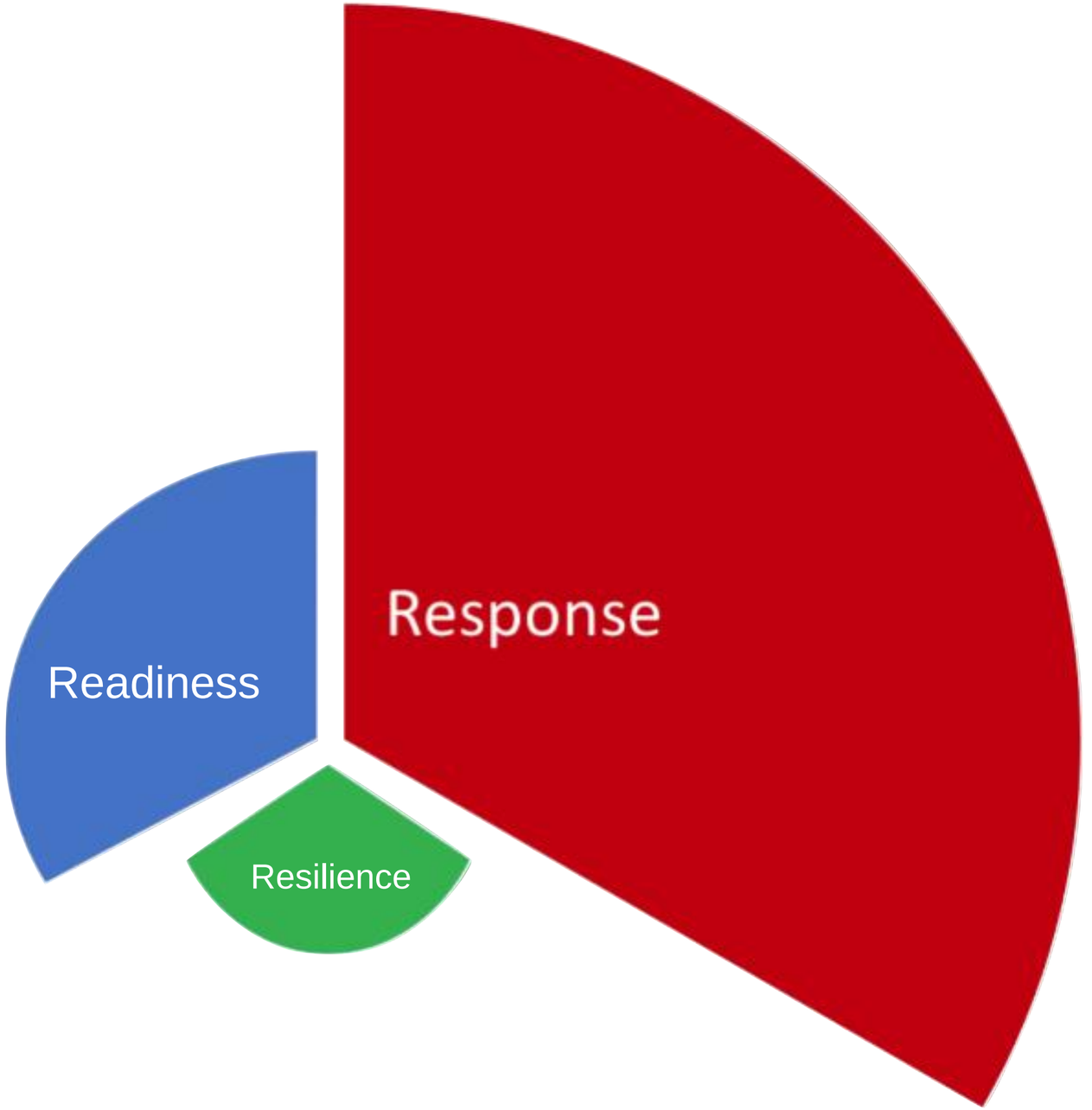
Get the Teddy Ready:

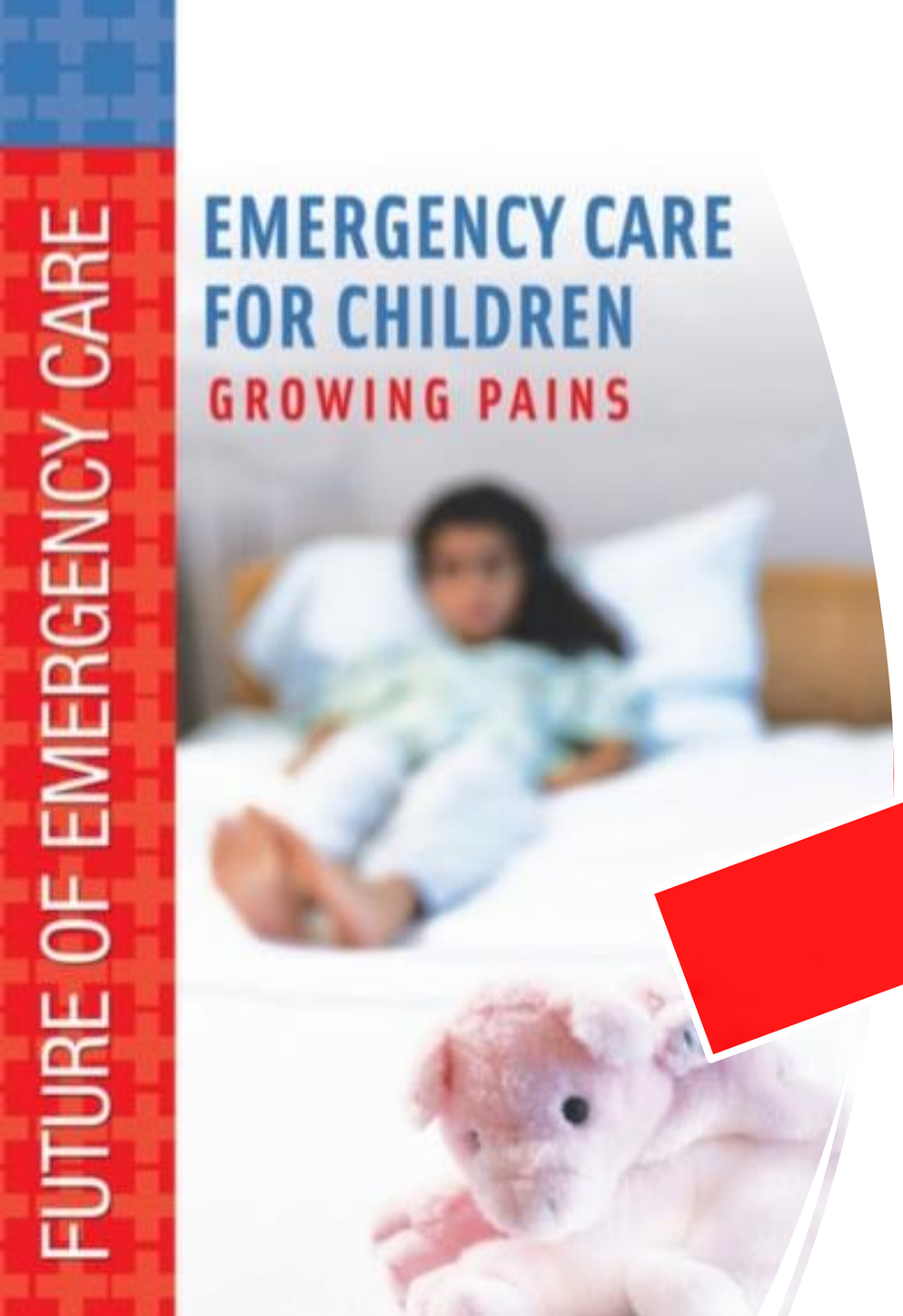
How Well Are We Preparing our EMS and EDs for Childhood Cases?

Peter Antevy, MD

Eagles 2025


SOUTH COUNTY
FIRE
EMS
“Every battle is won
BEFORE
it is fought.”
Sun Tzu
Asst. Fire Chief Shaughn Maxwell


