

competency standards for each seat/bed. Participants completed a program evaluation at the end of the course. It is important to note that the CPS Nurse Champion program and the Infant Tolerance Screening are two different forms of nursing education.

Results: Following the implementation of the CPS Nurse Champion program, there was an increase in nurses requesting car seats for their patients without consultation from hospital-based CPS technicians. There was little change between 2019 (total request of 166) and 2020 (total request of 167) due to the COVID-19 pandemic. In a post-COVID era, the request for car seats by nurses has risen each year, with 2022 seeing the highest request at 413.

Conclusions: The creation of the CPS nurse champion program is an essential education portion for nurses working in the field of pediatrics. Child passenger safety is a crucial piece to consider when caring for a child at a pediatric hospital as care and safety should always be the top priority. Since CPS technicians are not available 24/7, it is ideal to have nurses trained in CPS education, so families can receive assistance when a CPS technician is not available. The nurses can rely on their knowledge and skills to help families get the proper car seat for their children. However, nurses are still able to connect with CPS technicians if they encounter a child that may need a specialty restraint.

Objectives: 1. There has been an increase in car seat distribution during the hospital's off hours.
2. Child passenger safety technicians have experienced a reduction in pages of non-complex patients needing car seats.
3. Child passenger safety champions continue to contact hospital-based CPS techs for assistance with complex patients.

A Scoping Review of Adverse and Positive Childhood Experiences



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Background: Children's brain growth and cognitive development is influenced by adverse and positive experiences. The original adverse childhood experiences (ACEs) study was published more than two decades ago, therefore there is a need to update the original formulation. This study was undertaken to explore the evidence for categories of ACEs not included in the original study, and for positive childhood experiences (PCEs) that promote optimal development and mitigate the adverse outcomes associated with ACEs. We report the results of a scoping review of the literature on original ACEs, possible expanded ACEs (ExACEs), PCEs and their effects on health outcomes. This scoping review describes the available literature with the goal of identifying gaps and preparing for systematic literature reviews.

Methods: We conducted a systematic scoping review according to PRISMA standards: bibliographic review across multiple databases, screening of titles and abstracts to eliminate irrelevant articles, full text screening to identify relevant articles, data abstraction, analysis and reporting.

Scoping reviews do not include an assessment of data quality. This study included only English language reports of studies conducted in the United States that reported associations between exposures and outcomes published in 2014 or later. Studies of people from other countries and prevalence studies were excluded.

Results: Over 23,000 articles were screened; 4,048 original ACEs, 6,617 ExACEs, and 8,919 PCEs. Only systematic reviews were considered for the original ACEs. Nineteen studies were included, and these reported 33 associations with abuse, 11 with family factors, and 7 with neglect. Few studies looked at physical health outcomes. Fifty-one original reports related to ExACEs were included. Exposures included bullying, discrimination, exposure to violence, and harsh parenting. Mental health outcomes were most commonly reported for ACEs and ExACEs.

A total of 220 original articles concerning PCEs were included. Analytic categories were based on the HOPE (Healthy Outcomes from Positive Experience) framework, categorized as relating to environment, relationships, and social engagement. The largest volume of literature related to caregiver relationships, school environment, and opportunities for community and spiritual engagement. Much of the data was derived from a small number of surveys. PCEs were inconsistently defined.

Conclusions: Since 2014, many studies published in peer-reviewed journal articles have examined the roles of adverse experiences, beyond the original ACEs, and positive childhood experience. Relatively few studies investigated associations between childhood experiences and physical health outcomes. Further systematic reviews are needed to better understand the health effects of the original ACEs, to explore the inclusion of discrimination, harsh parenting, and violence exposure as ExACEs, and PCEs on their own and co-occurring with ACEs.

Objectives: 1. Understanding of the quantity and focus of literature investigating health effects of original ACEs, ExACEs and PCEs. 2. Identify gaps in current body of research. 3. Identify potential ExACEs.

A Retrospective Study of Pediatric Snakebites in the United States, 2016-2022, Using the Pediatric Hospital Information System (PHIS) Database



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Background: Nearly 5000 snake bite injuries are reported to United States (U.S.) poison centers annually, with 30% of those injured being younger than 19 years of age. With limited quantities of antivenin available nationally, it is important that these resources be preferentially allocated to areas with higher incidence of snake bite injuries. The purpose of this study was to describe the incidence, patient characteristics and outcomes of pediatric hospitalizations related to snake bites in the U.S.