

# AMPLIFY

## Top 10 Articles That Will Change Your Pediatric Urgent Care Practice in 2026

Patrick Dolan MD FAAP FCUCM



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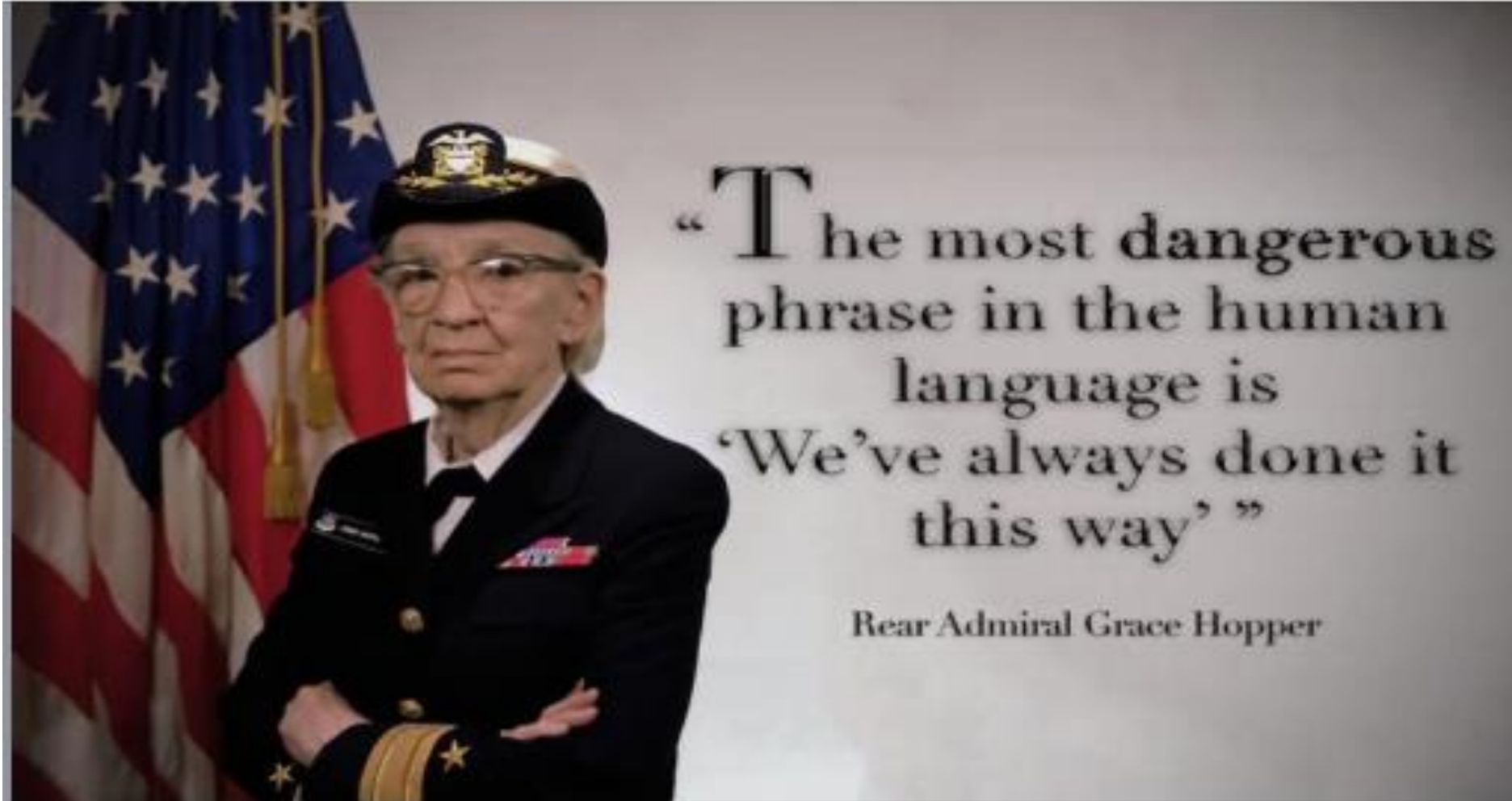
Regional Medical Officer Illinois  
PM Pediatric Care

# Financial Disclosures

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- I have no relevant financial relationships to disclose.
- I will not discuss off label use or investigational use in my presentation.