Readiness
Response
Resilience



Institute of Medicine

Published in 2006

Key Points

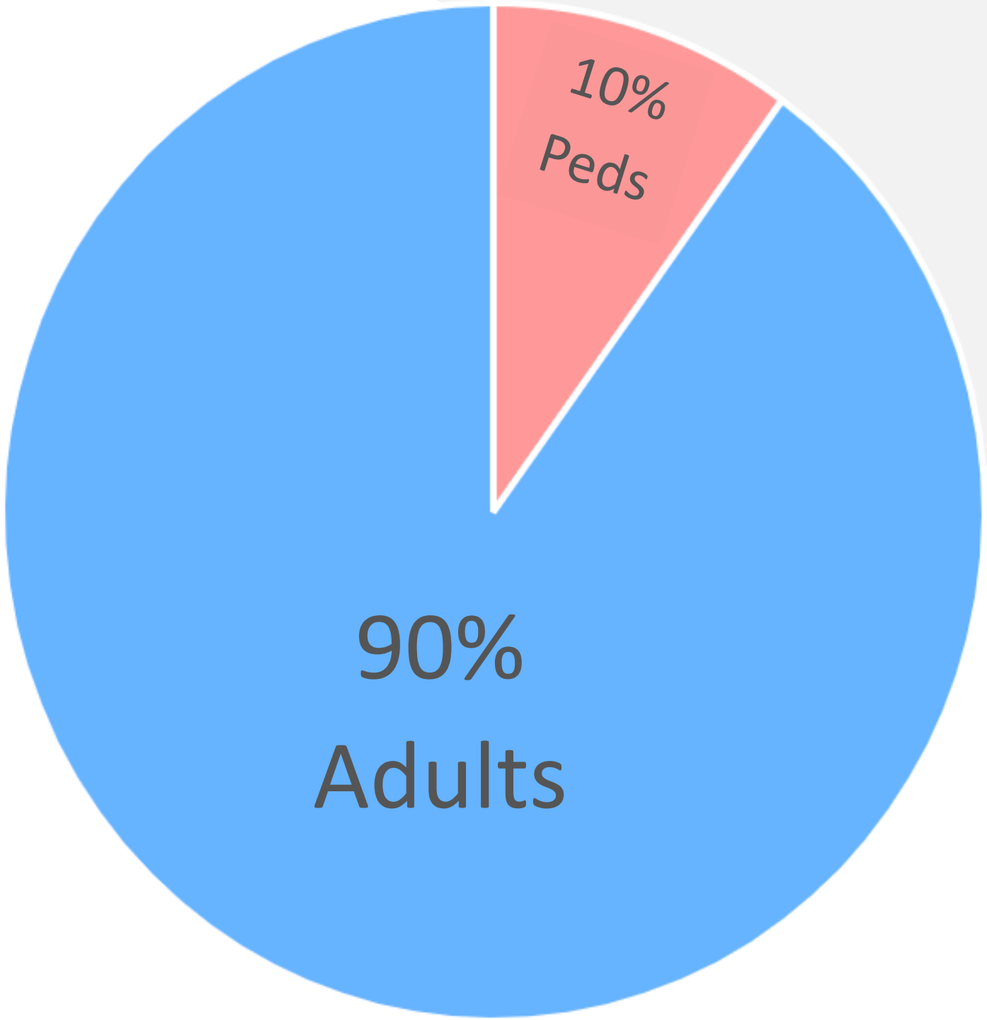
- Pediatric Care is Unique
- Significant Gaps Exist
- Need specialized Training
- Preparedness Must Improve
- Policies and Practice Must Improve
- Research and Innovation Needed
- Peds Equipment for EDs and EMS

18 YEARS AGO


10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30

Some Background Stats

EMS Call Volume



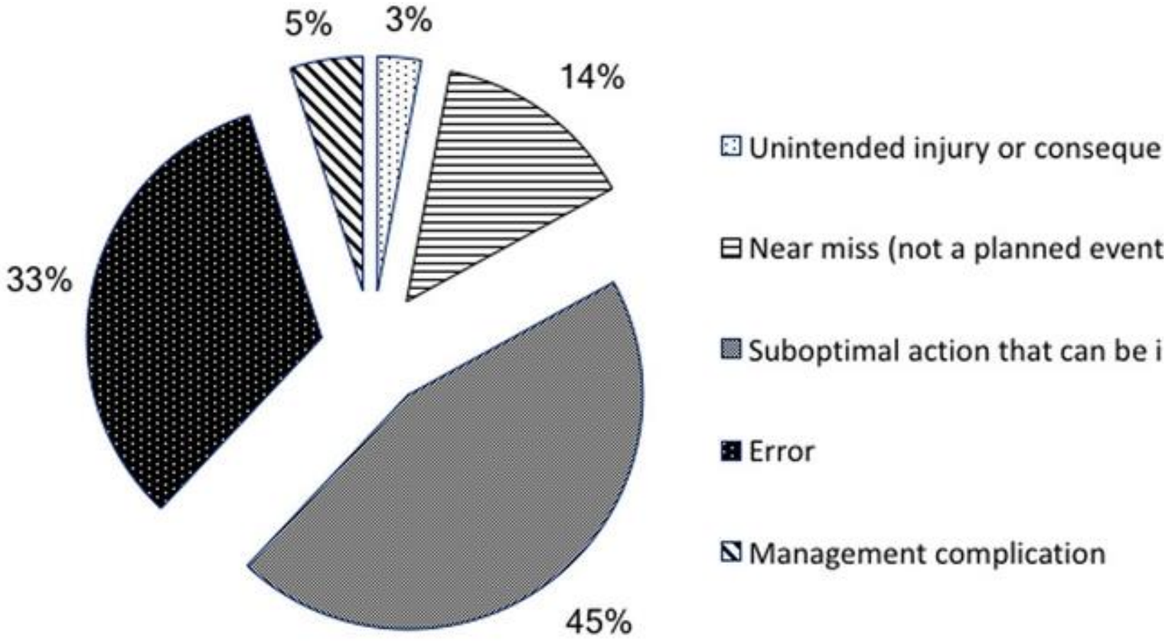
Organization	Adult Volume (%)	Pediatric Volume (%)
Coral Springs-Parkland Fire Dept.	9799 (90%)	1098 (10%)
Davie Fire Rescue	8977 (92%)	722 (8%)

Reasons for dispatch by pediatric patient age group among 378 code-3 ambulance transports

Reason for Dispatch[a]	Age of patient					
	0–28 d n (%)[b]	29 d-11 m n (%)[b]	12 m-5 y n (%)[b]	6–11 y n (%)[b]	12–18 y n (%)[b]	Total 0–18 y n (%)[c]
Trauma	1 (0.6)	5 (3.2)	47 (29.8)	27 (17.1)	78 (49.4)	158 (41.8)
Seizure or ALOC	0 (0.0)	8 (8.2)	53 (55.8)	21 (22.1)	13 (13.7)	95 (25.1)
Respiratory distress	5 (11.4)	5 (11.4)	22 (50.0)	9 (20.4)	3 (6.8)	44 (11.6)
Cardio and/or respiratory arrest	5 (15.6)	18 (56.2)	4 (12.5)	1 (3.13)	4 (12.5)	32 (8.4)
Poisoning, ingestion, intoxication	0 (0.0)	0 (0.0)	8 (32.0)	2 (8.0)	15 (60.0)	25 (6.6)
Other (including birth or delivery)	4 (66.7)	0 (0.0)	0 (0.0)	0 (0.0)	2 (33.3)	6 (1.6)
Pain (non-trauma)	0 (0.0)	0 (0.0)	1 (12.5)	0 (0.0)	7 (87.5)	8 (2.1)
Allergic reaction or anaphylaxis	1 (10.0)	3 (30.0)	3 (30.0)	1 (10.0)	2 (20.0)	10 (2.6)
Total	16	39	138	61	124	378

Meckler G, Hansen M, Lambert W, O'Brien K, Dickinson C, Dickinson K, Van Otterloo J, Guise JM. Out-of-Hospital Pediatric Patient Safety Events: Results of the CSI Chart Review. Prehosp Emerg Care. 2018 May-Jun;22(3):290-299.

Unintended injury or consequences, **N**ear misses, **S**uboptimal actions, **E**rrors, and **M**anagement complications (**UNSEMs**)



[a] UNSEM = patient safety event involving: Unintended injury or consequence; Near miss; Suboptimal action; Error; or Managen

[b] A total of 445 UNSEMs were observed among 378 critical transports (some had multiple UNSEMs)

- 378 Code 3 Transports
- 456 UNSEMS

Meckler G, Hansen M, Lambert W, O'Brien K, Dickinson C, Dickinson K, Van Otterloo J, Guise JM. Out-of-Hospital Pediatric Patient Safety Events: Results of the CSI Chart Review. Prehosp Emerg Care. 2018 May-Jun;22(3):290-299.

Breakdown of UNSEMs by Domain

EMS Care Domain	Severe UNSEMs n (%)[b]	Mild UNSEMs n (%)[b]
Assessment, Impression/Diagnosis, and or clinical decision making	46 (9.4)	45 (9.1)
Resuscitation	41 (10.2)	34 (6.9)
Airway Management	32 (6.5)	26 (5.3)
Medications	27 (5.5)	46 (9.4)
Procedures	21 (4.2)	56 (11.4)
Equipment	9 (1.8)	13 (2.6)
System	8 (1.6)	14 (2.9)
Fluids	8 (1.6)	15 (3.1)
Environment	2 (0.04)	13 (2.6)
Total	194	262

Meckler G, Hansen M, Lambert W, O'Brien K, Dickinson C, Dickinson K, Van Otterloo J, Guise JM. Out-of-Hospital Pediatric Patient Safety Events: Results of the CSI Chart Review. Prehosp Emerg Care. 2018 May-Jun;22(3):290-299.

Medication Dosing Errors in Pediatric Patients Treated by Emergency Medical Services

John D. Hoyle, Jr., MD, Alan T. Davis, PhD, Kevin K. Putman, EMT-P, Jeff A. Trytko, MS, William D. Fales, MD

- 5,547 children aged ≤11years
- 230 (4.1%) received drugs and had a documented weight
- 360 medication administrations

Medication dosing errors occurred in 125 of the 360 drug administrations (34.7%)

Hoyle JD, Davis AT, Putman KK, Trytko JA, Fales WD. Medication dosing errors in pediatric patients treated by emergency medical services. Prehosp Emerg Care. 2012 Jan-Mar;16(1):59-66

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

January 2020

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pediatric Readiness in Emergency Medical Services Systems

Brian Moore, MD, FAAP,[a] Manish I. Shah, MD, MS, FAAP,[b] Sylvia Owusu-Ansah, MD, MPH, FAAP,[c] Toni Gross, MD, MPH, FAAP,[d] Kathleen Brown, MD, FAAP,[e,f] Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS,[g] Katherine Remick, MD, FACEP, FAAP, FAEMS,[h,i,j] Kathleen Adelgais, MD, MPH, FAAP,[k] John Lyng, MD, FAEMS, FACEP, NRP,[l] Lara Rappaport, MD, MPH, FAAP,[m] Sally Snow, RN, BSN, CPEN, FAEN,[n] Cynthia Wright-Johnson, MSN, RNC,[o] Julie C. Leonard, MD, MPH, FAAP,[p] and the AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE AND SECTION ON EMERGENCY MEDICINE EMS SUBCOMMITTEE, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS EMERGENCY MEDICAL SERVICES COMMITTEE, EMERGENCY NURSES ASSOCIATION PEDIATRIC COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES PHYSICIANS STANDARDS AND CLINICAL PRACTICE COMMITTEE, NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMERGENCY PEDIATRIC CARE

16 Recommendations

American College of Emergency Physicians, Emergency Nurses Association, National Association of Emergency Medical Services Physicians, and National Association of Emergency Medical Technicians on pediatric readiness in emergency medical services systems.

