


Section: Medical Operations General
Subject: TRAUMA ALERT CRITERIA - PEDIATRIC
Section #: 300.23
Issue Date: March 21, 2011
Revision Date:
Approved By: 

Page 1 of 3

Michael Lozano, Jr., M.D., HCFR Medical Director

1. Identification of an Pediatric Trauma Alert patient:


- a. For purposes of this protocol, a pediatric patient is an individual less than or equal to fifteen (15) years of age.
- b. Upon arrival at the location of an incident, the EMT or paramedic shall:
 - i. Assess the condition of each pediatric trauma patient using the pediatric trauma scorecard methodology provided in section 64J-2.005 Florida Administrative Code (FAC) to determine whether the patient should be a trauma alert.
 - ii. In assessing the condition of each pediatric trauma patient, the following components shall be used: airway, consciousness, circulation, fracture, cutaneous (skin condition and integrity), and the patient's size.

2. Pediatric Trauma Scorecard Methodology

- a. A Pediatric Trauma Alert *shall* be called if any of the following three (3) criteria is met:
 - i. **Criteria #1: Patient earns a score of two or greater when assessed according to the following criteria as set forth in 64J-2.005 F.A.C.:**

Criteria #1			
Component	Item = 0 points	Item = 1 point	Item = 2 points
Size	<ul style="list-style-type: none">Weight greater than 11 kg (24 lbs)	<ul style="list-style-type: none">Weight less than or equal to 11 kg, orMeasures less than or equal to 33 inches (84 cm.)	
Airway	<ul style="list-style-type: none">Normal, orSupplemental oxygen without the use of airway adjuncts		<ul style="list-style-type: none">Intubated, orBreathing maintained through measures such as manual jaw thrust, continuous suctioning, or other adjuncts.
Consciousness	<ul style="list-style-type: none">Awake, alert, and oriented for age	<ul style="list-style-type: none">Amnesia, orReliable history of loss of consciousness	<ul style="list-style-type: none">Altered mental status (e.g. drowsiness, lethargy, the inability to follow commands, unresponsiveness to voice, totally unresponsive, coma, etc.), orParalysis, orSuspected spinal cord injury orLoss of sensation
Circulation	<ul style="list-style-type: none">All peripheral pulses palpable, orSBP is greater than or equal to 90 mmHg	<ul style="list-style-type: none">The carotid or femoral pulse is palpable, but neither the radial or pedal pulses are palpable, orSBP is less than 90 mmHg	<ul style="list-style-type: none">Faint or non-palpable radial or femoral pulse, orSBP less than 50 mmHg
Fracture	<ul style="list-style-type: none">No signs or symptoms of fracture	<ul style="list-style-type: none">Signs and symptoms of a single closed long-bone (humerus; radius or ulna; femur; tibia or fibula) fracture.	<ul style="list-style-type: none">Any open long-bone (humerus; radius or ulna; femur; tibia or fibula) fracture, orMultiple fractures sites ¹, orMultiple dislocations ²

¹ Except for isolated wrist or ankle fractures

Section: Medical Operations General
Subject: TRAUMA ALERT CRITERIA - PEDIATRIC
Section #: 300.23
Issue Date: March 21, 2011
Revision Date:
Approved By: 

Page 2 of 3

Michael Lozano, Jr., M.D., HCFR Medical Director

Criteria #1			
Component	Item = 0 points	Item = 1 point	Item = 2 points
Cutaneous	<ul style="list-style-type: none">No visible injury, orContusion, abrasion, minor laceration		<ul style="list-style-type: none">Major soft tissue disruption (i.e. major degloving injuries, major flap avulsions), or2nd or 3rd degree burns ≥ 10% TBSA, orAmputation at or above the wrist or ankle, orAny penetrating injury to the head, neck, or torso, except those where the depth of the wound can be determined

- ii. Criteria #2 as set forth in Hillsborough County Trauma Agency Uniform Trauma Transport Protocol, Change 11, January 2011.

Criteria #2	<ul style="list-style-type: none">A trauma alert shall be called for any patient who has a neck laceration with associated swelling, sustained bleeding, escape of air from wound or stridor, and (the patient shall be) transported to the nearest state approved pediatric trauma center ³.A patient with any other neck laceration not meeting the above-described conditions shall be transported to the nearest State approved pediatric trauma center, but not trauma alerted.
-------------	--

- iii. Criteria #3 EMS provider high index of suspicion as set forth in 64J-2.004 F.A.C.:
1. In cases where the patient does not meet any of the above criteria for a pediatric trauma alert, and the senior paramedic on the scene has a strong suspicion of the presence of a serious injury in the patient, the paramedic may use their judgment to transport the patient as a trauma alert as long as the reason is justified on the patient care record left at the state approved pediatric trauma center.

3. Trauma Notifications

- a. The senior paramedic on scene shall ensure that a prehospital trauma alert is issued upon determination that a patient meets any of the above criteria. The words "trauma alert" shall be used when notifying the trauma center or hospital that the unit is en route with a trauma alert patient.
- b. When notifying dispatch of a trauma alert, include the following information:
 - i. Type of trauma alert(s): adult or pediatric
 - ii. Number of patients
 - iii. Mechanism of injury
 - iv. Destination
 - v. Airway and ventilation status, oxygen saturation, if known


² Except for isolated wrist or ankle dislocations

³ No detailed wound exploration will be attempted by paramedics or EMTs other than to make the above determinations. Treatment will be directed towards ABCs and rapid transport.

Section: Medical Operations General
Subject: TRAUMA ALERT CRITERIA - PEDIATRIC
Section #: 300.23
Issue Date: March 21, 2011
Revision Date:
Approved By:

Page 3 of 3

Michael Lozano, Jr., M.D., HCFR Medical Director

- 
- vi. Hemodynamic status (e.g. characteristics of peripheral pulses, or vital signs if available)
 - c. The report given to the trauma center shall include at a minimum, the following information:
 - i. Estimated time of arrival
 - ii. Approximate age
 - iii. Nature and mechanism of injury
 - iv. Body area involved
 - v. GCS
 - vi. Airway and ventilation status
 - vii. Oxygen saturation, if known
 - viii. Hemodynamic status (e.g. characteristics of peripheral pulses, or vital signs if available)