

# PEM Past – Present – Future: Lithuanian landscape

Prof. dr. Lina Jankauskaite Pediatric emergency care

2025

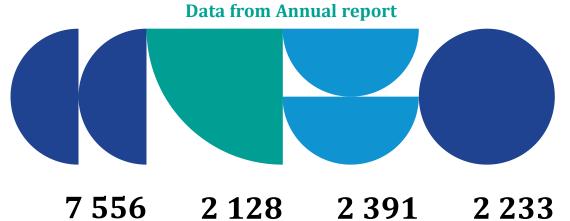




Where and who we are?







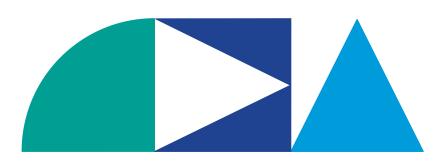
7 5 5 6 Employees

2 128 Physicians (incl. residents)

Nursing specialists

Hospital beds





1 465 063

Outpatient visits

97 096

Inpatient admissions

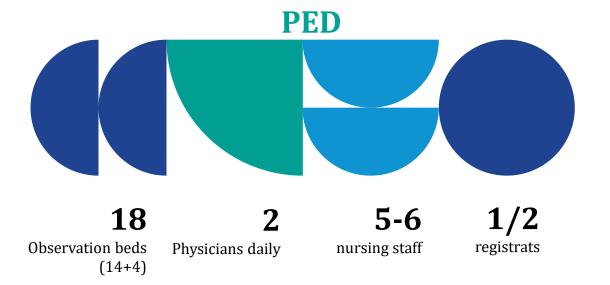
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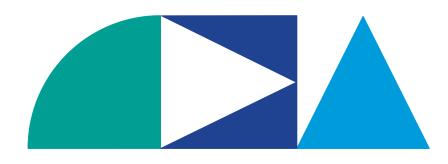
Surgeries