# Top 10 Articles That Will Change Your Pediatric Urgent Care Practice in 2026



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## 2025 Clinical Practice Guideline Update by the Infectious Diseases Society of America on Group A Streptococcal (GAS) Pharyngitis: Risk assessment using clinical scoring systems in children and adults

1

Jeffrey A Linder<sup>1</sup>, Michael E Watson<sup>2</sup>, Michael R Wessels<sup>3</sup>, Danielle M Carter<sup>4</sup>, Adam L Cohen<sup>5</sup>, Jennifer Dien Bard<sup>6</sup>, Guliz Erdem<sup>7</sup>, Christopher J Gregory<sup>5</sup>, Athena P Kourtis<sup>8</sup>, Judith M Martin<sup>9</sup>, A Brian Mochon<sup>10</sup>, Daniel Shapiro<sup>11</sup>, Ryan W Stevens<sup>12</sup>, Dipleen Kaur<sup>13</sup>, Miriam B Barshak<sup>14</sup>

Linder JA, et al. 2025 Clinical Practice Guideline Update by the IDSA on Group A Streptococcal (GAS) Pharyngitis: Risk assessment using clinical scoring systems in children and adults. Clin Infect Dis. 2025 Dec 4 PMID: 41343363.

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## • Article One *IDSA and Strep*

- Last Revision 2012
  - Prevalence of strep in pediatrics with pharyngitis is 30%
  - 15 Million outpatient visit in the US annually
  - Scoring Systems reviewed Breese, McIsaac, Centor, Attia and Fijikawa
  - Recommendations:
    - All children and adults with sore throat: Clinical scoring system should be used!
    - Reasoning:
      - Helps identify patient with low probability of GAS
      - High risk patient test even with low score + household exposure, hx of Rheumatic fever, Peritonsillar or retropharyngeal abscess Scarlet fever or TSS.
      - No evidence on scoring system is better
      - <3 years more likely to present with atypical presentations

Score  
To Test or Not Test

Linder JA, et al. 2025 Clinical Practice Guideline Update by the IDSA on Group A Streptococcal (GAS) Pharyngitis: Risk assessment using clinical scoring systems in children and adults. Clin Infect Dis. 2025 Dec 4 PMID: 41343363.

# Impact on Urgent Care

Implementing a Strep Score is needed

**Helps you not test**

1

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## Part 8: Pediatric Advanced Life Support: 2025 American Heart Association and American Academy of Pediatrics Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care

2

Javier J Lasa, Gurpreet S Dhillon, Jonathan P Duff, Jennifer Hayes, Beena D Kamath-Rayne, Arielle Levy, Melissa Mahgoub, Ryan W Morgan, Taylor McCormick, Joan S Roberts, Catherine E Ross, Stephen M Schexnayder, Todd Sweberg, Santiago O Valdés, Alexis A Topjian

Lasa JJ et al., Part 8: PALS: 2025 AHA and AAP Guidelines for CPR and ECC. Circulation. 2025 Oct 21;152(16\_suppl\_2) PMID: 41122885.

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- **Article Two** *AHA/AAP Update*

- 1) Minimizing Interruptions
  - Full Recoil
- 2) Infant Severe Foreign Body Airway Obstruction (FBAO)
  - cycles 5 back blows and alternating 5 chest thrust
  - Abdominal thrust are not recommended in infants
- 3) Infants Compression
  - One hand (palm) or Two thumbs encircling hands
  - Do not use two fingers along sternum
    - Ineffectiveness in achieving proper dept
- 4) Non shockable rhythm
  - EPI ASAP-Favorable outcomes
- 5) Shockable rhythm
  - Rapid Defibrillation if EPI not available
- 6) Opioid Overdose:
  - Public Access Guidance for Naloxone

Lasa JJ et al., Part 8: PALS: 2025 AHA and AAP Guidelines for CPR and ECC. Circulation. 2025 Oct 21;152(16\_suppl\_2) PMID: 41122885.