[a]Department of Emergency Medicine, University of New Mexico Health Sciences Center, Albuquerque, New Mexico; [b]Section of Emergency Medicine, Department of Pediatrics, Baylor College of Medicine and Texas Children's Hospital, Houston, Texas; [c]Division of Emergency Medical Services, Department of Pediatrics and Emergency Department, University of Pittsburgh Medical Center Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania; [d]Department of Emergency Medicine, Children's HospitalNew Orleans and Louisiana

Include pediatric considerations in EMS planning and the development of pediatric EMS dispatch protocols, operations, and physician oversight.	Develop processes for delivering comprehensive, ongoing, pediatric specific education and evaluating pediatric-specific psychomotor and cognitive competencies.	Submit data to a statewide database that is compliant with the most recent version of NEMSIS and track pediatric patient centered outcomes across the continuum of care.
Collaborate with medical professionals with significant experience or expertise in pediatric emergency care, public health experts, and family advocates.	Promote education and awareness among EMS providers about the unique physical characteristics, physiologic responses, and psychosocial needs of children with an illness or injury	Develop, maintain, and locally enforce policies for the safe transport of children in emergency vehicles.
Integrate evidence-based, pediatric-specific elements into the direct and indirect oversight that constitute the global EMS oversight structure.	Implement practices to reduce pediatric medication errors.	Develop protocols for the destination of pediatric patients. Promote overall patient- and family-centered care.
Have pediatric-specific equipment and supplies available and verify that EMS providers are competent in using them.	Include pediatric-specific measures in performance improvement practices that address morbidity and mortality.	Collaborate with receiving emergency departments.
Include emergency preparedness planning and exercises, including the care and tracking of unaccompanied children and timely family reunification.	Policies and procedures to allow a family member or guardian to accompany a pediatric patient during transport when appropriate and feasible.	Consider using resources compiled by the EMSC program when implementing the recommendations noted here.

Think of the Kids	Education + C/P Competency	Submit Data to Registry (NEMSIS)
Engage Experts	Teach Why Kids are Unique	Safe Transport Policies
Integrate Kids (Just like Adults)	Reduce Med Errors	Destination Protocols Family Centered Care
Peds Equipment + Competency	Peds Performance Improvement	Collaborate with Receiving EDs
Disaster Planning	Transport Policies	Use EMSC Resources

National PRP

Prehospital Pediatric Readiness Project

Ensuring Emergency Care for All Children

Welcome to the PPRP Assessment!

We are excited for your EMS/fire-rescue agency to participate in the PPRP Assessment.

Click the "Start the Assessment>>" button on the right to begin.

Start the Assessment >>

You may want to print a copy of the assessment (**English version** or **Spanish version**) and review it with your agency administrator and/or pediatric emergency care coordinator (PECC)/pediatric champion to become familiar with the questions. You will then need to return here to complete the assessment online. Once the assessment is completed, **a gap**

EMS Agency

Note: PDF Version will flow differently than the online assessment (uses logic)

1. **Name of your Agency:** _____
2. **Address of your Agency:** _____
3. **City your Agency is located in:** _____
4. **Zip code of your Agency:** _____
5. **Does your EMS agency respond to 9-1-1 emergency medical calls (or emergency medical calls placed through other emergency access numbers if used in your region)?**

☐ Yes → **Go to 6**

☐ No

If your EMS agency DOES NOT respond to 911 calls, you are finished with the assessment. Thank you for your time.

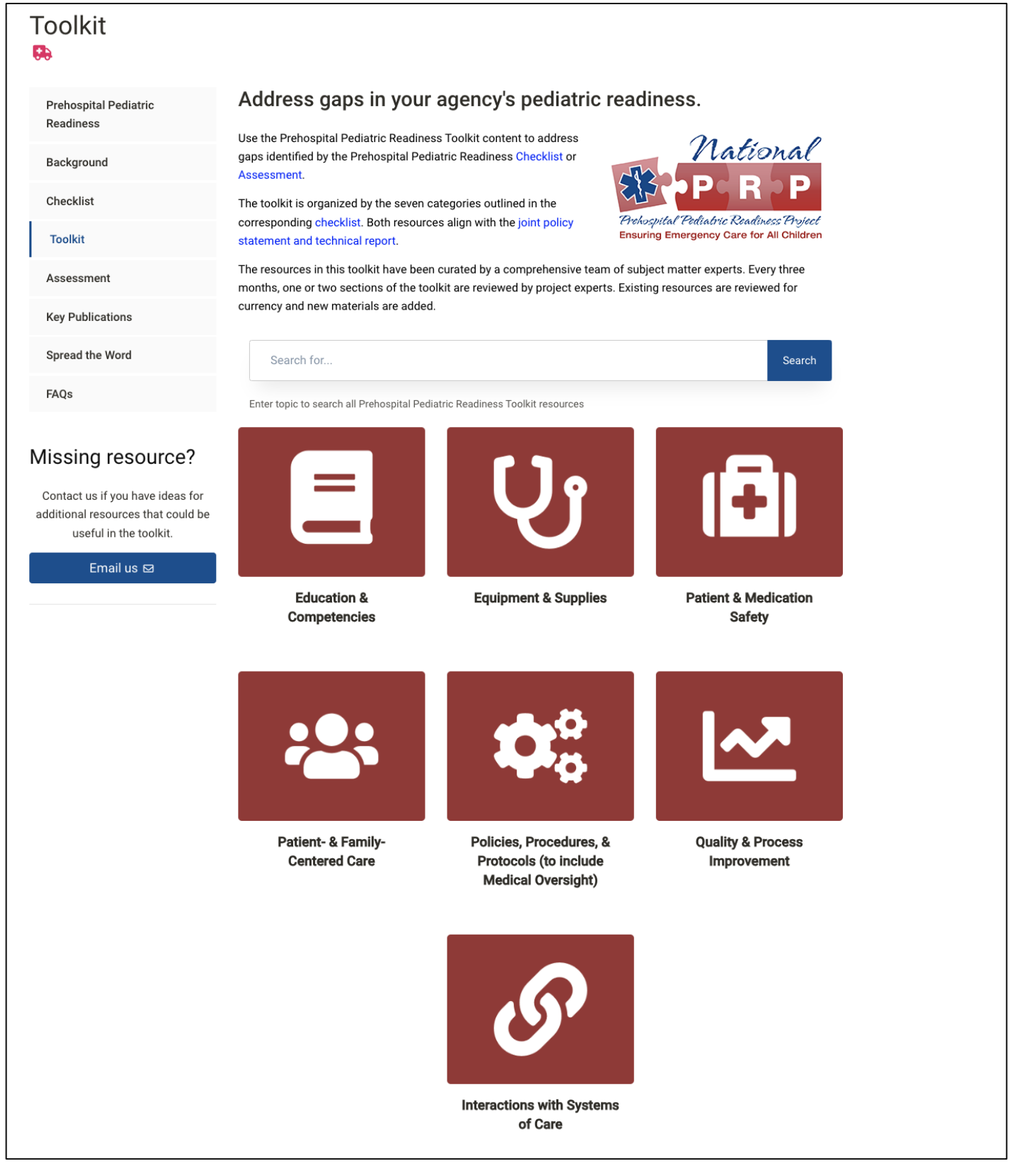
EDUCATION AND COMPETENCIES FOR PROVIDERS

In the next set of questions, we are asking about the process that your agency uses to evaluate your EMS providers' skills using pediatric-specific equipment (i.e. airway adjunct use/ventilation, child safety restraint vehicle installation for pediatric patient restraint, IV/IO insertion and administration of fluids, etc.).

While individual providers in your agency may take PEPP or PALS or other national training courses in pediatric emergency care, we are interested in learning more about the process that your agency uses to

Use the PPRP Toolkit

- Address gaps identified by the PPRP Assessment
- Curated by a comprehensive team of subject matter experts.
- Organized by the seven categories outlined in the corresponding checklist.



Education and Competencies

- What processes do you use to evaluate your EMS providers' skills using pediatric specific equipment
  - At a skill station
  - Within a simulated event
  - During an actual encounter
- How often are you doing this?
- Which skills are being tested?
- How is Cognitive education provided?