30 000 - 40 000

Pediatric patients yearly

~50%

Trauma patients

majority

self referral

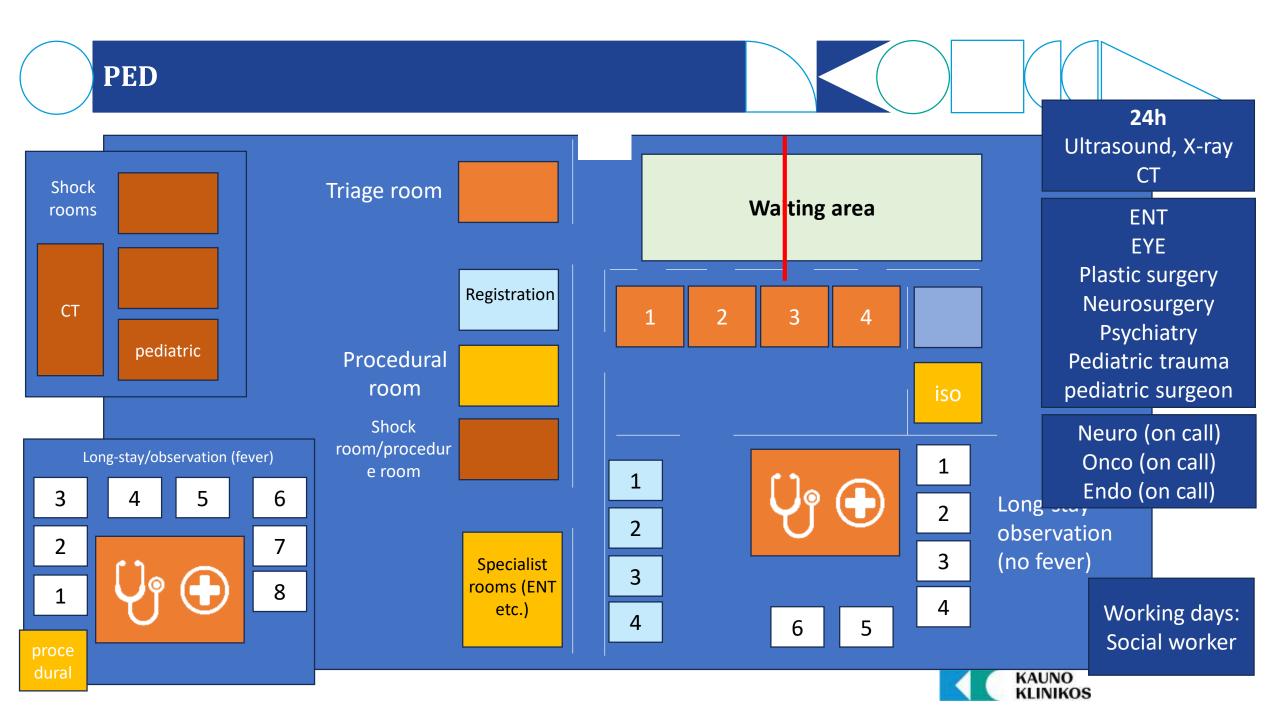




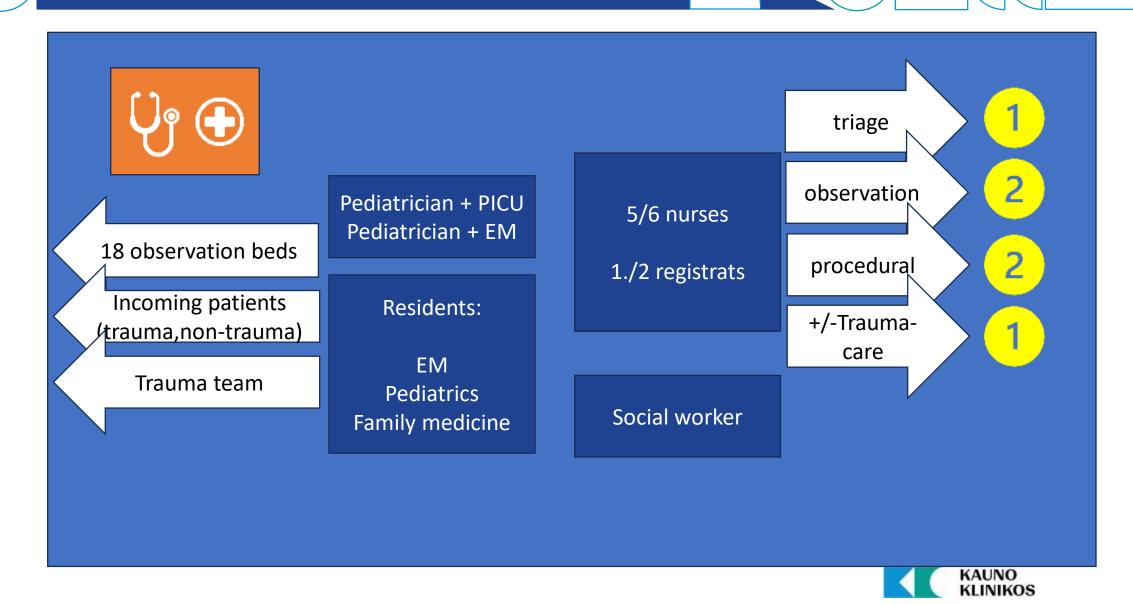
The landscape of PED







### **Shift: deconstruction**



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Weekdays from 18:00 Weekends/vacay

