg ( <b>0.26 mL</b> )	
Ketamine IV/IO (100 mg/mL)	13 mg ( <b>0.13 mL</b> )	No change
Midazolam IV/IO (5 mg/mL)	1.3 mg ( <b>0.26 mL</b> )	
PRE-RSI/RSA NEUROMUSCULAR BLOCKERS		
Rocuronium IV/IO (10 mg/mL)	13 mg ( <b>1.3 mL</b> )	
Succinylcholine IV/IO (20 mg/mL)	26 mg ( <b>1.3 mL</b> )	
Vecuronium IV/IO (1 mg/mL)	1.3 mg ( <b>1.3 mL</b> )	
POST-RSI/RSA SEDATIVES AND/OR ANALGESICS		No change
FentaNYL IV/IO (50 mcg/mL)	13 mcg ( <b>0.26 mL</b> )	
Ketamine IV/IO (50 mg/mL)	13 mg ( <b>0.26 mL</b> )	
Ketamine IV/IO (100 mg/mL)	13 mg ( <b>0.13 mL</b> )	No change
Midazolam IV/IO (5 mg/mL)	1.3 mg ( <b>0.26 mL</b> )	

# 2026 Human Trafficking Symposium

## AdventHealth for Children

### February 4, 2025



8:15 - 8:30	<b>Welcome Remarks</b>	Wanda Escoffery, MSN, RN, RNC-NIC, NE-BC - Chief Nursing Officer, AdventHealth for Children   AdventHealth for Women  AdventHealth for Children   AdventHealth for Women is a Magnet and Leapfrog recognized organization dedicated to providing education around Human Trafficking. Human trafficking is often thought of as an issue faced by other countries however, it is a growing problem here, in the US. This talk will open the Symposium and speak to how Human Trafficking health care providers are often the only professionals able to interact with trafficking victims away from their trafficker.
8:30 - 10:45	<b>Identifying and Responding to Human Trafficking Victims for Healthcare Professionals</b>	Ann Pimentel-Kerr, BA, CCWT, CCPP Sue Aboul-Hosn, BSSW, CSW  Human trafficking experts agree the victim's most promising lifeline could be a healthcare provider. As such providers need to know what to look for. Ann Pimentel-Kerr, CAC Specialist at The Howard Phillips Center for Children and Families Child Advocacy Center, and Sue Aboul-Hosn, Regional Human Trafficking Prevention Coordinator for the Florida Department of Children and Families will speak about the myths and misconceptions of human trafficking, the different forms of trafficking and the common vulnerabilities of the victim, trauma bonding, and why it is necessary for professionals to discover the victimization and not depend on disclosure by the victim themselves. Community resources to be shared at the end of presentation.
<b>BREAK</b>		
11:00 - 12:30	<b>Recognizing Signs of Trafficking through Case Studies</b>	Dr. Vinita C. Kiluk, MD Chelsea Torres, MD, FAAP  Many human trafficking victims access the healthcare system during the time they are being trafficked. A substantial percentage of these victims report that the healthcare providers caring for them did not realize they were being trafficked and did not provide needed information or resources. In this session, Dr. Vinita Kiluk, MD, and Chelsea Torres will use case studies to help members of the healthcare team identify red flags associated with individuals who are trafficked while discussing ways to provide care that will not retraumatize the patient.
<b>LUNCH BREAK</b>		
1:15 - 2:45	<b>Survivor Panel: Lived Experience Navigating the HealthCare System</b>	Tomas. Lares BA President, <i>United Abolitionists, Inc.</i> Female, Survivor Male, Survivor  Designed for healthcare professionals and community partners, this session highlights the critical role of trauma-informed, survivor-centered care in identification, intervention, and long-term support. Participants will gain a deeper understanding of the barriers survivors face within healthcare systems, what compassionate care looks like from a survivor's perspective, and how providers can foster trust, safety, and empowerment.
<b>BREAK</b>		
2:55 - 4: 25	<b>Human Trafficking and Law Enforcement Response</b>	Ryne Goode, Sergeant Vice/Human Trafficking Unit Metropolitan Bureau of Investigation (MBI)  Through law enforcement investigations, it has been discovered that many victims have been under the care of medical professionals at some point during their trafficking situation. By understanding law enforcement's approach to these unique situations health care professionals will be better equipped for the challenges they may face and with a better understanding of human trafficking including signs and current trends that law enforcement has observed.
4:25 - 4:30	<b>Closing Remarks</b>	Robin Ritola, MA, BSN, RN, CPEN, CHEP

# E-Bike Holiday Post Text

## Post 1: Readiness

E-bikes are trending — is one on your child or teen’s wish list this holiday season? If so, make sure they are ready for the responsibility! Before buying, do a quick **e-bike readiness check**. Ask these questions to see if your child is ready for an e-bike.