Education & Competencies

Equipment & Supplies

Patient & Medication Safety

Patient & Family Centered Care

Policies | Procedures | Protocols

Quality & Performance Improvement

Interactions with Systems of Care

Coordination of Pediatric Emergency Care

Equipment and Supplies

PREHOSPITAL EMERGENCY CARE
2021, VOL. 25, NO. 3, 451-459
https://doi.org/10.1080/10903127.2021.1886382

Taylor & Francis
Taylor & Francis Group

Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement

John Lyng, MD, NRP, Kathleen Adelgais, MD, MPH, Rachael Alter, BA, Justin Beal, PHRN, Bruce Chung, MD, Toni Gross, MD, Marc Minkler, BS, NRP, Brian Moore, MD, Tim Stebbins, MD, Sam Vance, MHA, EMT-P, Ken Williams, MD, and Allen Yee, MD

ABSTRACT
In continued support of establishing and maintaining a foundation for standards of care, our organizations remain committed to periodic review and revision of this position statement. This latest revision was created based on a structured review of the *National Model EMS Clinical Guidelines Version 2.2* in order to identify the equipment items necessary to deliver the care defined by those guidelines. In addition, in order to ensure congruity with national definitions of provider scope of practice, the list is differentiated into BLS and ALS levels of service utilizing the National Scope of Practice-defined levels of Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) as BLS, and Advanced EMT (AEMT) and Paramedic as ALS. Equipment items listed within each category were cross-checked against recommended scopes of practice for each level in order to ensure they were appropriately dichotomized to BLS or ALS levels of care. Some items may be considered optional at the local level as determined by agency-defined scope of practice and applicable clinical guidelines. In addition to the items included in this position statement our organizations agree that all EMS service programs should carry equipment and supplies in quantities as determined by the medical director and appropriate to the agency's level of care and available certified EMS personnel and as established in the agency's approved protocols.

- Education & Competencies
- **Equipment & Supplies**
- Patient & Medication Safety
- Patient & Family Centered Care
- Policies | Procedures | Protocols
- Quality & Performance Improvement
- Interactions with Systems of Care
- Coordination of Pediatric Emergency Care

Patient & Medication Safety

- Do you have a LBT? Volumetric Dosing?
- How do you identify potential dosing errors?
- Which medications do you review?
- Proper child restraint policy? Device?

MLREMS
MONROE-LIVINGSTON REGIONAL EMS COUNCIL

Education & Competencies

Equipment & Supplies

Patient & Medication Safety

Patient & Family Centered Care

Policies | Procedures | Protocols

Quality & Performance Improvement

Interactions with Systems of Care

Coordination of Pediatric Emergency Care

Interactions with Systems of Care

- How do you engage with the hospital or ED staff to promote pediatric care in your region?
  - Protocols & Policies
  - Regional surge capacity planning
  - Education
  - Clinical feedback
  - Promoting injury prevention
  - Promoting research
  - Promoting family centered care
- Disaster Preparedness

Education & Competencies

Equipment & Supplies

Patient & Medication Safety

Patient & Family Centered Care

Policies | Procedures | Protocols

Quality & Performance Improvement

Interactions with Systems of Care

Coordination of Pediatric Emergency Care

Pediatric Disaster Preparedness Questions

Does your EMS agency have a disaster preparedness policy that addresses . . . ?
(Check Yes or No for each of the following questions)

72. Use of a pediatric disaster triage tool?
- ☐ Yes
- ☐ No

73. Use of antidotes for pediatric patients?
- ☐ Yes
- ☐ No

Finalized 5/14/2024

74. Mass transport of pediatric patients?
- ☐ Yes
- ☐ No

75. Tracking of unaccompanied children?
- ☐ Yes
- ☐ No

76. Family reunification?
- ☐ Yes
- ☐ No

77. Mechanisms to address pediatric mental health emergencies?
- ☐ Yes
- ☐ No

Coordination of Peds Emerg Care

- Pediatric Emergency Care Coordinator
  - Who is it?
  - Credentials?
- What does this person do?
- Protocol for destination decision making?
- Policy for handoffs in the ED

Education & Competencies

Equipment & Supplies

Patient & Medication Safety

Patient & Family Centered Care

Policies | Procedures | Protocols

Quality & Performance Improvement

Interactions with Systems of Care

Coordination of Pediatric Emergency Care

PECC Roles/Job Descriptions

This section includes job descriptions, roles & responsibilities, and recruitment materials created by EMS for Children State Partnership Programs.

(Last updated: December 22, 2021)

Return to Interactions with Systems of Care Menu

AUDIENCE

EMS clinicians 11

MEDIA TYPE

Document 10

SORT ORDER

Most Recent

Search... Search

11 Results

Document

Establish a PECC for your agency

1 page flyer Details

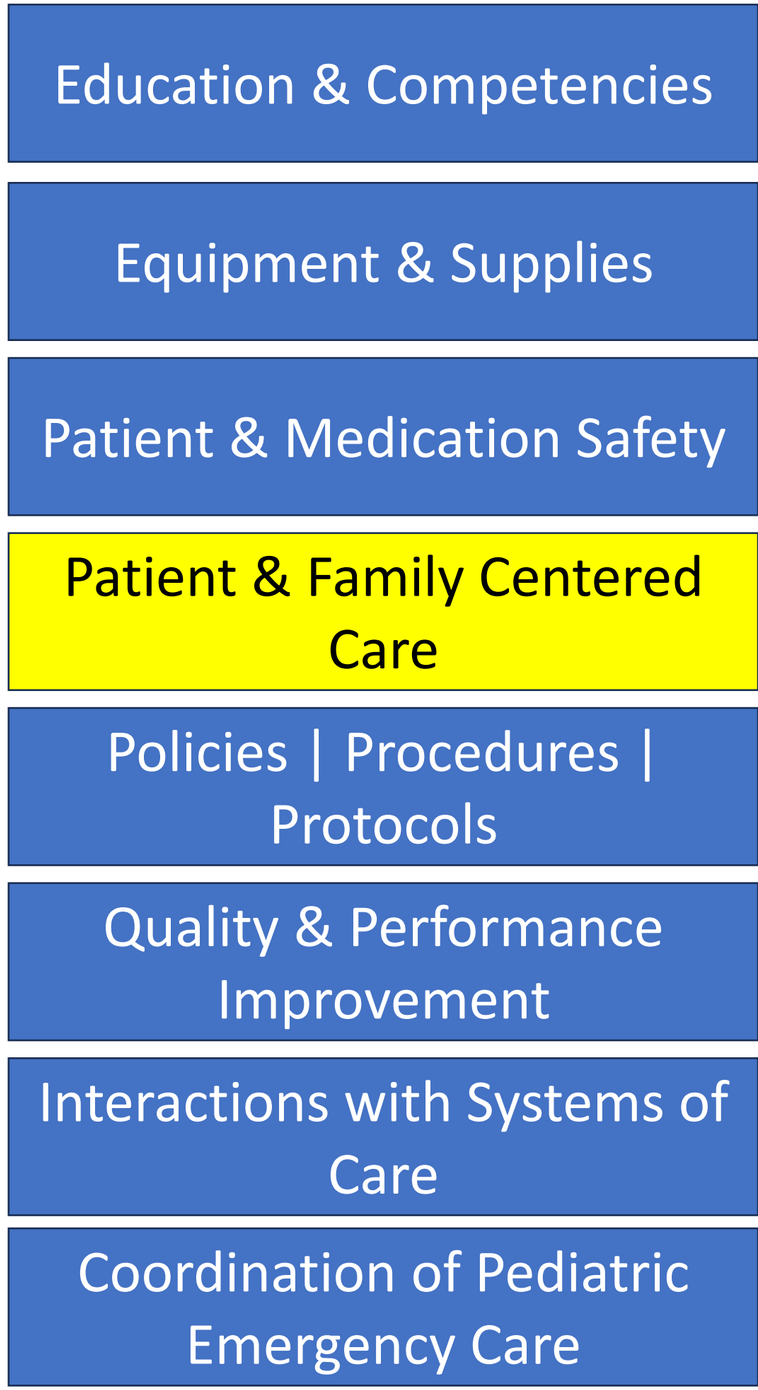
Document

What's a PECC? And Why Do We Need One?

1 page flyer Details

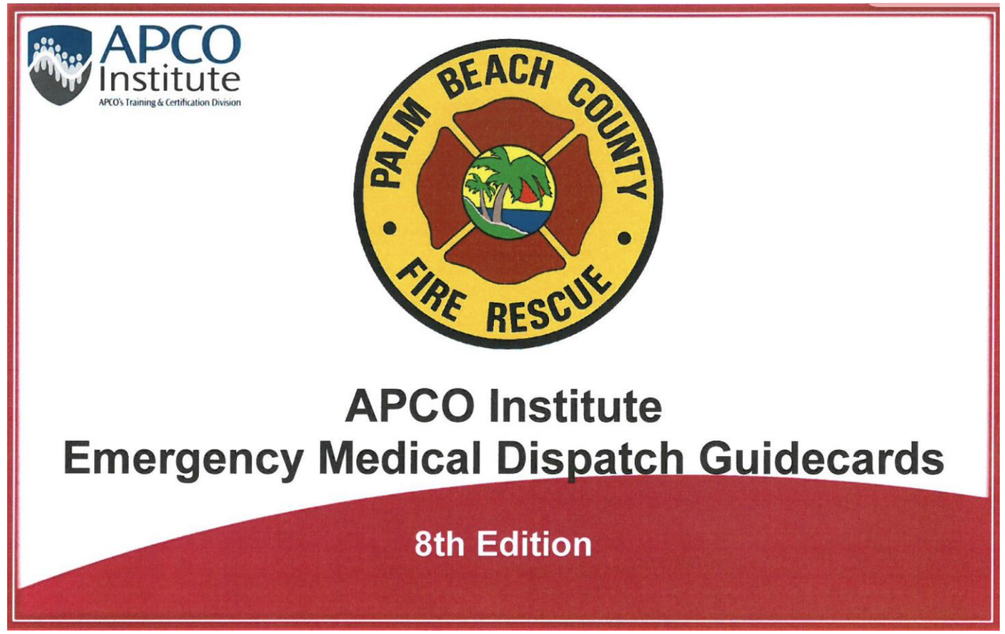
Patient & Family Centered Care

- Family presence during resuscitation
- Cultural competencies
- Countering Implicit bias
- Communication with non-verbal patients
- Using lay terms
- Narrating actions before performing interventions



Policies | Procedures | Protocols

- Dispatch Protocols for pediatrics?
- 24/7 Access to a Pediatric Physician?
- Protocols Updated at least every 2 years?



