CRITERIA FOR ED DISCHARGE FOR TRAUMA ACTIVATION PEDIATRIC PATIENTS

- No significant chest or abdominal injuries on exam/x-ray/ultrasound (ie no free fluid or solid organ injury)
- No seatbelt sign
- Can safely ambulate and tolerate oral intake
- No rib fractures
- Can not have 2 or more extremity injuries nor be non-weight bearing on 2 or more extremities
- Pain controlled with oral medications
- VBG or ABG- base deficit less than 4
- Can not be intoxicated

- Mild Brain Injury (Concussion)
  - CT brain normal
  - GCS 15 (or baseline)
  - Can not be on any anti-coagulation (ie no history of ASA, Plavix or coumadin use)
  - No significant nausea, no vomiting and headache controlled with Tylenol
  - Needs to have assistance/supervision available at place of discharge
  - No history or findings suspicious for non-accidental trauma

- Social issues:
  - Must be able to return if any problems
  - Has safe transportation
  - Admit any minors if an appropriate guardian or caretaker is not available
  - Strongly consider and discuss admitting if workup completed after midnight
  - No history or findings suspicious for non-accidental trauma

ALL ED DISCHARGES MUST BE DISCUSSED AND APPROVED BY THE TRAUMA ATTENDING AFTER WORK UP IS COMPLETE AND PRIOR TO DISCHARGE.
All discharged patients need to be dictated and given a trauma clinic follow up appointment.

~~*Updated 06/27/2010*~~
~~Reviewed 1/2016~~
~~Reviewed 2/2017~~
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