- **Do they know and follow traffic laws?** Bikes and e-bikes are considered vehicles under Florida law. Riders must obey street signs and markings, just like drivers.
- **Can they anticipate and respond to hazards?** E-bikes travel faster than traditional bikes. At higher speeds, hazards like turning cars and crossing pedestrians may appear more suddenly.
- **Are they consistent about wearing safety gear?** Properly fitted helmets can reduce the risk of head trauma in a crash. Closed-toed shoes provide better control and protect feet from injury. Bright or reflective clothing improves visibility of people biking.
- **Do they have experience on a regular bike?** E-bikes are heavier and faster than traditional bikes. To use them safely, riders need strong skills in balancing, braking smoothly, scanning for traffic, signaling turns, and making quick decisions.

## Post 2: Safety

E-bike popularity is rising – and so are injuries from e-bike crashes. If an e-bike is on your child or teen’s wish list this holiday season, make sure your family understands e-bike types, battery safety, and safe riding to prevent serious injuries.

- E-bikes are heavier and faster than traditional bikes, which leads to more severe injuries if they crash. Choose and use e-bikes safely by following these practices.
- **Check the specs!** The e-bike class should be marked on the device. Check the top speed and wattage to understand its class. Many devices marketed as e-bikes are actually categorized as mopeds or motorcycles under the law. Anything that goes faster than 28mph or has a motor of 750W or higher isn’t a legal e-bike and may not be suitable for kids.
- **Practice safe riding skills.** Get used to the bike in a low-speed, low-traffic environment. Use lower speeds. Move predictably. Brake before curves—higher speeds require more distance to slow down. Give others space.

- **Remember battery safety.** Responsible e-bike ownership and maintenance includes the battery – regularly inspect batteries and avoid overcharging. Check for “Underwriters Laboratories” (UL) certification to see that safety standards are met. Understand safe charging to prevent fire hazards and electric shocks.
- If you’re considering a **used e-bike**, be sure to get it checked out at a local bike shop.

## Post 3: Gear

E-bikes are filling the streets—is one on your child’s wish list this holiday season? If you’ve decided that your child is ready for the responsibility of e-bike ownership, make **e-bike safety gear** part of the gift. Equip them with everything they’ll need to get around on their e-bike safely. The most important accessory will be a commitment to safe riding.

- **Helmet:** Look for a helmet that has been safety tested for speeds up to 28 mph. These look different than traditional bike helmets because they prevent head injuries at higher speeds.
- **Bell for passing:** Florida law requires bicyclists to give an audible signal before passing a pedestrian.
- **Reflective gear:** Reflective vests, bands, or strips help bicyclists be seen by vehicles, which can prevent collisions.
- **Lights:** Bike lights and reflectors are required by law on the front and back of any bike operated between sunset and sunrise.
- **Bike lock:** Deter theft with a lock made from hardened steel or other sturdy material. Practice locking the bike with your child by securing the frame and rear wheel to a fixed object, like a bike rack.

# BOOKS FOR KIDS ABOUT HEALTHCARE & GRIEF

Amos, Janine. **The Hospital.** Milwaukee, WI: G. Stevens, 2002. Uses letters, stories, and informational text to explain what to expect when you have to go to the hospital.  
Reading Level: 4-10 years

Aylmore, Angela. **We work at the Hospital.** Sommerville, Mass: Candlewick Press, 2010. We work at the Hospital explores the special skills, tools, and uniforms needed to be a doctor or nurse. Reading Level: Preschool - 1

Barber, Nicola. **Going to the Hospital.** New York: PowerKiDS Press, 2009.  
Reading Level: Grades 1-2

Murray, Aaron R. **EMTs Help Us.** Enslow Elementary, 2013. What is an EMT and what does he do? New readers will learn all about this important job in this easy-to-read title. Reading Level: Grades 1-2

Murray, Julie. **The Hospital.** Abdo Kids, 2017. The hospital is an important place in our communities. Kids will learn about why hospitals are needed, who works there, and what kinds of things happen there.  
Reading Level: Preschool - 2

Rey, Margret. **Curious George Goes to the Hospital.** Special Edition, 2017. A curious monkey has some new experiences when he must go to the hospital after swallowing a piece of a jigsaw puzzle. Reading Level: Preschool - 3

Clark, Rosalyn. **Why We Go to the Hospital.** Lerner Publications, 2013. The hospital has lots of doctors and nurses who can help you. Do you know what they do? Learn more about how the hospital takes care of you.  
Reading Level: Age 4-7

**WE ARE HERE TO SUPPORT YOU DURING THIS DIFFICULT TIME. SEE IMMEDIATE CRISIS SUPPORT BELOW:**

Call or text **211** or **988**  
(counselors can aid all ages 24/7 in mental health crisis response, thoughts of suicide, housing concerns, medical and personal needs, and much more).