Education & Competencies

Equipment & Supplies

Patient & Medication Safety

Patient & Family Centered Care

Policies | Procedures | Protocols

Quality & Performance Improvement

Interactions with Systems of Care

Coordination of Pediatric Emergency Care

Quality & Performance Improvement

- Pediatric Chart Reviews?
- What frequency?
- What call types?
- Do you share feedback with personnel?
- Do you integrate findings into training?
- Do you track patient level data?
- Do you submit data (NEMSIS)
- Hospital data retrieved?

Education & Competencies

Equipment & Supplies

Patient & Medication Safety

Patient & Family Centered Care

Policies | Procedures | Protocols

Quality & Performance Improvement

Interactions with Systems of Care

Coordination of Pediatric Emergency Care

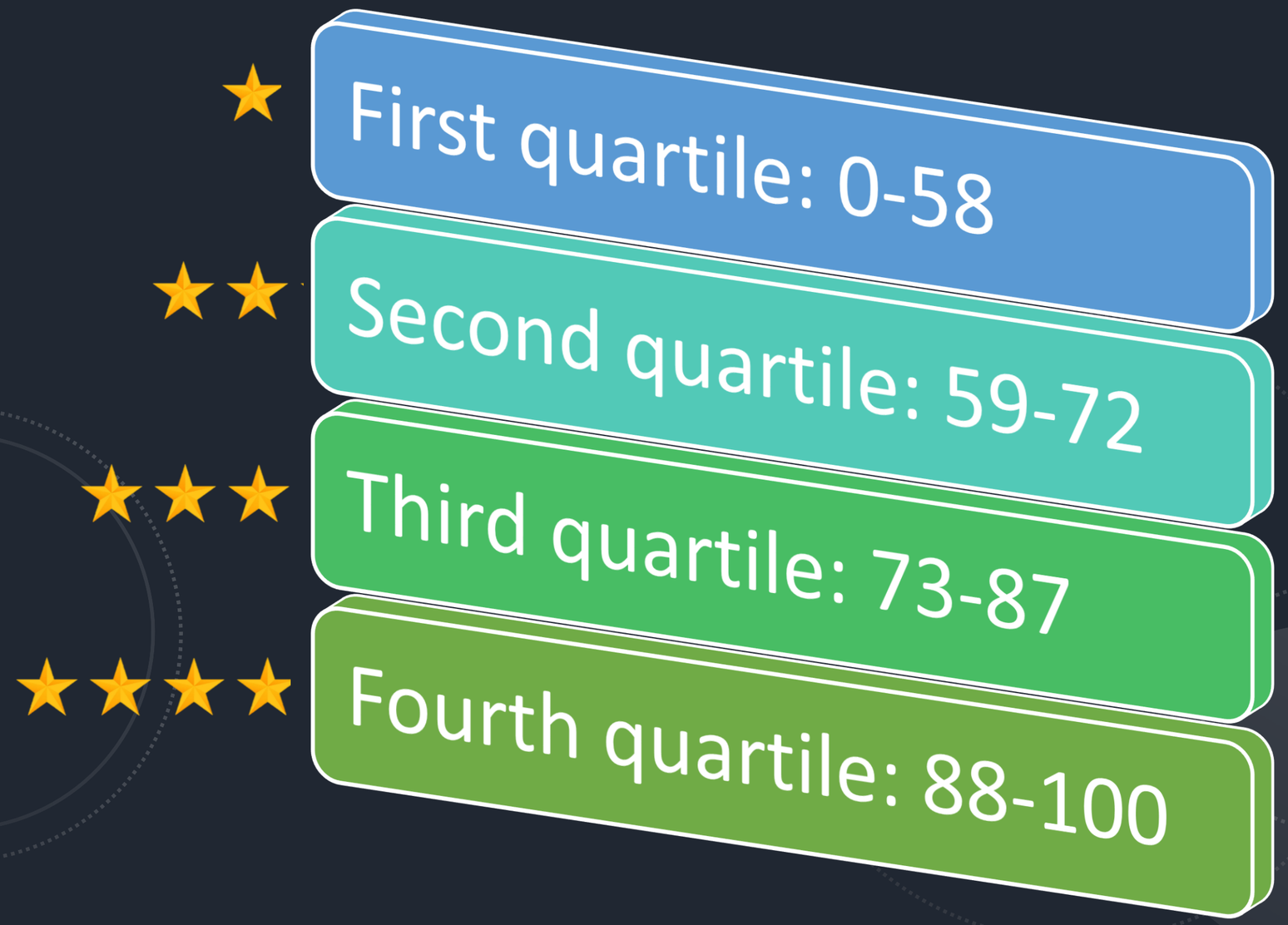
National PRP

Pediatric Readiness Project

Ensuring Emergency Care for All Children

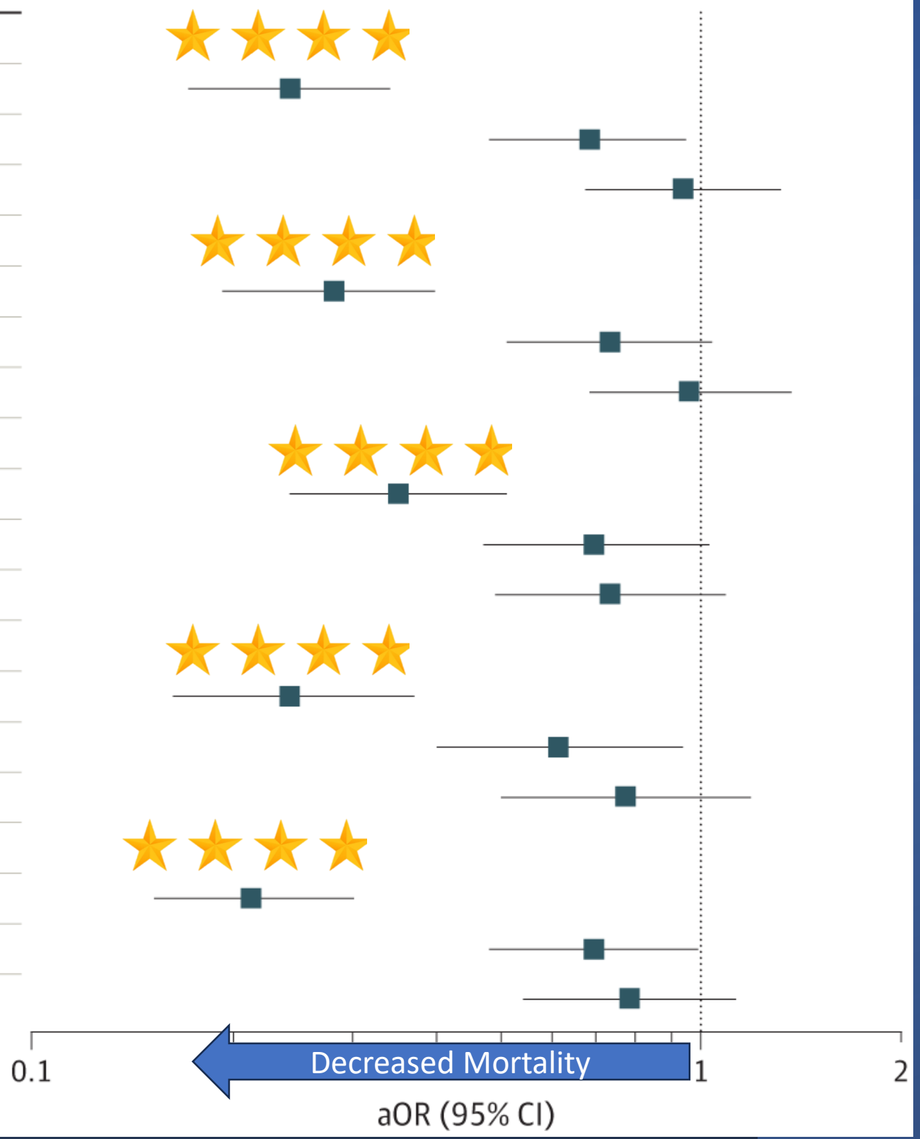
Let's Get Started

Quartiles of Readiness



B Medically ill

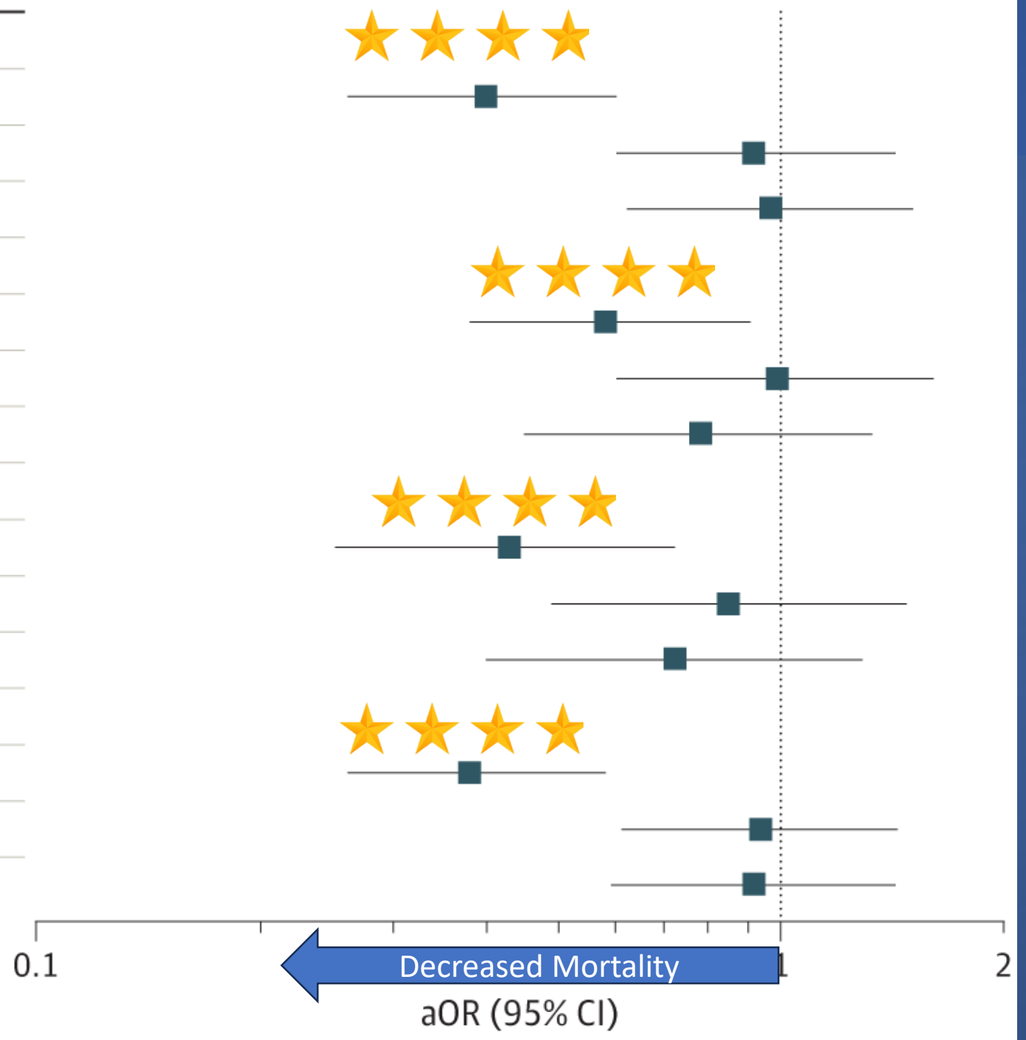
Subgroup and ED readiness	aOR (95% CI)
Medically ill patients (n = 705 974)	
Fourth quartile	0.24 (0.17-0.34)
Third quartile	0.68 (0.48-0.95)
Second quartile	0.94 (0.67-1.32)
Severity score ≥4 (n = 377 574)	
Fourth quartile	0.28 (0.19-0.40)
Third quartile	0.73 (0.51-1.04)
Second quartile	0.96 (0.68-1.37)
Respiratory diagnosis (n = 292 508)	
Fourth quartile	0.35 (0.24-0.51)
Third quartile	0.69 (0.47-1.03)
Second quartile	0.73 (0.49-1.09)
Neurologic diagnosis (n = 89 058)	
Fourth quartile	0.24 (0.16-0.37)
Third quartile	0.61 (0.40-0.94)
Second quartile	0.77 (0.50-1.19)
Cardiovascular diagnosis (n = 64 219)	
Fourth quartile	0.21 (0.15-0.30)
Third quartile	0.69 (0.48-0.99)
Second quartile	0.78 (0.54-1.13)



JAMA Netw Open. 2023;6(1):e2250941. doi:10.1001/jamanetworkopen.2022.50941

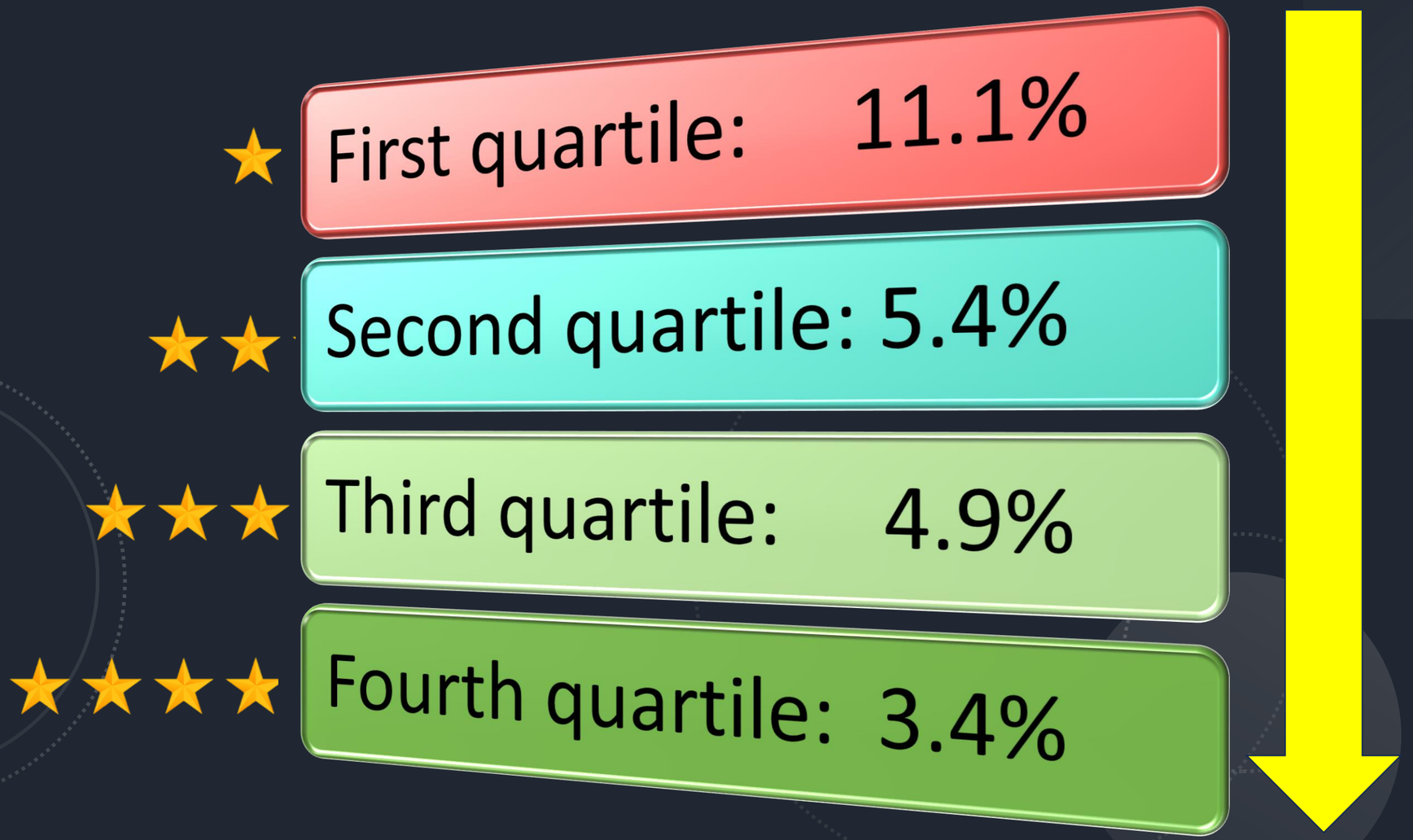
A Injured

Subgroup and ED readiness	aOR (95% CI)
Injured patients (n = 90 963)	
Fourth quartile	0.40 (0.26-0.60)
Third quartile	0.92 (0.60-1.43)
