

Trauma

Pediatric Trauma Triage

This protocol applies to all pediatric patients who are seriously injured or potentially seriously injured. The criteria listed below serve to identify the injured patients who are likely to require pediatric comprehensive trauma care. A pediatric trauma patient is defined as an injured patient (age 14 or less) who 1) meets any of the absolute criteria or 2) one of the relative criteria when in the judgment of EMS personnel, evidence for potential serious injury exists.

ABSOLUTE CRITERIA

Vital signs & level of consciousness

- Glasgow Coma Scale <14
- Systolic Blood Pressure <90
- Respiratory Rate <10 or >29 (<20 in infant less than 1 year)

Anatomy of injury

- All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee.
- Flail Chest
- Two (2) or more proximal long bone fractures (femur and or humerus).
- Crush, degloved or mangled extremity
- Amputation proximal to wrist or ankle
- Pelvic fracture
- Open or depressed skull fracture
- Paralysis

Mechanism and evidence of high-energy impact

- Falls >10 feet or 2 to 3 times the height of the child
- High-risk auto crash
 - Intrusion > 12 in. occupant site, 18 in any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
- Auto v. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash > 20 mph

RELATIVE CRITERIA

Special patient or system considerations

- Age – Children: Should be triaged preferentially to pediatric-capable trauma centers
- Anticoagulation and bleeding disorders (patient on coumadin or plavix)
- Burns
 - Without other trauma mechanism: Triage to burn facility
 - With trauma mechanism: Triage to trauma center
- Time sensitive extremity injury
- End-stage renal disease requiring dialysis
- Pregnancy >20 weeks
- Any other injuries felt by EMS personnel to require specialized trauma care.

Any pediatric patient (age 14 or less) meeting the inclusion criteria will be transported to the nearest⁽¹⁾ hospital capable of meeting the comprehensive needs of a pediatric trauma patients. University of Michigan Hospital is the comprehensive pediatric trauma hospital⁽²⁾ within the Washtenaw/Livingston Medical Control Authority. If the patient requires a mechanical airway and this cannot be accomplished by the prehospital personnel, the patient will be transported to the closest hospital.

(1) Nearest means least time until arrival in ED.

(2) Hospitals are approved as providing comprehensive trauma care when they provide evidence of meeting ACS Level One or two criteria to the EMS Medical Director.

Patients with burns greater than 10% BSA should be preferentially routed to University of Michigan.

Washtenaw/Livingston MCA
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Additional Considerations

1. Medical Control may be contacted to determine the appropriate destination when indicated. With children less than age 5 it can be very difficult to detect all significant injuries on the initial survey. Medical Control may be contacted to assist in determining the appropriate destination.
2. Helicopter transport should be considered for patients meeting the trauma inclusion criteria and who have a projected ground transport time to UMHS greater than 15 minutes.