

Pediatric ICU trauma patients- Evaluation and responsibilities

- A. Expectations for Documentation as a Trauma note from the Pediatric or Adult Trauma Service
 - a. All activations (Level 1 or Level 2)
 - i. Note documented in chart from attending within 24 hours of arrival
 - b. Pediatric Surgical Faculty or adult trauma faculty
 - i. If present for the resuscitation, should document their presence in the resuscitation and agreement with the plan of care in the chart
 - ii. At their discretion, may document a separate dictated note.
- B. Transporting a patient to the PICU
 - a. Prior to transfer, the pediatric surgical faculty, adult trauma surgeon, pediatric trauma APP, or PGY4/5 surgical resident must speak to a PICU attending.
- C. Pediatric Surgical Faculty or Adult trauma faculty that did not physically participate in the resuscitation and did not physically see the Level II or ICU patient (admitted to the trauma service) prior to admission
 - a. Must see the patient within twenty-four hours of admission to an ICU and document agreement with the plan or care or amend the plan as needed.
 - b. The on-call residents must document a discussion with the attending of any change in the patient condition.
- D. Notifications of changes in care to the pediatric trauma service.
 - a. The pediatric trauma team must be informed of any major therapeutic or management decisions performed by the PICU.
- E. Tertiary examination
 - a. Must be performed within 24hrs of admission to the PICU.
 - b. All activations should have tertiary exam before trauma signs off.
- F. Rounding
 - a. After rounding on a pediatric trauma patient in the PICU, the pediatric surgery team will touch-base with the PICU attending to discuss the patients plan of care for the day.
 - i. This needs to occur each day.
 - b. If able to be present for PICU rounds, the plan of care will be discussed at that time.
- G. Progress note for transition of care.
 - a. Prior to signing off on a trauma patient admitted to the PICU, a progress note from the pediatric trauma service must include plan of care and discussion of signing off with PICU service.