Pediatrician + PICU Pediatrician + EM Consultation of 2 pediatric departments

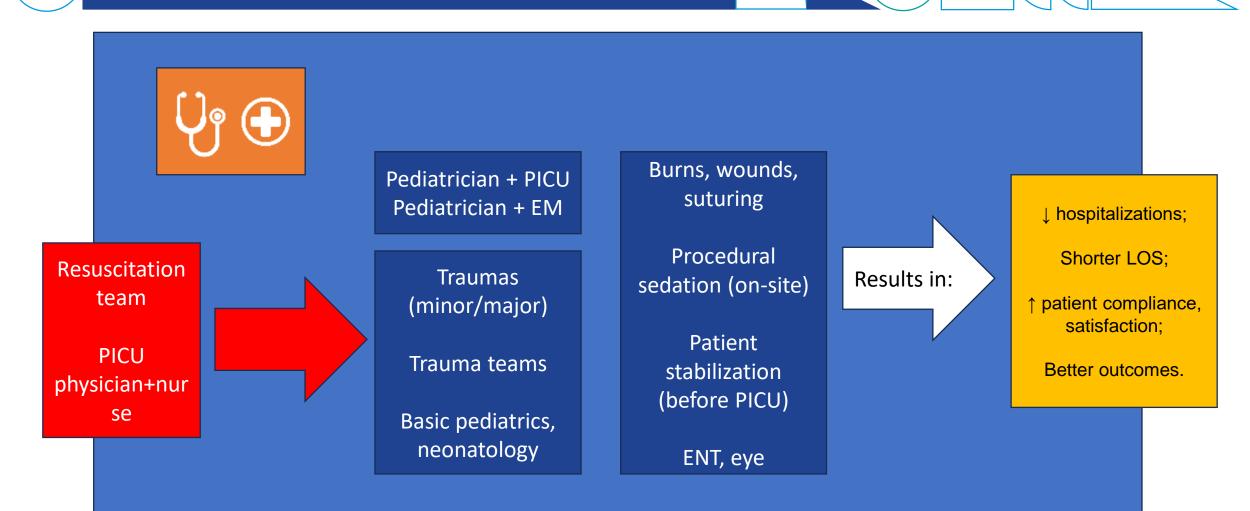
Pediatric consultant



1 or 2 pediatric residents

ENT
Pediatric surgery
trauma
Endocrinology
Rehabilitation etc.