## Impact on Urgent Care

Infants:

FBAO no Abdominal thrust

CPR: No two-finger chest thrust

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## Trimethoprim-Sulfamethoxazole and Acute Respiratory Failure in Adolescents and Young Adults

Fatemeh Ahmadi<sup>1 2 3</sup>, Eric McArthur<sup>1 3</sup>, Facundo Garcia-Bournissen<sup>2 4 5</sup>, Michael J Rieder<sup>4 5</sup>,  
Flory T Muanda<sup>1 2 3 5</sup>

Ahmadi F et al, Trimethoprim-Sulfamethoxazole and Acute Respiratory Failure in Adolescents and Young Adults. JAMA Netw Open. 2025 Nov PMID: PMC12645330.

# Top 10 Articles That Will Change Your Pediatric Urgent Care Practice in 2026

- **Article Three** *TMP/SMX and Resp. Failure*

- TMP/SMX for  $\geq 6$  days
- Large population-based cohort study 750,000
- Age 10-<25
- Previously healthy Individuals
- Occurs within days to weeks
- Clinical presentation
  - Severe shortness of breath, Tachypnea, hypoxemia, progression to respiratory failure
- Mortality Rate approaches 40% in reported cases
- Can cause Mechanical ventilation, ECMO or even lung transplantation
- Absolute Risk low, Number needed to harm 4,000-5,000
- Genetic:100% HLA-B07:02 and HLA-C07:02

Ahmadi F et al, Trimethoprim-Sulfamethoxazole and Acute Respiratory Failure in Adolescents and Young Adults. JAMA Netw Open. 2025 Nov PMID: PMC12645330.

## Impact on Urgent Care

TMP/SMX: Use with Caution in Pediatric Populations

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## What's Old Is New Again: Measles

Caitlin Naureckas Li <sup>1</sup>, Sheldon L Kaplan <sup>2</sup>, Kathryn M Edwards <sup>3</sup>, Gary S Marshall <sup>4</sup>, Sarah Parker <sup>5</sup>,  
C Mary Healy <sup>2</sup>

Naureckas Li C et al, What's Old Is New Again: Measles. Pediatrics. 2025 Jun PMID: 40211105.

# Top 10 Articles That Will Change Your Pediatric Urgent Care Practice in 2026

- **Article Four** *Measles Again*

- 7-23 after exposure,
  - Prodromal phase: Fever and Cough, Coryza and Conjunctivitis
- Measles was declared nonendemic in the United States 2000
- Caused decreasing vaccination rates and rising vaccine hesitancy
- Many pediatricians have never seen a case
- High clinical index of suspicion
- Immune Amnesia can last up to one 1 year
- Highly contagious
- Prevent community transmission need to have >95 % of both doses of vaccines
- Vitamin A for all persons who have measles to decrease complications and risk for death

Cases 2025: 2,382

Cases 2024: 265

Naureckas Li C et al, What's Old Is New Again: Measles. Pediatrics. 2025 Jun PMID: 40211105.

## Impact on Urgent Care

Measles: Coming back

High index of suspicion

Guidelines in place including post exposure in waiting rooms.