You can also live chat with counselors on their websites:  
[211palmbeach.org](http://211palmbeach.org) or [988lifeline.org](http://988lifeline.org)



★ **GRIEF RESOURCES FOR CHILDREN** ★





# COUNSELING & SUPPORT GROUPS


**Trustbridge Bereavement Programs for Children** <https://trustbridge.com/family-support/grief-support-hospice-care-for-children/> (561) 848-5200

**Center for Child Counseling**  
<https://www.centerforchildcounseling.org/>  
(561) 244-9499


**Children's Bereavement Center (free to join)**  
<https://childbereavement.org/support-groups/grief-support.html> (888) 988-5438

**Pandora's Kids**  
<https://www.pandoraskids.org/what>  
(561) 281-3708

**Palm Beach County Youth Services (free services)**  
[https://discover.pbc.gov/youthservices/Pages/Counseling\\_Youth.aspx](https://discover.pbc.gov/youthservices/Pages/Counseling_Youth.aspx) (561) 242-5714




# RESOURCES FOR PARENTS



**Palm Beach County Youth Services**  
[https://discover.pbc.gov/youthservices/Pages/Counseling\\_Youth.aspx](https://discover.pbc.gov/youthservices/Pages/Counseling_Youth.aspx)

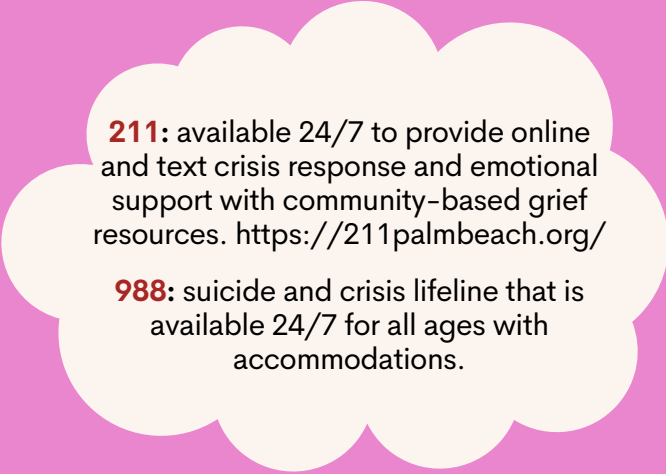
**Children's Home Society of Florida**  
<https://chsfl.org/services/for-parents/>  
(561) 868-4300



**Alliance of Hope Forums (for suicide loss survivors)**  
<https://allianceofhope.org/find-support/community-forum/>

**Children's Bereavement Center Adult Programs**  
<https://childbereavement.org/support-groups/adults-groups/>

# IMMEDIATE SUPPORT



**211:** available 24/7 to provide online and text crisis response and emotional support with community-based grief resources. <https://211palmbeach.org/>

**988:** suicide and crisis lifeline that is available 24/7 for all ages with accommodations.



# ACTIVITIES TO DO



**Gilda's Club South Florida**  
<https://gildasclubsouthflorida.org/our-programs/children-and-family-program>  
(954) 763-6776


**Apart of Me (games and website with digital grief support, all ages)**  
<https://www.apartofme.org>

**Winston's Wish (digital activities and games to allow grieving children to express themselves for all ages)**  
<https://winstonswish.org>

**Breathe, Think, Do by Sesame Street**  
Helps children to regulate emotions in different scenarios, ages 4-8.  
<https://learningworksforkids.com/apps/breathe-think-do-with-sesame>

**Sesame Workshop: Grief (games and activities ages 1-6)**  
<https://sesameworkshop.org/topics/grief/>

**Therapist Aid: grief worksheets for feeling big emotions**  
<https://www.therapistaid.com/therapy-worksheets/grief/children>





## WHEN ONE HEALS, THE WHOLE FAMILY GROWS

Substance use disorder (SUD) has both genetic and environmental roots - meaning even without challenging life experiences, some people are at higher genetic risk.

**When one family member struggles, it affects everyone in the home.**

### THE IMPACT

- Children often face anxiety, confusion, and school challenges.
- Partners may feel overwhelmed and exhausted.
- Daily routines become unpredictable.
- Family stress levels increase.