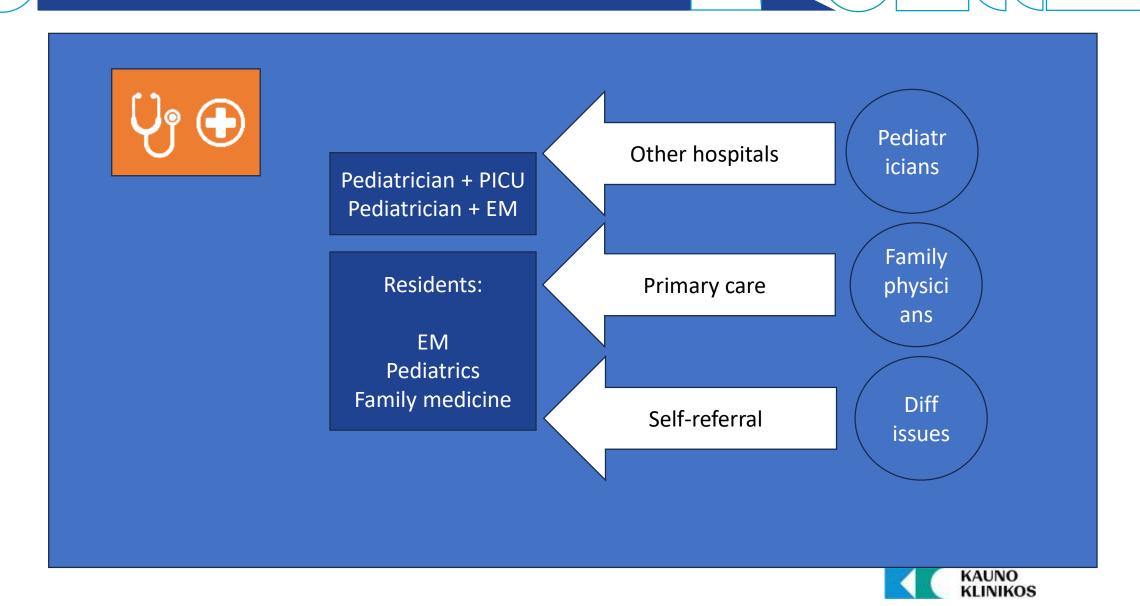


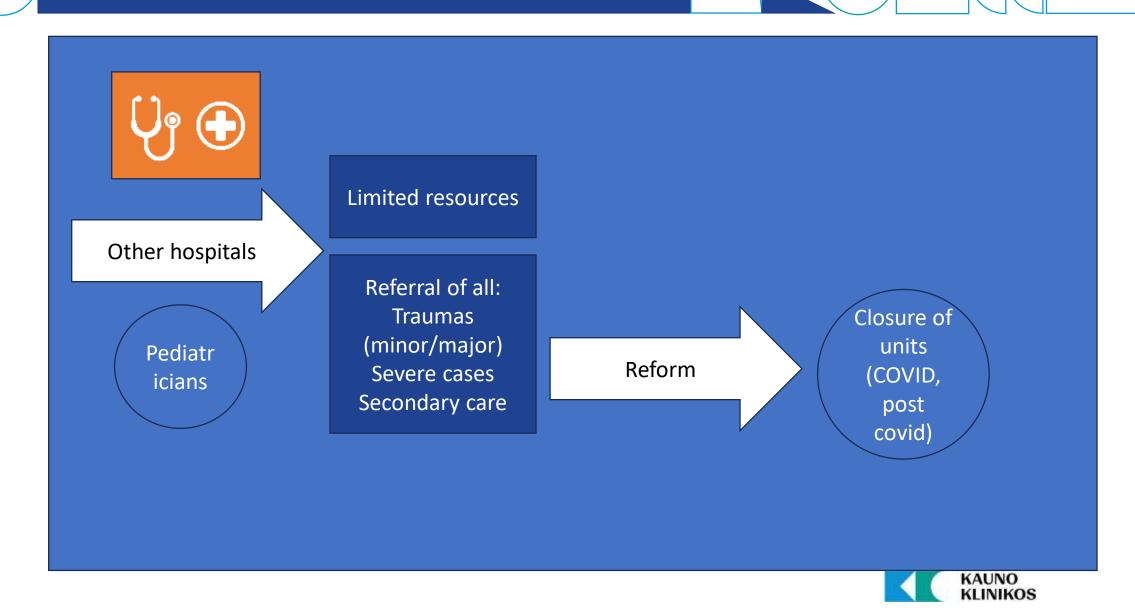
KAUNO KLINIKOS



So, who and how?









Primary care

Family physici an Limited accessibility

Referral of all:
-Traumas
(minor/major)
-weekends/vacay
days
-unspecific
pediatric problems
(e.g. formulation
etc., any fever)

2025

Reform

Pediatrici an back to primary care





Self-referral

Public insurance (no charge policy)

No access to primary care

No functioning departments

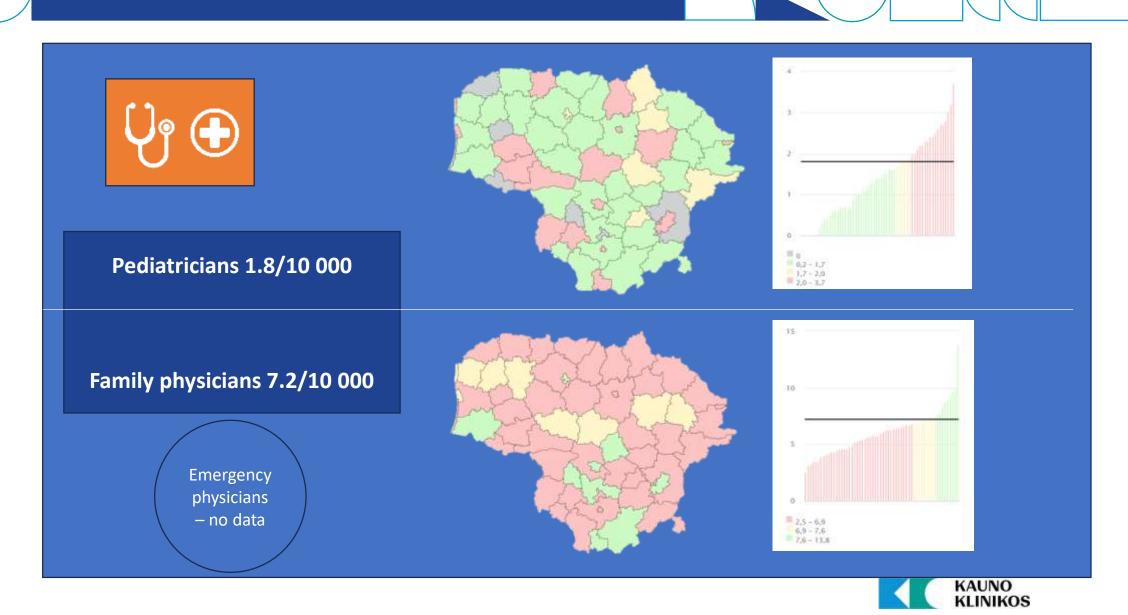
Teleconsultations (lack of live followup 2025