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# Top 10 Articles That Will Change Your Pediatric Urgent Care Practice in 2026

## Interim Evaluation of Respiratory Syncytial Virus Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products – United States, October 2024–February 2025

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Monica E Patton, Heidi L Moline, Michael Whitaker, Ayzsa Tannis, Huong Pham, Ariana P Toepfer, Christopher A Taylor, Leah Goldstein, Arthur Reingold, Pam Daily Kirley, Nisha B Alden, Breanna Kawasaki, James Meek, Daewi Kim, Lucy S Witt, Kyle P Openo, Patricia A Ryan, Erica Mumm, Ruth Lynfield, Yadira Salazar-Sanchez, Francesca Pacheco, Fiona Keating, Bridget J Anderson, Brenda L Tesini, Christina B Felsen, Melissa Sutton, Ann Thomas, William Schaffner, H Keipp Talbot, Khalil Harbi, Emma Doran, Geoffrey A Weinberg, Mary A Staat, Daniel C Payne, Natasha B Halasa, Laura Stewart, Julie A Boom, Leila C Sahni, Eileen J Klein, Janet A Englund, John V Williams, Marian G Michaels, Jennifer E Schuster, Rangaraj Selvarangan, Peter G Szilagyi, Fiona P Havers, Fatimah S Dawood

Patton ME et al, Interim Evaluation of RSV Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products - United States, October 2024-February 2025. MMWR Morb Mortal Wkly Rep. 2025 May 8 PMID: PMC12061057..

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- **Article Five *RSV and Prevention***

- Post RSV Vaccine and Nirsevimab
- Compared RSV season 2024-25 and 2018-20
- Availability of products and Pediatric RSV associated hospitalization rate
- RSV Season
  - Infants from 0-7 months
- During peak hospital periods (December – February)
- Relative rate reductions for ages 0-7 months
  - 43% [95% CI = 40%-46%]
- Largest Relative rate reduction for ages 0-2 months
  - 52% [95% CI = 49%-56%]

Patton ME et al, Interim Evaluation of RSV Hospitalization Rates Among Infants and Young Children After Introduction of RSV Prevention Products - USA, October 2024-February 2025. MMWR. 2025 May 8

# Impact on Urgent Care

RSV

Decreasing post vaccines and MAB

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# Top 10 Articles That Will Change Your Pediatric Urgent Care Practice in 2026

## Toward Trustworthy Pediatric AI: A Call to Action From the National Academy of Medicine

Kevin B. Johnson, MD, MS, FAAP, FACMI, FIAHSI, FAMIA ✉; Mark Simonian, MD, FAAP; Laura L. Adams, MS; Joseph H. Schneider, MD, MBA, FAAP

## Artificial Intelligence's Leap Into Emergency Medicine: The Promise and Pitfalls of ChatGPT

A look into what ChatGPT and other artificial intelligence applications mean for the future of the field.

[Fred Milgrim, MD](#)

Kevin B. Johnson et al, Toward Trustworthy Pediatric AI: A Call to Action From the National Academy of Medicine. *Pediatrics* November 2025; 156 (5): e2025073304. 10.1542/peds.2025-073304

Milgrim, F et al. Artificial Intelligence's Leap Into Emergency Medicine: The Promise and Pitfalls of ChatGPT *Annals of Emergency Medicine*, Volume 82, Issue 4, A13 - A16

6A

6B

# Top 10 Articles That Will Change Your Pediatric Urgent Care Practice in 2026

## • Article Six A: AI

- AI
- Focus should be on Unique needs of children.
- Caution
  - dependence on adult decision-makers
  - Address other biases in AI systems
  - Misinterpret pediatric signs and symptoms
  - Underestimating Risk
- AI systems Needs
  - Pediatric population needs
  - Limited ability to inform you
  - Long-term ramifications

Toward Trustworthy Pediatric AI: A Call to Action From the National Academy of Medicine.

## • Article Six B: ChatGPT

- ChatGPT
- Patient are using it now over WebMD and Dr. Google
- Good answers if asked the right question (Prompt Engineering)
- A skill most patients will not be good at.
- Garbage in Garbage Out
- Can have diagnosis agreement 50%
- Responsible Rollout

Artificial Intelligence's Leap Into Emergency Medicine: The Promise and Pitfalls of ChatGPT

Every system is perfectly designed  
to get the results it gets.

— Donald Berwick —

## Impact on Urgent Care

AI and ChatGPT: Are here to stay!