### THE PATH FORWARD

**Research shows 7 out of 10 adults with mental health or substance use challenges achieve recovery.**

### WHAT RECOVERY BRINGS

- Family communication improves.
- Daily life becomes more stable.
- Trust rebuilds.
- Children feel less stressed.
- Future generations have a better chance.

**Remember:** When one person heals, the whole family grows stronger.



**PALM BEACH COUNTY MENTAL HEALTH SERVICES & INFORMATION**

SCAN ME

HELP IS HERE

YOU MATTER

LINKTREE.COM/PBCMENTALHEALTH

2-1-1  
Palm Beach and Treasure Coast

988  
LIFELINE  
24/7 CALL, TEXT, CHAT

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
SUBSTANCE USE & BEHAVIORAL DISORDERS  
CROSS-DEPARTMENTAL TEAM

Palm Beach County  
YOUTH Services  
Growing Brighter Futures  
CALL (561) 625-2540

PUBLIC SAFETY DEPARTMENT  
VICTIM SERVICES DIVISION  
CALL (561) 833-7273

### 24/7 SUPPORT LINES

Call or text **988** for mental health crisis support, or **211** to connect with local services and resources.

### LOCAL SUPPORT

Visit **PBC Mental Health Resources** at the QR code above for a complete list of mental health and family services in our community.



### REMEMBER

**Every call is confidential.  
Every reach for help is brave.  
You don't have to figure this out alone.**

Trees can grow new branches in any direction. Your family's next chapter starts today.



**YOUR ROOTS DON'T HAVE TO DEFINE YOUR GROWTH**

## BRANCHING TOWARDS TOMORROW

A guide for families affected by substance use - because every family deserves the chance to heal, grow, and write their own story of recovery together.

# YOUR FAMILY'S JOURNEY FORWARD

Research shows what truly helps families through tough times is simple but powerful: **strong bonds and open, judgment-free talks at home.**

## TIPS FOR ANY AGE

- Choose quiet, calm moments for talks.
- Listen more than lecture.
- Show care and concern, not criticism.
- Praise bravery in asking for help.
- Remind them they're not alone.

The earlier families begin these conversations, the smoother the journey ahead.

Ready to start these talks but not quite sure how? **Here's what works...**

# BUILDING TRUST THROUGH TALK

Growing up in a home affected by substance use means young people are 2-4 times more likely to face similar struggles later in life.

**Whether you're a parent looking to protect your kids or a young person seeking support, opening up is the first step toward positive change.**

## FOR CHILDREN AGES 0-10:

**Keep health and safety talks simple.**

- Only take medicine from trusted adults.
- Talk about making healthy choices.
- Help them name and share feelings.
- Use everyday moments, like seeing someone smoke, for gentle talks.
- Answer questions honestly.

## FOR YOUTH AGES 11-18:

**Be direct but supportive:**

- Listen without judgment.
- Be direct about family history: "This runs in our family, so you need extra care."
- Talk about healthy ways to handle stress.
- Share real risks without scare tactics.
- Keep conversations open: "You can always talk to me."

## TO TEENS & KIDS: YOU MATTER

When a parent struggles with substances, it's hard. You might feel confused, scared, or think it's somehow your fault - but it's not.

**Your feelings matter, and it's okay to have questions.**

## Try these opening lines when you're ready:

- Can we plan to talk regularly?
- What kind of help are you getting?
- Could we do more fun things together?
- Is it okay to tell you when I'm worried?
- What should I do when I feel scared?

**Remember:** You deserve to feel safe and supported. If talking feels too hard right now, reach out to a trusted adult or call/text **988** (24/7).

**FREE FAMILY THERAPY SERVICES IN PALM BEACH COUNTY**



## \* \* \* **BOOKS FOR TEENS RELATED TO GRIEF AND LOSS**

### **Fitzgerald, Helen. The Grieving Teen: A Guide for Teenagers and Their Friends.**

New York: Simon & Schuster, 2000. In this unique and compassionate guide, renowned grief counselor Helen Fitzgerald turns her attention to the special needs of adolescents struggling with loss and gives teens the tools they need to work through their pain and grief.

### **Gootman, Marilyn E. When a Friend Dies: A Book for Teens About Grieving and Healing.**

Minneapolis, MN: Free Spirit Publishing Inc., 2019. Offers sensitive advice and genuine understanding for teens coping with grief and loss.

**LaCour, Nina. We Are Okay.** New York: Dutton Books, 2017. An achingly beautiful novel about grief and the enduring power of friendship.

### **Myers, Edward. Teens, Loss, and Grief: The Ultimate Teen Guide.**

Lanham, Md: Scarecrow Press, 2006. A self-help guide for teenagers who are struggling with bereavement and the emotional difficulties it presents. This book provides an overview of grief as a painful but normal process, offering insights from bereavement experts as well as practical suggestions for coping with loss, including accounts from teens.