Second quartile	0.97 (0.62-1.51)
ISS ≥16 (n = 6577)	
Fourth quartile	0.58 (0.38-0.91)
Third quartile	0.99 (0.60-1.61)
Second quartile	0.78 (0.45-1.33)
Head AIS ≥3 (n = 12 959)	
Fourth quartile	0.43 (0.25-0.72)
Third quartile	0.85 (0.49-1.48)
Second quartile	0.72 (0.40-1.29)
Severity score ≥4 (n = 46 262)	
Fourth quartile	0.38 (0.26-0.58)
Third quartile	0.94 (0.61-1.45)
Second quartile	0.92 (0.59-1.43)



JAMA Netw Open. 2023;6(1):e2250941. doi:10.1001/jamanetworkopen.2022.50941

Mortality by Quartile



HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1343 Health Care Patient Protection
SPONSOR(S): Select Committee on Health Innovation, Altman
TIED BILLS: **IDEN./SIM. BILLS:** SB 1418

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Select Committee on Health Innovation	11 Y, 0 N, As CS	Guzzo	Calamas
2) Health & Human Services Committee			

SUMMARY ANALYSIS

General hospital EDs (nonchildren's hospitals) primarily treat adults and may not be prepared to treat children because of low pediatric patient volume. More than 97 percent of EDs caring for children are general hospital EDs, accounting for 82 percent of pediatric ED visits. Currently, Florida laws do not require hospital EDs to meet minimum standards of care for pediatric patients.

The National Pediatric Readiness Project (NPRP) is a quality improvement initiative to empower all EDs to provide effective emergency care to children. The NPRP developed an assessment to measure a hospital ED's pediatric readiness. The NPRP Assessment is voluntary and is conducted every five years. Recent studies prove that hospital EDs with high pediatric readiness scores have lower mortality rates among children.

Pediatric Cardiac Arrest

Transition of Care into the Hospital

Putting the Pressure On: Implementing Pediatric CPAP at your Agency

Peter Antevy, MD

All Credit to:

Kyle Goodknight, EMT-P, RRT

Chelsea Kadish, MD

Rob Lowe, MD

Questions

- Does CPAP work in children?
- Should EMS begin using CPAP in children?
- What do you need to purchase to get CPAP started?