May help

(USE With Caution)

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› [Pediatrics](#). 2025 Sep 1;156(3):e2025071666. doi: 10.1542/peds.2025-071666.

## Prediction Rule to Identify Febrile Infants 61–90 Days at Low Risk for Invasive Bacterial Infections

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Paul L Aronson<sup>1</sup>, Prashant Mahajan<sup>2</sup>, Huong D Meeks<sup>3 4</sup>, Blake Nielsen<sup>4</sup>, Cody S Olsen<sup>4</sup>,  
T Charles Casper<sup>3</sup>, Robert W Grundmeier<sup>5</sup>, Nathan Kuppermann<sup>6</sup>;  
PECARN Registry Working Group

Aronson PL, PECARN Registry Working Group. Prediction Rule to Identify Febrile Infants 61-90 Days at Low Risk for Invasive Bacterial Infections. *Pediatrics*. 2025 Sep 1;156(3):PMID: 40854562;

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- **Article Seven** *Pediatric Fever 61-90 days*
- 17 Pediatric Emergency Care Applied Research Network (2012-2024)
- Ages 61-90 days old
  - fever  $\geq 38$  with urinalysis and blood cultures +/- PCT/ANC
- 4952 infants
  - 100 Invasive Bacterial Infections,
  - 95 Bacteremia with Meningitis
  - 5 Bacterial Meningitis
- **Low risk infants**
  - Negative Urinalysis tmax 38.9
    - sensitivity 86% and specificity 58.9%
  - Procalcitonin (PCT)  $< 0.24$  ng/ml and Absolute Neutrophil Count (ANC)  $< 10710$  cells/mm<sup>3</sup>
    - sensitivity 100.% specificity 65.8

**Prospective  
Validation  
Needed**

Aronson PL, PECARN Registry Working Group. Prediction Rule to Identify Febrile Infants 61-90 Days at Low Risk for Invasive Bacterial Infections. Pediatrics. 2025 Sep 1;156(3):PMID: 40854562;

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- PM Pediatric Care Clinical Pathway
- [Fever\\_0-24\\_mos\\_pathway\\_final\\_12\\_yZQWkol.7.24.pdf](#)

# Impact on Urgent Care

Pediatric Low Risk Fever 2-3 months  
Use the Force (Pathways)

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➤ [J Am Acad Child Adolesc Psychiatry. 2025 Oct 6;S0890-8567\(25\)02106-9.](#)  
doi: 10.1016/j.jaac.2025.09.031. Online ahead of print.

## **Systematic Review and Meta-Analysis: Acetaminophen Use During Pregnancy and the Risk of Neurodevelopmental Disorders in Childhood**

Anick Bérard <sup>1</sup>, Judith Cottin <sup>2</sup>, Lisiane F Leal <sup>3</sup>, Cyndie Picot <sup>2</sup>, Justine Pleau <sup>4</sup>, Jan M Friedman <sup>5</sup>,  
Per Damkier <sup>6</sup>, Michel Cucherat <sup>2</sup>, Sura Alwan <sup>5</sup>, Lucie Jurek <sup>7</sup>, Louise M Winn <sup>8</sup>,  
Bruce C Carleton <sup>9</sup>, Andréa D Bertoldi <sup>10</sup>, Sonia M Grandi <sup>11</sup>, Reem Masarwa <sup>12</sup>, Philippe Dodin <sup>13</sup>,  
Michael Ceulemans <sup>14</sup>, Robert W Platt <sup>15</sup>, Mikail Nourredine <sup>16</sup>, Erika Björkström Gram <sup>17</sup>,  
Areti Angeliki Veroniki <sup>18</sup>, Jérôme Massardier <sup>2</sup>, Andrea C Tricco <sup>18</sup>

Bérard A, et al Systematic Review and Meta-Analysis: Acetaminophen Use During Pregnancy:  
J Am Acad Child Adolesc Psychiatry. 2025 Oct 6: PMID: 41062061.

