

STEP 1

Determine if injured patient meets Emergency Re-Triage Criteria—Pediatric:

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)

GCS / Neurologic—Head injury with:

- ◆ GCS less than 12 (pediatric scale—see verbal scale below)
- ◆ GCS deteriorating by 2 or more during observation
- ◆ Cervical spine injury with neurologic deficit
- ◆ Blown pupil
- ◆ Obvious open skull fracture

Anatomic criteria: Proximal 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 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 a burn center**may require modification**
- ◆ **Contact hospital first for major extremity injuries with vascular compromise **may require modification****

NORMAL VITAL SIGNS

Age	Weight	Hr	Systolic BP	Broselow Color
Newborn	3-5 kg	80-190	65-104	Grey or 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	80-122	Orange
10 Years	30 kg	65-115	85-126	Green

PEDIATRIC CLINICAL SIGNS OF POOR PERFUSION

PEDIATRIC GCS—VERBAL SCALE (2< YO)

◆ Cool, mottled, pale or cyanotic skin	5	Coos and babbles
◆ Low urine output	4	Irritable
◆ Lethargic	3	Only cries to pain
◆ Prolonged capillary refill	2	Only moans to pain
	1	None

STEP 2

Contact either Marin General Hospital (MGH) or Children’s Hospital Oakland (CHO) Trauma Center:

MGH: 415-925-7203 Notify the Emergency Department that you have a “**Pediatric Trauma Re-Triage**” patient

CHO: 855-246-5437 Notify the Transfer Center at **CHO** that you have a “**Pediatric Trauma Re-Triage**” patient

They will connect the transferring physician with the appropriate accepting physician.

The direct line into CHO’s Emergency Department is 510-428-3240

STEP 3

Determine appropriate level of transport and arrange transport (can be done simultaneous to MGH or CHO contact)

- ◆ If within Paramedic Scope of Practice and timely transfer needed—contact 9-1-1 to request **Emergency Interfacility Transfer**
- ◆ Transport should generally arrive within 10 minutes

If exceeds Paramedic Scope of Practice, contact appropriate transport agencies (CCT-RN or Air Ambulance) or arrange for nursing staff and/or MD to accompany paramedic or EMT ambulance.

STEP 4

Prepare patient, diagnostic imaging disk(s), and paperwork for immediate transport

- ◆ Fax additional paperwork that is not ready at time of transport departure.
- ◆ Do not delay transport