

**PURPOSE:** The purpose of this policy is to establish procedures for the prehospital triage of critically injured patients to an appropriate receiving facility.

**AUTHORITY:** Health and Safety Code, Division 2.5, Section 1797.220

**DEFINITIONS:**

- A. "Direct transport" means emergency transport directly from the scene of injury to the Pediatric Trauma Center usually by means of air ambulance. This may involve meeting an air ambulance at a hospital-based helipad without stopping in the emergency department, or at other appropriate landing zones.

**POLICY:**

- I. Patients with any one or more of the following, who are 14 years of age or less may be transported to a designated Pediatric Trauma Center using the most expeditious method available:
  - A. Criteria for direct transport of pediatric trauma patients to a Pediatric Trauma Center:
    - 1. Physiologic
      - a. Initial systolic blood pressure (SBP) <90 (<80 if under 6 years of age) or brachial pulse not palpable;
      - b. Requires advanced or continuous airway support;
      - c. Glasgow Coma Score (MOTOR) <5 (not localizing noxious stimuli).
    - 2. Anatomic
      - a. Penetrating injuries to the head, neck, chest or torso, or penetrating injuries proximal to the elbow and knee with vascular compromise;
      - b. Rib fractures causing flail chest;
      - c. Limb amputation or near amputation proximal to wrist/ankle. Burns - 20% or more of the body surface area (15% or more if < age 10);
      - d. Traumatic paralysis;
      - e. Pelvic fractures;
    - 3. Mechanism of Injury – Crushing injury to head or torso (e.g., run over by a vehicle).
  - B. Patients with any one or more of the following, who are 14 years of age or less, after consultation with the base hospital physician, may be transported to a designated Pediatric Trauma Center using the most expeditious method available:

---

Effective: **September 1, 2007**

Page 1 of 2

Revised:

Supersedes: 550.04

Approved:

  
Medical Director

  
EMS Administrator

1. Two or more proximal long bones (humerus, femur) fractures;
  2. Crush, degloved, or mangled extremity;
  3. High speed vehicular crashes with significant passenger space intrusion;
  4. Ejection from a moving vehicle (automobile, motorcycle, etc.);
  5. Vehicular crashes requiring extrication time of >20 minutes;
  6. Death in the same passenger compartment;
  7. Vehicular rollovers;
  8. Falls > 3 times the height of the child;
  9. Auto/pedestrian or auto/bicycle injury with >5 mph impact speed.
- C. Patients that meet the following criteria shall be transported to the closest paramedic receiving facility:
1. Pulseless and non breathing following trauma;
  2. Unstable or unmanageable airway.
- II. San Joaquin General Hospital Base shall contact the Pediatric Trauma Center to inform them of their incoming patient upon obtaining such information from field personnel.
- A. Request for Air Ambulance dispatch shall be made immediately after identifying pediatric patients meeting the above criteria.
  - B. In the event no air ambulance is available (including weather restrictions) patients shall be transported according to the next, most appropriate triage criteria.
- III. In order for an acute care facility to be considered a Pediatric Trauma Center, the following conditions shall be met:
- A. Maintain designation as a Pediatric Trauma Center according to agreements, policies and procedures as set forth by the local EMS Agency having jurisdiction over that facility.
  - B. Maintain a written agreement with the San Joaquin EMS Agency to accept all patients treated by EMS personnel, and not to transfer them unless said transfer is medically in the best interest of the patient.

---


Effective: **September 1, 2007**

Page 2 of 2

Revised:

Supersedes: 550.04

Approved:

  
Medical Director

  
EMS Administrator