Alameda County
Emergency Medical Services Agency

Pediatric Emergency Trauma Re-Triage (Age ≤ 14)

Effective: 8/24/2023
Review: 8/24/2026
Approved: Link to Record of Revisions and Approvals

I. Purpose

This policy is intended for pediatric patients whose needs are generally known immediately or soon after initial arrival, based on clinical findings. Avoid any unnecessary studies (e.g., CT scans or angiograms), and do not delay transport for paperwork/diagnostics not ready at the time of departure.

II. Procedure

STEP ONE – Determine Level of Severity

Emergency Pediatric Trauma Re-Triage Criteria:

Blood pressure / perfusion:
- Hypotension or tachycardia (based on age-appropriate chart below) or clinical signs of poor perfusion (see below)
- Need for more than two crystalloid boluses (20 ml/kg each) or need for immediate blood replacement (10 ml/kg)

Neurologic:
- GCS Less than 12 (pediatric scale – see verbal scale below)
- GCS Deteriorating by 2 or more during observation
- Blown pupil
- Obvious open skull fracture
- Cervical spine injury with neurologic deficit

Anatomic criteria:
- Penetrating injuries to head, neck, chest, or abdomen

Respiratory criteria:
- Respiratory failure or intubation required

Provider judgment:

- Patients, who in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood for emergent life- or limb-saving surgery or other intervention within 2 hours.

Important Pediatric Re-Triage Exceptions

- ➢ Pregnant patients of any age should be transferred to an adult trauma center.
- ➢ Major Burns should be preferentially transferred to one of the burn centers.

- Contact hospital first for major extremity injuries with vascular compromise.

STEP TWO – Arrange Emergency Transport

Contact the Pediatric Trauma Center: ED Physician to ED Physician communication to confirm acceptance of the patient to the closest most appropriate Pediatric Trauma Center.

Call 9-1-1 Directly: Request a “Code 3 Ambulance” for an “emergency trauma re-triage” patient.

****If patient exceeds Paramedic Scope of Practice, arrange for RN or MD staff to accompany Paramedic or EMT in the ambulance during transport, or arrange for a Critical Care Transport (CCT) ambulance instead.****

STEP THREE – Provide Additional Paperwork

Prepare Paperwork/Diagnostics: Provide any additional paperwork, by whatever means appropriate, not ready at the time of patient departure. (See Pediatric Trauma Center Contact Information table below). Do not delay transport for paperwork or diagnostic imaging.

Age-Appropriate Vital Signs				
Age	**Weight**	**Heart Rate**	**Systolic BP**	**Pediatric Length-Based Tape**
Newborn	3-5 Kg	80-190	65-104	Grey -Pink
1 Year	10 Kg	80-160	70-112	Purple
3 Years	15 Kg	80-140	75-116	White
5 Years	20 Kg	75-130	75-116	Blue
8 Years	25 Kg	70-120	80-112	Orange
10 Years	30 Kg	65-115	85-126	Green

Pediatric GCS – Verbal Scale (<2yrs)	
5	Coos and Babbles
4	Irritable
3	Only cries to pain
2	Only moans to pain
1	None

Pediatric Clinical Signs of Poor Perfusion
Cool, mottled, pale or cyanotic skin
Low urine output
Lethargic
Prolonged capillary refill

Pediatric Trauma Center Contact Information		
Trauma Center	Contact Number for Acceptance	Fax Number for Paperwork/Diagnostics
UCSF Benioff Children's Hospital	(510) 428-3240	(510) 601-3934