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

**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

<table>
<thead>
<tr>
<th>Age</th>
<th>Weight</th>
<th>Hr</th>
<th>Systolic BP</th>
<th>Broselow Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>3-5 kg</td>
<td>80-190</td>
<td>65-104</td>
<td>Grey or Pink</td>
</tr>
<tr>
<td>1 Year</td>
<td>10 kg</td>
<td>80-160</td>
<td>70-112</td>
<td>Purple</td>
</tr>
<tr>
<td>3 Years</td>
<td>15 kg</td>
<td>80-140</td>
<td>75-116</td>
<td>White</td>
</tr>
<tr>
<td>5 Years</td>
<td>20 kg</td>
<td>75-130</td>
<td>75-116</td>
<td>Blue</td>
</tr>
<tr>
<td>8 Years</td>
<td>25 kg</td>
<td>70-120</td>
<td>80-122</td>
<td>Orange</td>
</tr>
<tr>
<td>10 Years</td>
<td>30 kg</td>
<td>65-115</td>
<td>85-126</td>
<td>Green</td>
</tr>
</tbody>
</table>

### PEDIATRIC CLINICAL SIGNS OF POOR PERFUSION
- Cool, mottled, pale or cyanotic skin
- Low urine output
- Lethargic
- Prolonged capillary refill

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Coos and babbles</td>
</tr>
<tr>
<td>4</td>
<td>Irritable</td>
</tr>
<tr>
<td>3</td>
<td>Only cries to pain</td>
</tr>
<tr>
<td>2</td>
<td>Only moans to pain</td>
</tr>
<tr>
<td>1</td>
<td>None</td>
</tr>
</tbody>
</table>

### PEDiATRIC GCS—VERBAL SCALE (2< YO)

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