Reform

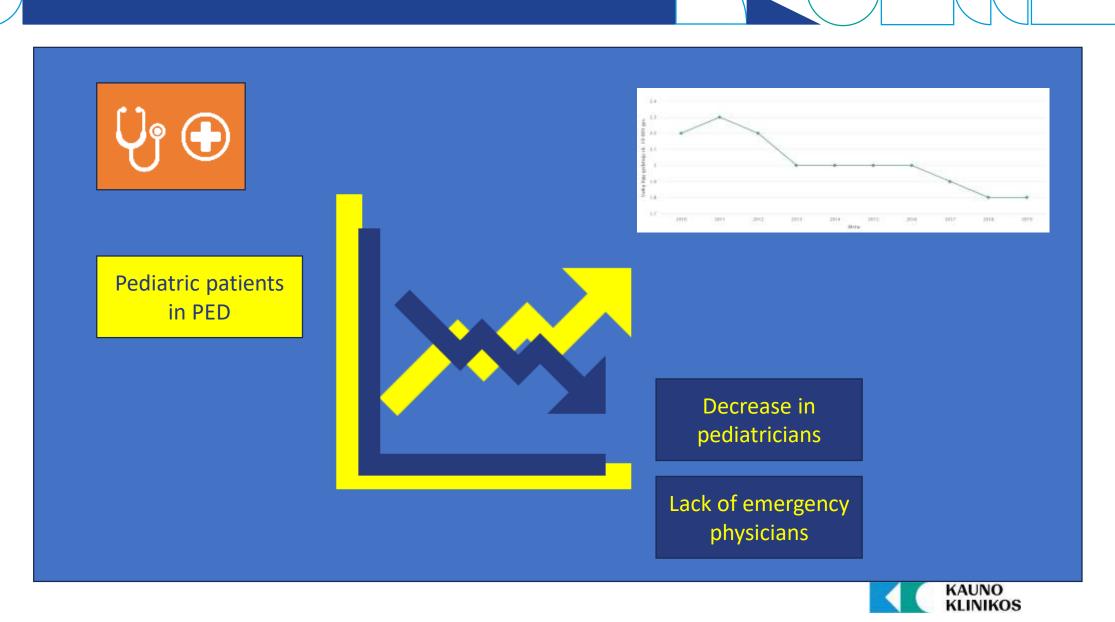
5<sup>th</sup>
category of
urgency
(not
urgent)



