

NAPNAP Position Statement

NAPNAP Position Statement on the Prevention of Unintentional Injuries in Children



The National Association of Pediatric Nurse Practitioners (NAPNAP) promotes optimal health for children through advocacy and education. One mechanism for achieving this goal is the adoption of injury prevention strategies. NAPNAP believes that unintentional injuries are not "accidents" but are phenomena that may be predicted and prevented by changing environments, behaviors, products, social norms, laws, and health care policies.

Childhood injury claims more lives than all childhood diseases combined. Unintentional injury is the leading cause of medical spending for children ages 5 to 14 years (Centers for Disease Control and Prevention [CDC], 2004), with identified disparities in injury rates between White and minority children (Hayes & Groner, 2005). Furthermore, unintentional injury of

children negatively affects their quality of life. The most frequent causes of unintentional injury among U.S. children are motor vehicle collisions (Glassbrenner, 2005) and falls, together accounting for almost 40% of unintentional injuries to U.S. children annually (CDC, 2007). Yet, it has been estimated that effective intervention strategies can prevent as many as 90% of unintentional injuries (National SAFE KIDS Campaign, 2004). Given the great burden of these injuries on the health of American children, NAPNAP recommends that health care providers use every health care visit as an opportunity to discuss injury prevention strategies with children and parents or caregivers and to advocate for safer environments and products for children.

Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on January 24, 2008.

All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

Correspondence: Suzette Harper, NAPNAP National Office, 20 Brace Rd, Suite 200, Cherry Hill, NJ 08034-2633.

J Pediatr Health Care. (2008). 22, 27A-28A.

0891-5245/\$34.00

doi:10.1016/j.pedhc.2008.02.001

Health care providers must be able to identify those children at greatest risk for injury. Although unintentional injuries can happen to any child, statistically, boys, young children, children from lower socioeconomic groups, and children with single parents have the highest injury rates (CDC, 2007).

NAPNAP promotes that all health care providers caring for children:

- 1. Provide anticipatory guidance on injury prevention at each well visit and when additional opportunities arise.
- 2. Assess every child for injury risk, addressing risk factors and preventive strategies for the individual, family, and community.
- 3. Increase awareness of parents/ caregivers, child care providers, and other professionals about pediatric injury risk, consequences, and prevention.
- 4. Support legislation that targets injury prevention.
- Collaborate with other organizations, public agencies, and community groups to increase public awareness of pediatric injury risk, consequences, and prevention.
- 6. Provide education to families that is evidence-based, devel-

- opmentally appropriate, culturally sensitive, and at an appropriate reading level.
- 7. Seek funding through donations, grants, and other philanthropic endeavors for safety devices including, but not limited to, bicycle/skating helmets, car seats, and other safety devices to be distributed to children and families with limited financial resources.

In summary, NAPNAP maintains a strong resolve to be the leader in promoting best practice in injury prevention, thereby increasing the safety and well-being

of all children. NAPNAP is committed to eliminating health and safety disparities and preventing unintentional pediatric injuries.

NAPNAP is an organization whose mission is to promote optimal health for children through leadership, practice, advocacy, education, and research.

The National Association of Pediatric Nurse Practitioners would like to acknowledge the contribution of the Injury Education and Prevention Special Interest Group and following members for their contribution to this statement: Bonnie Lovette, MS, RN, PNP; W. Lawrence Daniels, PhD, RN, CPNP; Dawn Lee Garzon, PhD, APRN, BC, CPNP; Susan Katz, MS, RN, PN; Lynnette Lorch, MS, CPNP; Dolores Jones, EdD, RN, CPNP (Staff).

REFERENCES

- Centers for Disease Control and Prevention. (2004). Medical expenditures attributable to injuries—United States (2000). MMWR Morbidity and Mortality Weekly Report, 53, 1-4.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2007). Web-based Injury Statistics Query and Reporting System (WISQARSTM). Retrieved August 6, 2007, from http://www.cdc.gov/ncipc/ wisqars/default.htm.
- Glassbrenner, D. (2005). Child restraint use in 2004: Overall results (DOT HS 809 845). Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration.
- Hayes, J. R., & Groner, J. L. (2005). Minority status and the risk of serious childhood injury and death. *Journal of the National Medical Association*, 97, 362-369.
- National SAFE KIDS Campaign. (2004). Falls fact sheet. Retrieved July 25, 2007, from http://www.usa.safekids.org/tier3_cd.cfm?folder_id=540&content_item_id=1050.

Wanted: Case Studies

The *JPHC* is seeking case studies in Primary Care and Acute & Specialty Care that you would like to share with the readers. Please contact the appropriate editor with your name, address (including email), and topic. A template for you to follow along with editoral support makes this easy, fun, and professionally rewarding.

Contact Information:

Primary Care Editors

Sally Walsh, s.walshcpnp@verizon.net JoAnn Serota, joannserota@msn.com Carol Rudy (Corresponding Editor), rudyca@sbcglobal.net

Acute & Specialty Care Editors

Terea Giannetta, tereag@csufresno.edu Andrea Kline, akline@childrensmemorial.org Karin Reuter-Rice, kreuterrice@rchsd.org