### **Schroeder, Lisa. Chasing Brooklyn.**

New York: Simon Pulse, 2010. As teenagers Brooklyn and Nico work to help each other recover from the deaths of Brooklyn's boyfriend-Nico's brother Lucca- and their friend Gabe, the two begin to rediscover their passion for life, and a newly blossoming passion for one another.

### **Spears, Kat. Breakaway.**

New York: St. Martin's Griffin, 2015. A witty and emotionally moving tale of friendship, first love, and loss.

**WE ARE HERE TO SUPPORT YOU DURING THIS  
DIFFICULT TIME. SEE IMMEDIATE CRISIS  
SUPPORT BELOW:**

Call or text **211** or **988** (counselors can aid all ages 24/7 in mental health crisis response, thoughts of suicide, housing concerns, medical and personal needs, and much more). You can also live chat with counselors on their websites: [211palmbeach.org](http://211palmbeach.org) or [988lifeline.org](http://988lifeline.org)



# GRIEF RESOURCES FOR TEENS



## SUPPORT GROUPS AND ONLINE FORUMS FOR TEENS

**Children's Bereavement Center** offers free virtual grief support groups for all ages. Groups welcome all those touched by the loss of a loved one and are non-denominational, culturally diverse and welcoming of all identities. <https://childbereavement.org/support-groups/grief-support.html>

**The Compassionate Friends** offer in-person and virtual grief resources including moderated chat rooms, chapter meetings locally, private facebook groups, and more. <https://www.compassionatefriends.org/> (877) 969-0010. Find their Facebook groups here: <https://www.compassionatefriends.org/find-support/online-communities/private-facebook-groups/>

**Alliance of Hope** offers online, confidential community discussion forums available 24/7 for teens and adults who have lost loved ones due to suicide. <https://allianceofhope.org/find-support/community-forum/> (847) 868-3313

**Grieving.com** offers online discussion forums for all types of grief and bereavement support. <https://forums.grieving.com/>

## GRIEF AND LOSS INFORMATION, PEER SUPPORT, AND COUNSELING FOR TEENS AND YOUNG ADULTS

**Palm Beach County Youth Services** offers free counseling for individuals up to age 22 and their families. Services are offered both virtually and in-person in English, Spanish, French, and Creole. <https://discover.pbc.gov/youthservices/Pages/CounselingYouth.aspx> (561) 242-5714



**Trustbridge Hospice Care** offers counseling, educational workshops, and support groups for all ages. <https://trustbridge.com/family-support/grief-support-hospice-care/> (561) 848-5200

**National Alliance for Children's Grief:** Resources for caregivers to support teens and finding local support groups and events. [https://nacg.org/resource-library/?resources\\_directory\\_topic=forfamilies-and-caregivers](https://nacg.org/resource-library/?resources_directory_topic=forfamilies-and-caregivers) (866) 432-1542

**The Trevor Project:** Free and confidential support for LGBTQ+ teens dealing with grief, depression, or other emotional struggles. <https://www.thetrevorproject.org/> Call (866) 488-7386 or text START to 678678

**Actively Moving Forward by HealGrief:** Grief program for young adults to access one-on-one grief coaches, connect with others navigating grief, support groups, and help with navigating grief in college. <https://healgrief.org/actively-moving-forward/>



## COMFORTING ACTIVITIES FOR TEENS

**Apart of Me** is a game developed for teens and children to cope with the loss of someone. It can be displayed on a computer or phone. <https://www.apartofme.org/>

**Writing an unsent letter** to your loved one can help put your emotions into words and cope with big feelings. <https://www.talkgrief.org/blog/coping-kit/ways-to-manage-your-grief-writing-an-unsent-letter>

**Creating a playlist** in memory of your loved one can be beneficial in the grieving process to remember them through music. <https://www.talkgrief.org/blog/coping-kit/creating-a-playlist-in-memory-of-your-person>

**Making photo albums, memory boxes, or poems** are great ways to honor and remember your loved one while using art as an outlet to express your emotions. <https://winstonswish.org/free-activities-for-bereaved-children-and-young-people/>

**Hearing others talk about their grief journey** can be a great way to develop coping skills and get connected to others. Listen to podcasts by real grieving teens and young people: <https://www.talkgrief.org/real-voices>

**Journaling** can be a great outlet for expressing your thoughts while keeping them private. View prompts to start with: <https://pleasenotes.com/blogs/i-am/moving-through-grief-journaling-prompts-for-teen>