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- **Article Eight Acetaminophen**

- 2002 studies Review 16 used in meta analysis
- Slight increase in ADHD non statically significant
- ACOG/AAP First line medication for fever and pain in pregnancy
- HHS Consensus Statement
  - Non- endorsed by Professional Organizations
- 90% of Pediatric Populations are exposure to Acetaminophen
- Historically conflicting data
  - Higher-quality studies VS Less Rigorous studies
- Acute Adverse Events <1%
- Most studies reviewed median 48 hours post
- May be a gap in education
- Hundreds of studies of Autism show at this time no single root cause
- 200,000 pediatric patient study in Japan 2005-2022
  - no increase in autism

Bérard A, etc Systematic Review and Meta-Analysis: Acetaminophen Use During Pregnancy:  
J Am Acad Child Adolesc Psychiatry. 2025 Oct 6: PMID: 41062061.

## Impact on Urgent Care

Pediatric use of Acetaminophen  
The study development is important!

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## Changes in Access to High Pediatric Readiness Emergency Care in the United States from 2013 to 2021

[Allan M. Joseph, MD, MPH](#) <sup>1,2,3</sup>  · [Kristin N. Ray, MD, MS](#) <sup>4</sup> · [Kristen S. Kurland, BA](#) <sup>5</sup> · ... · [Kathleen M. Brown, MD](#) <sup>7</sup> · [Billie S. Davis, PhD](#) <sup>8</sup> · [Jeremy M. Kahn, MD, MS](#) <sup>8,9</sup> ... [Show more](#)

Joseph, Allan M. et al. Changes in Access to High Pediatric Readiness Emergency Care in the United States from 2013 to 2021  
The Journal of Pediatrics, Volume 288, 114834

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- **Article Nine *Pediatric Readiness***

- Years 2013-2021
- Data from the National Pediatric Readiness Project (NPRP) From EMSC EIIC
- Access defined by 30-min drive
- High pediatric Readiness ED >75 on 2013 Assessment
- Total Pediatric Readiness access to high Pediatric readiness ED declined 70.2%-66.7%
- 2.1 million fewer children
- Equipment/Process (non-staff related) showed an increase 75.8-79.5%
- Higher Pediatric Readiness >2000 pediatric preventable deaths saved
- Northeast Regional Urgent Care Association
  - Pediatric Checklist - NERUCA

Joseph, Allan M. et al. Changes in Access to High Pediatric Readiness Emergency Care in the United States from 2013 to 2021  
The Journal of Pediatrics, Volume 288, 114834

## Impact on Urgent Care

Pediatric Readiness and Access  
Harder for more patients to get  
Pediatric Specific Care

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Rising trends in infant ER encounters for food-induced allergic reactions in the era of early allergenic food introduction

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[Aaron Chin, MD](#)  <sup>a,\*</sup>  · [Ali Doroudchi, MD](#) <sup>a,\*</sup> · [Derek C. Pham, BS](#) <sup>b</sup> · [Nicholas J. Jackson, PhD, MPH](#) <sup>b</sup> · [Maria I. Garcia-Lloret, MD](#) <sup>a</sup>

Rising trends in infant ER encounters for food-induced allergic reactions in the era of early allergenic food introduction  
Chin, Aaron et al. Journal of Allergy and Clinical Immunology: Global, Volume 5, Issue 2,

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- **Article Ten *Food Reactions***
- Early Allergen Introduction Generation
  - Years 2013-2024
  - Compared 2013-2016 vs 2022-2024
  - Compare Ages 0-1 and 2-5
  - Total 67,059 Visits, 532 visits for Food induced reactions/Anaphylaxis
  - At UCLA ER Visits
  - No increase in age 2-5
  - Infants in post guideline period 0-1 years noted more than twice the odds ratio.

Joseph, Allan M. et al. Changes in Access to High Pediatric Readiness Emergency Care in the United States from 2013 to 2021  
The Journal of Pediatrics, Volume 288, 114834

## Impact on Urgent Care

Post early infant allergen program  
Increased allergic reactions

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# Thank you