

**ALAMEDA COUNTY TRAUMA RE-TRIAGE PROCEDURE / CRITERIA **PEDIATRIC** (Age ≤14)**

**TRAUMA RE-TRIAGE PROCEDURE **PEDIATRIC****

<b>Step 1</b>	<b>Determine if patient meets Emergency Trauma Re-Triage Criteria</b>	See Criteria Below – Pediatric Patients are <b>Age ≤14</b>
<b>Step 2</b>	<b>Contact Pediatric Trauma Center</b>	Children's Hospital and Research Center – Oakland
<b>Step 3</b>	<b>Determine appropriate level of transport and arrange transport (should be done simultaneously to Trauma Center contact)</b>	If within Paramedic Scope of Practice and timely transport needed: <b>Call 911</b> to request a <b>"Code 3 Ambulance"</b>  If exceeds paramedic scope of practice, contact appropriate transport agencies (CCT-RN or Air Ambulance) or arrange for nursing staff to accompany paramedic or EMT ambulance.
<b>Step 4</b>	<b>Prepare patient and paperwork for immediate transport.</b>	Fax additional paperwork that is not ready at time of transport departure. Do not delay transport. (SEE FAX LIST BELOW)

**TRAUMA RE-TRIAGE CRITERIA **PEDIATRIC** – LEVEL OF SEVERITY**

<p><b>Blood pressure / perfusion:</b></p> <ul style="list-style-type: none"> <li>Hypotension or tachycardia (based on age-appropriate chart below) or clinical signs of poor perfusion (see below)</li> <li>Need for more than two crystalloid boluses (20 ml/kg each) or need for immediate blood replacement (10 ml/kg)</li> </ul> <p><b>GCS / Neurologic</b></p> <ul style="list-style-type: none"> <li>GCS Less than 12 (pediatric scale – see verbal scale below)</li> <li>GCS Deteriorating by 2 or more during observation</li> <li>Blown pupil</li> <li>Obvious open skull fracture</li> <li>Cervical spine injury with neurologic deficit</li> </ul> <p><b>Anatomic criteria</b></p> <ul style="list-style-type: none"> <li>Penetrating injuries to head, neck, chest, or abdomen</li> </ul> <p><b>Respiratory Criteria</b></p> <ul style="list-style-type: none"> <li>Respiratory failure or intubation required</li> </ul> <p><b>Provider judgment</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
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**TRAUMA CENTER CONTACT INFORMATION**

	<b>EMERGENCY RE-TRIAGE</b>	<b>OTHER TRANSFERS</b>	<b>FAX NUMBER FOR RECORDS</b>
Children's Hospital Oakland	(510) 428-3240	(855) 246-5437	(510) 601-3934

**PEDIATRIC CLINICAL SIGNS OF POOR PERFUSION**

Cool, mottled, pale or cyanotic skin
Low urine output
Lethargic
Prolonged capillary refill

**PEDIATRIC GCS – VERBAL SCALE (<2)**

5	Coos and Babbles
4	Irritable
3	Only cries to pain.
2	Only moans to pain
1	None

**Normal Vitals (Broselow)**

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<b>AGE</b>	<b>WEIGHT</b>	<b>HEART RATE</b>	<b>SYSTOLIC BP</b>	<b>BROSELOW COLOR</b>
<b>Newborn</b>	3-5 Kg	80-190	65-104	Grey -Pink
<b>1 Year</b>	10 Kg	80-160	70-112	Purple
<b>3 Years</b>	15 Kg	80-140	75-116	White
<b>5 Years</b>	20 Kg	75-130	75-116	Blue
<b>8 Years</b>	25 Kg	70-120	80-112	Orange
<b>10 Years</b>	30 Kg	65-115	85-126	Green

**Important Pediatric Re-Triage Exceptions:**

1. Pregnant patients of any age should be transferred to an adult trauma center.
2. Major Burns should be preferentially transferred to one of the burn centers.
3. Contact hospital first for major extremity injuries with vascular compromise.

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