



Admission of the Pediatric Trauma Patient from Outside Facilities

Purpose: The specialized nature of pediatrics involves the frequent necessity of transferring a seriously injured child to a regional referral center. The key element in an organized system of care for injured children is to minimize delays, and facilitate appropriate, rapid, and efficient transport to specialty centers. If an inter-facility transport is required, the referring physician, in consultation with the receiving physician, should determine the method of transport and appropriate personnel to accompany the child. Trauma transfers will be triaged according to established PI, PII, and PIII Trauma Activation Criteria. All pediatric trauma transfers will be reviewed through the trauma performance improvement process.

Guideline:

- All Pediatric Trauma patients accepted for transfer from an outside facility's Emergency Department, will be transferred to the Emergency Department of Jon Michael Moore Trauma Center.
- Express permission of the Pediatric Trauma Attending or Trauma Blue Attending is needed to admit a Pediatric Trauma patient directly to the PICU or other inpatient unit if injury less than 24 hours old.
- Requests for pediatric trauma transfer from an outside ED will come through the MARS Line. The MARS line will discuss the patient with the ED Attending for acceptance to The Jon Michael Moore Trauma Center. Medical Command will assign and page the appropriate Priority Response prior to patient arrival according to established criteria. If the request for pediatric trauma transfer from an outside ED comes to the PICU Attending, the PICU Attending will call Medical Command and discuss with the ED Attending for acceptance. Medical Command will assign and page the appropriate Priority response prior to patient arrival to the Emergency Department according to established criteria.
- The Pediatric Trauma Attending or Trauma Blue Attending may be contacted by MARS Line for Priority 1 trauma activations or complex cases.

Transport:

The ED Attending will normally make the recommendation regarding the appropriate method of transfer, in conjunction with the referring physician. If air transfer is deemed appropriate by the ED Attending, Medical Command will activate HealthNet I or another air transport service. Depending on weather, distance, and nature of injuries, the HealthNet Team may transport by ground. If HealthNet cannot transport the patient by air or ground, the ED Attending will discuss with the PICU Attending who will activate the PICU Transport Team, if appropriate.

This guideline for best patient care was designed and agreed upon by:

Pediatric Trauma Program Director
PICU Transport Service Medical Director
Emergency Department Medical Director
MARS Line Director