



Trauma Center Practice Management Policy
Iowa Methodist Medical Center and Blank Children's Hospital
Des Moines, Iowa

PEDATRIC TRAUMA SERVICE ADMISSIONS	
Policy #1	
ADULT and PEDIATRIC Practice Management Policy	Effective: 07/31/1998
Contact: Trauma Center Medical Director/ Trauma Center Program Manager	Last Reviewed: 01/29/2017

- I. PURPOSE:** To define the pediatric patient to be admitted to the Trauma Service and management of these patients by the Trauma Service.
- II. STATEMENT:** Pediatric patients are defined as ≤ 17 years of age requiring admission to either Blank Children's Hospital or to Iowa Methodist Medical Center as an inpatient or for observation after injury. Pediatric patients meeting the following criteria shall be assessed by a trauma surgeon and admitted to the Trauma Service or other service as deemed appropriate by the trauma surgeon.
- A. Level I Criteria - Physiologic**
1. Glasgow Coma Scale ≤ 13 at any time per EMS assessment.
 2. Systolic BP less than 90 mmHg (or age specific hypotension)
 3. Respiratory rate < 10 or > 29 breaths per minute, or need for ventilatory support (< 20 in age < 1 year)
 4. Patients receiving blood products during transport
- B. Level I Criteria Anatomic**
1. All penetrating injuries to the head, neck, torso, or extremities proximal to the elbow or knee
 2. Chest wall instability or deformity (e.g. flail chest)
 3. Suspected two or more long bone fractures (**i.e. humerus, femur, tibia**)
 4. Crushed, degloved, mangled, or pulseless extremity
 5. Amputation proximal to wrist or ankle
 6. Suspected pelvic fracture

7. Open or depressed skull fracture
8. Paralysis or suspected spinal injury
9. Pediatric Emergency or Trauma physician's discretion

C. Level 2 Criteria Mechanism of Injury

1. Fall \geq 10 feet
2. Significant intrusion of passenger compartment (including roof) \geq 12 inches
3. Ejection from vehicle
4. Death in same passenger compartment
5. Vehicle telemetry data consistent with high risk of injury
6. Pedestrian or bicyclist thrown, run over, or with significant (\geq 20 mph) impact
7. Motorcycle or ATV crash \geq 20 mph
8. Pediatric Emergency or Trauma physician's discretion
9. Any 2 risk factor criteria (see below)

D. Trauma Team Activation Upgrade Criteria

1. Burns with trauma mechanism
(*ED to see those patients without trauma mechanism*)
2. Pregnancy \geq 20 weeks
3. EMS provider judgment
4. Environmental exposure (heat/cold) with mechanism attributed to trauma.
5. Alcohol/drugs

III. PROCEDURE:

- A.** All pediatric patients meeting the trauma criteria above will be assessed by a trauma surgeon and admitted to the Trauma Service or other service as deemed appropriate by the trauma surgeon.
- B.** All pediatric patients admitted to the Trauma Service are to be admitted to one of the attending surgeons on the Trauma Call Roster.
- C.** While admitted to the Trauma Service, all major therapeutic decisions must be made in conjunction with the Trauma Service.

- D. Transfer to another service after at least 24 hours stabilization is a joint decision between the services.

NEW DATE: JULY 31, 1998

Revised and approved by Trauma Committee, August 31, 2001

Revised and approved by Trauma Committee, April 30, 2004

Revised and approved by Trauma Committee, October 26, 2007

Revised and approved by Trauma Committee, July 30, 2010

Revised and approved by Trauma Committee, June 20, 2014

Revised and approved by Trauma Committee, October 28, 2016

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