

Pediatric Trauma Center Triage (Age < 16 y.o.)

If patient meets criteria, consider transport to Pediatric Trauma Center when it requires no more than 20 additional minutes of transport

Trauma Medical Control must be called for every trauma activation and questions regarding patient criteria

Level 1 | Adult Medical Control – University Medical Center

Level 2 | Pediatric Medical Control - Children's Hospital New Orleans

Step 1: Measure Vital Signs (Physiologic Criteria)

Level 1 Trauma – UMC

- GCS < 9
- SBP < 90 mmHg if ≥ 12 yo, <(70 + 2 x age) if ≤ 11yo
- Respiratory Rate < 10 or > 29/min, <20/min if < 12 months
- Need for ventilatory support

Level 2 Trauma CHNOLA

- GCS 9-13

Transport to the **highest** level trauma facility based on criteria

If multiple patients are transported by one clinician, choose a Trauma facility based upon the sickest patient.

Use discretion when deciding whether to transport to one versus multiple facilities

Step 2: Evaluate Injury (Anatomic Criteria)

Level 1 Trauma – UMC

- Penetrating injuries: head, neck, torso, or extremities proximal to elbow and knee
- Amputation proximal to the wrist or ankle
- 2+ proximal long bone fractures
- Pelvic fracture(s)
- Crushed, degloved, mangled or pulseless extremity
- Flail chest
- Open or depressed skull fracture
- Paralysis
- Combination of trauma and burns
- Blunt abdominal injury with firm or distended abdomen or with positive "seatbelt sign"

Step 3: Evaluate Mechanism (MOI Criteria)

Level 1 Trauma – UMC

- High-energy electrical injury
- Blast or explosion injury
- EMS provider judgment

Level 2 Trauma – CHNOLA

- Motorcycle crash > 20 mph
- High Risk Auto Crash
 - Passenger compartment intrusion (including roof) > 12 inches at patient site, > 18 inches any site
 - Ejection (partial or complete)
 - Death in same passenger compartment
 - Vehicle telemetry data suggests high risk injury
- Auto vs. pedestrian/bicyclist/ATV
 - Significant impact (> 20 mph)
 - Thrown
 - Run over
- Falls
 - Adult > 20 ft (two stories)
 - Child > 10 ft (one story) or >2x child's height
- History of bleeding disorder with evidence of high-energy impact
- Hanging

If the patient meets trauma criteria and has one of the below or online **Medical Control** feels it is in the patient's best interest, Medical Control may direct EMS to stop at the closest Emergency Department for patient stabilization.

- Traumatic arrest not meeting criteria for DNR (as per TCA/Withholding of Resuscitation guideline)
- Non-patent airway that cannot be corrected by OPA, BVM, and oxygen
- Tension Pneumothorax
- Transport time > 50 minutes to trauma center

After stabilization at the closest ED, the provider should proceed expeditiously to the highest level Trauma Center/Program, if indicated. This stopover does not qualify as a hospital to hospital transfer.