Kyle's Story

- 6 YO Female
- Severe Resp. Distress
- Pale, Sleepy, SpO2 86%

- Urgent Care Called 911
- Admitted to Resus Bay

Background

- Respiratory complaints ~ 1/3 of ED visits
- Respiratory illness ~ 20% of hospitalizations & 3-5% of deaths
- Children are more likely to **arrest from respiratory failure rather than cardiac causes**

Which Kids Can Get CPAP?

- Impending respiratory failure or severe respiratory distress
- Any age child- Mask must fit
- Conditions:
  - Asthma
  - Bronchiolitis
  - Pneumonia
  - Pulmonary edema
  - Croup
  - Drowning/Submersion

Grunting w/Retractions

Asthma: Belly Breathing w/Retractions

Which Kids Should NOT Get CPAP?

Contraindications

- Anyone who’s not breathing
- Altered mental status (GCS <8)
- Need for airway protection (anaphylaxis, airway burns)
- Facial trauma
- Untreated pneumothorax
- Unable to get a good mask seal

Taylor & Francis
Taylor & Francis Group

Prehospital Emergency Care

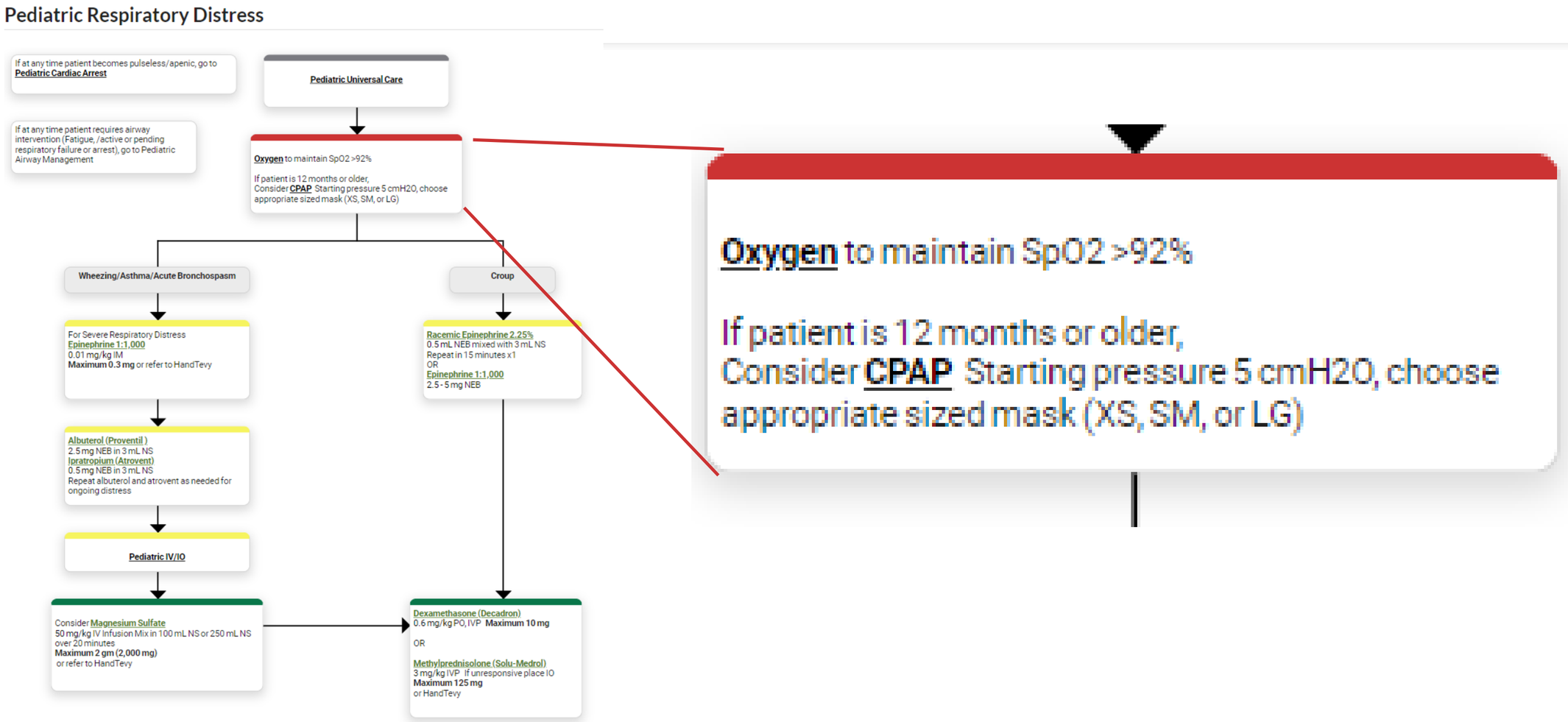
ISSN: 1090-3127 (Print) 1545-0066 (Online) Journal homepage: www.tandfonline.com/journals/ipec20

- “EMS agencies should emphasize noninvasive positive pressure ventilation”
- “There is growing support for the feasibility of NIPPV use by EMS clinicians in the pediatric critical care setting”
- “EMS agencies should consider the use of noninvasive ventilation strategies in children to reduce the need for invasive measures, and to do so within the educational and operational confines specific to their systems.”

CPAP Logistics: How to Implement

- Change the Mindset of what is happening in Pediatric Respiratory Distress
- Choose the Best Equipment
- Protocol Change
- Training

Cincinnati EMS CPAP protocol



Using CPAP in Kids

Start at 5 cm H_2O

and titrate up to

10 cm H_2O if needed

Equipment : CPAP Generator

- Some Common Disposable CPAP Generators
- O2 Max Pulmodyne

Equipment : CPAP Generator

- Some Common Disposable CPAP Generators
- Adult generators with Pedi mask
- Go Pap Pulmodyne

Equipment : CPAP Generator

- Some Common Disposable CPAP Generators
- Adult generators with pedi mask
- Flow Max II Mercury Medical

Equipment

- The Mask is the key to why this works in Peds
  - Tolerated well- not claustrophobic
  - No leak – mouth and nose are covered

Equipment : Masks

- Full Face Is Key for Peds
- Adult Small
  - Pulmodyne (Boundtree)
  - Philips

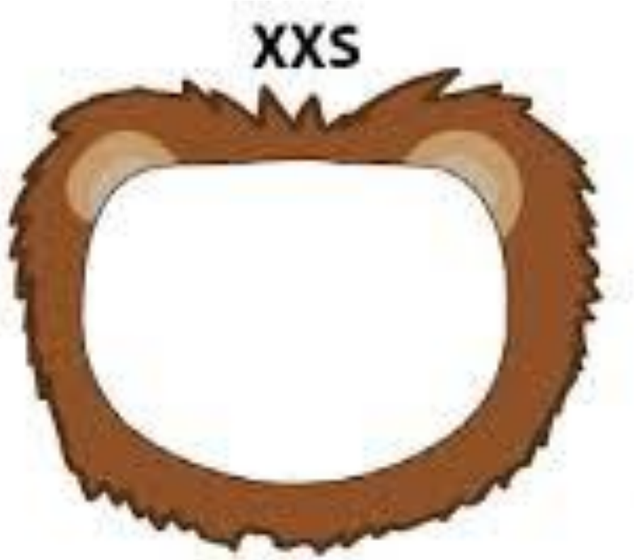
Equipment Masks

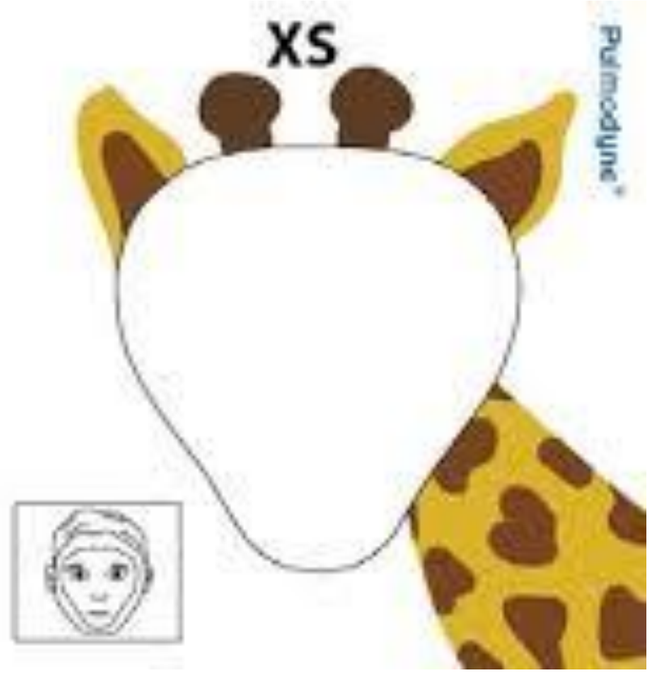
- Full Face Is Key for Peds
- Pediatric XS
  - Pulmodyne
  - Philips