### Access



### Access

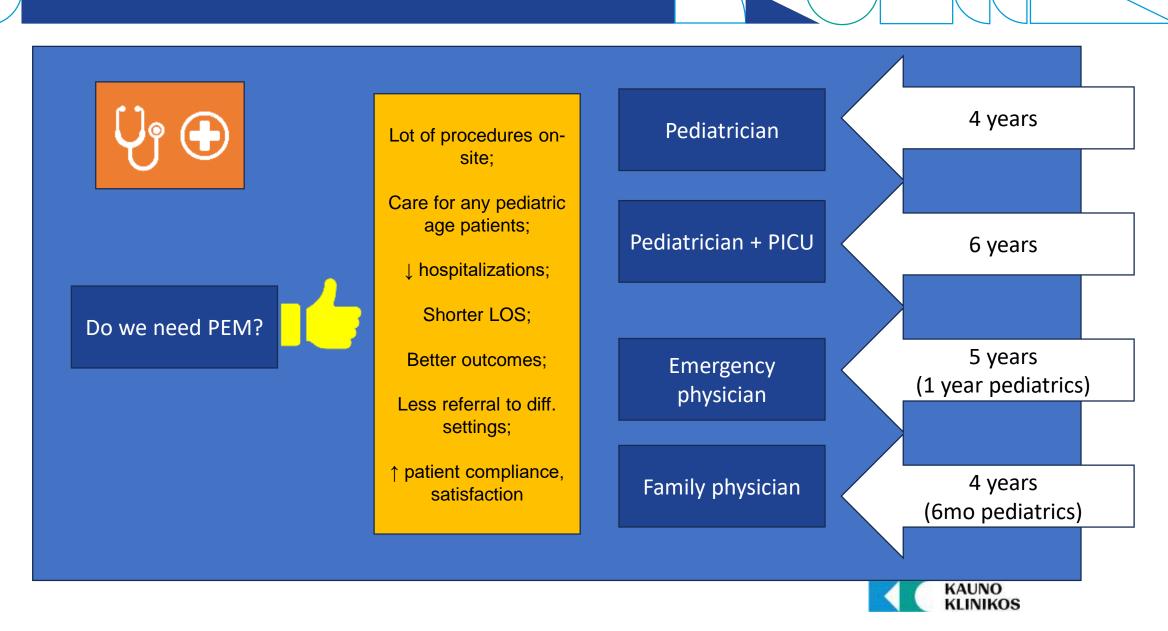




What about the future?



### What's in the future?



### What's in the future?



Do we need PEM?

Lot of procedures onsite;

Care for any pediatric age patients;

↓ hospitalizations;

Shorter LOS;

Better outcomes;

Less referral to diff. settings;

↑ patient compliance, satisfaction

1

Extension of EM pediatric competences

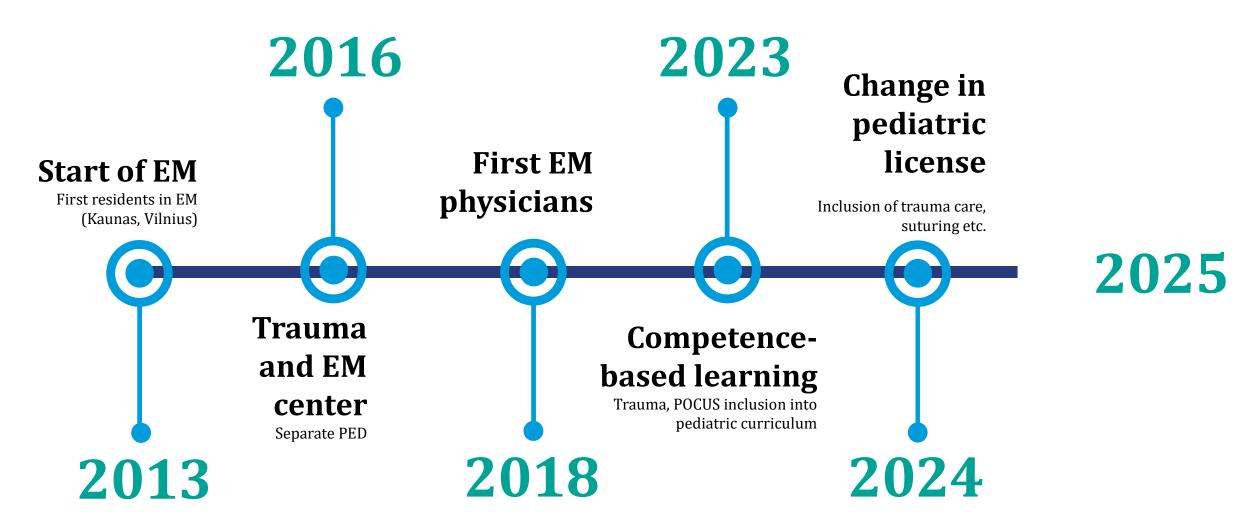


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Extension of pediatricians' EM competences



# **History and following story**









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long-stay

PED team in action









Shock room

PED team

