GUIDELINES AND PROTOCOLS

Lyndon B. Johnson General Hospital Trauma Services Department
Guideline/Protocol Number: T41

TITLE: PEDIATRIC TRAUMA

PURPOSE:
To define the Pediatric Trauma Patient
To provide triage guidelines for the Pediatric Patient, and to provide guidelines for transfer of Pediatric Trauma Patients.

PROCESS:
The following guidelines apply to all pediatric trauma patients. These guidelines are provided to assist all trauma care providers in their decision making concerning whether injured pediatric patients should be admitted to Lyndon B. Johnson General Hospital or transferred to a pediatric trauma center. Individual patients may require deviation from these suggested guidelines if trauma care providers determine this to be in the best interest of the patient.

I. PEDIATRIC TRAUMA
A. Definition
   1. A pediatric patient is defined as any patient < 16 years of age.

B. Transfer Policy
   1. All burns in pediatric patients should be transferred to a burn center verified to treat children.
   2. Any pediatric patient (<16 years old) with multi-system trauma requiring organ system support, mechanical ventilation or requiring intensive care (ICU) should be transferred to a pediatric trauma center.
   3. Any pediatric patient with suspected vascular injury should be transferred to a pediatric trauma center.
C. Admission Policy

1. A pediatric patient who has sustained any traumatic injury not requiring ICU admission will be admitted to Unit 2A/Pediatrics in Observation status for 23 hours by the General Surgery Service with Pediatric Service Consultation. When the patient is cleared surgically (only after tertiary survey is performed and documented) but continues to require a hospital stay, the pediatric patient will be admitted to the Pediatric Service.

REFERENCE / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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