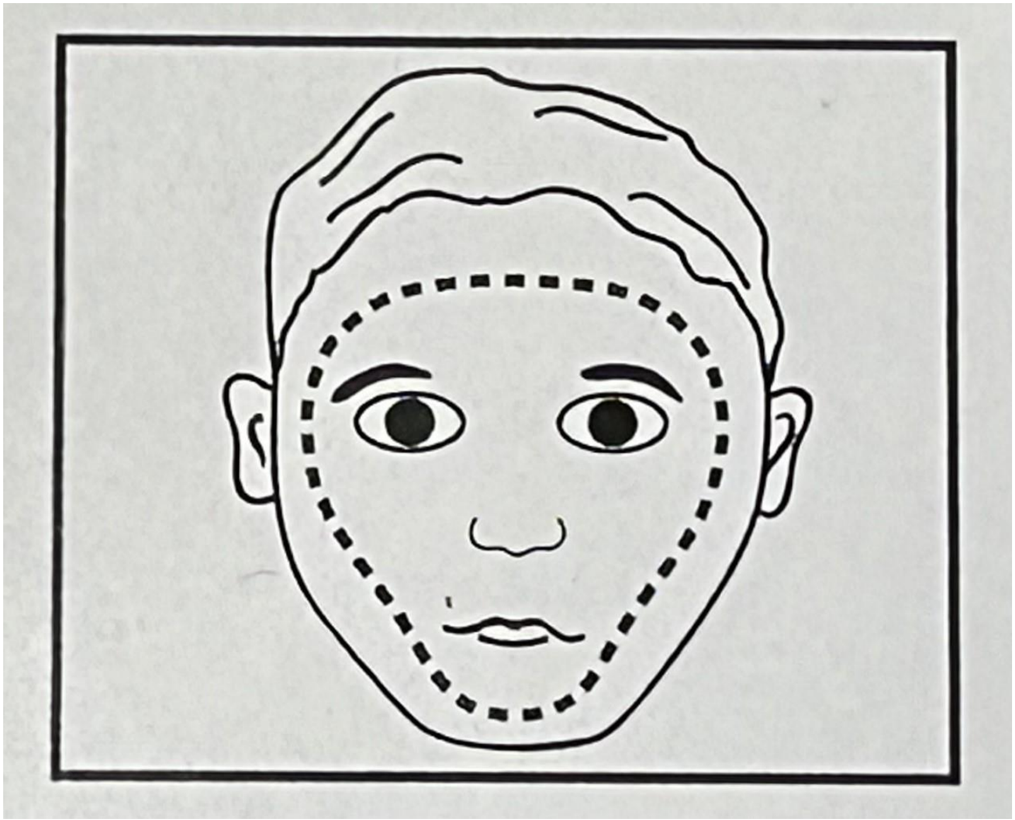
Equipment Masks

- Full Face Is Key for Peds
- Pediatric XXS
  - Pulmodyne
  - Philips

Equipment Sizing Template (xxs and xs)



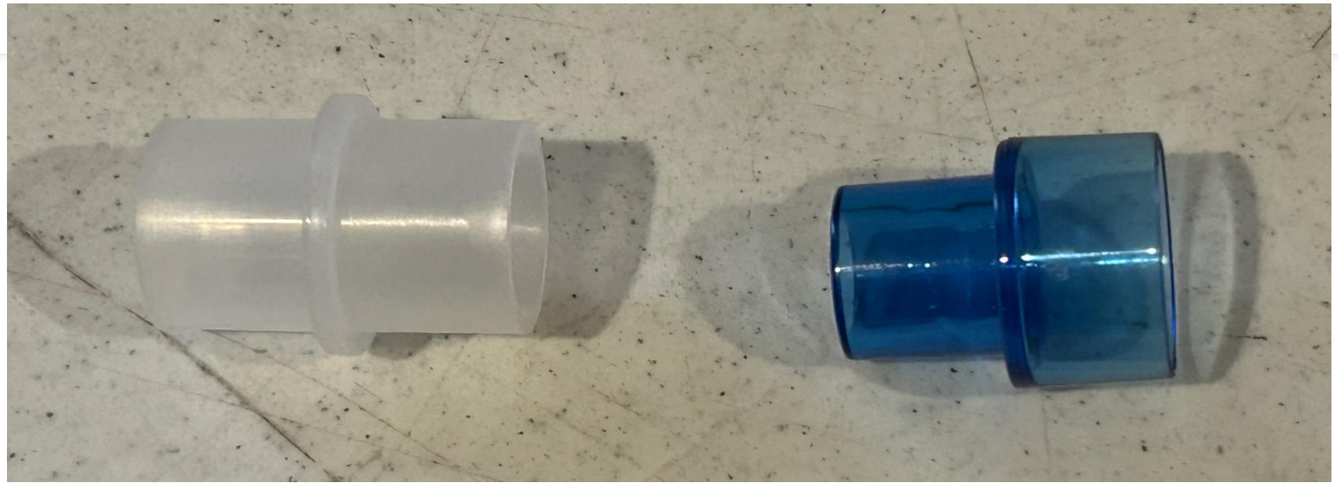




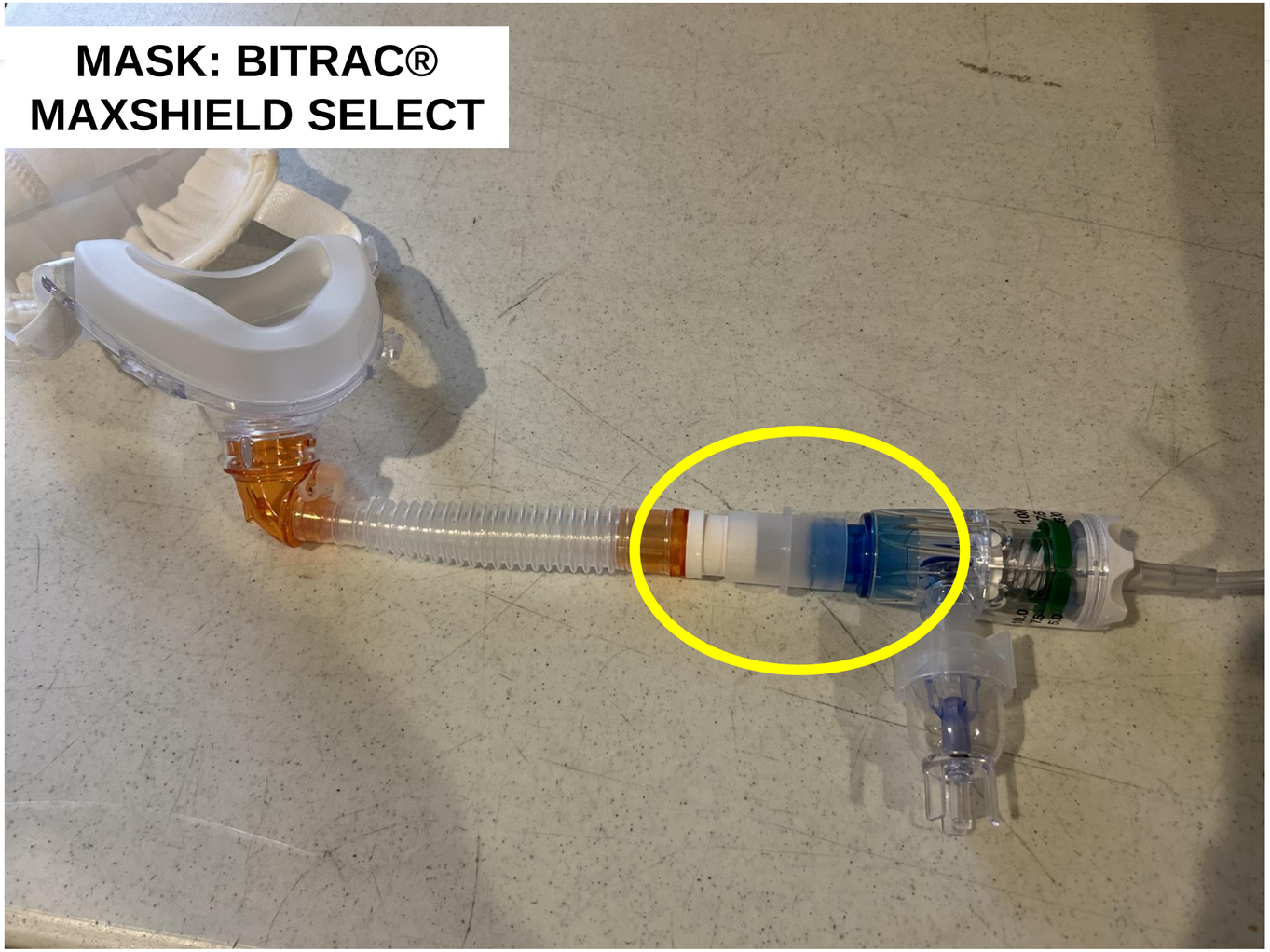
Kids Like This Mask Type

Equipment : Connectors

- Adapters



Equipment



Thank You!

R&D both my talks

CPAP Product Links

Bitrac Maxshield Select Pediatric XS w/Anti-Asphyxia w/Leak Elbow 10/ea/bx

https://www.boundtree.com/oxygen-equipment-respiratory/cpap-accessories/bitrac-maxshield-select-w-anti-asphyxia-leak-elbow-pediatric-xs/p/313-9527EA?searchText=313-9527

Bitrac Maxshield Select Pediatric XXS w/Anti-Asphyxia w/Leak Elbow 10ea/bx

https://www.boundtree.com/oxygen-equipment-respiratory/cpap-accessories/bitrac-maxshield-select-pediatric-w-anti-asphyxia-w-leak-elbow-xxs/p/313-9526EA?searchText=313-9526EA

Full Face Mask Blue Adapter for Go-PAP Connection 1/EA 50EA/CS

https://www.boundtree.com/oxygen-equipment-respiratory/cpap-accessories/15mmf-30mmm-blue-adapter/p/313-8184EA?searchText=313-8184EA

22mmF x 22mmF CONNECTOR KIT 50EA/BX

https://www.boundtree.com/oxygen-equipment-respiratory/cpap-accessories/connector-kit-22mmf-x-22mmf/p/313-5007EA?searchText=313-5007EA

BiTrac MaxShield ED Mask and Head Strap, SM Adult 10ea/cs

https://www.boundtree.com/oxygen-equipment-respiratory/cpap-accessories/bitrac-maxshield-ed-mask-and-head-strap/p/group004050?searchText=313-7054EA