

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

(EMT-I/PARAMEDIC/MICN)  
REFERENCE NO. 510

SUBJECT: **PEDIATRIC PATIENT DESTINATION**

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**PURPOSE:** To ensure that 9-1-1 pediatric patients are transported to the most appropriate facility that is staffed, equipped and prepared to administer emergency and/or definitive care appropriate to the needs of the pediatric patient.

**AUTHORITY:** Health and Safety Code, Division 2.5, Section 1797.220  
California Code of Regulations, Title 13, Section 1105 C

**DEFINITIONS:**

**Pediatric Patient:** Children 14 years of age or younger.

**Emergency Department Approved for Pediatrics (EDAP):** A licensed basic emergency department that is approved by the County of Los Angeles EMS Agency to receive 9-1-1 pediatric patients. These emergency departments provide care to patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies, procedures, and protocols.

**Pediatric Medical Center (PMC):** A licensed acute care hospital that is approved by the County of Los Angeles EMS Agency to receive critically ill 9-1-1 pediatric patients based on guidelines outlined in this policy. These centers provide referral centers for critically ill pediatric patients.

**Pediatric Trauma Center (PTC):** A licensed acute care hospital that is approved by the County of Los Angeles EMS Agency to receive injured 9-1-1 pediatric patients based on guidelines outlined in this policy. These centers provide tertiary-level pediatric care and serve as referral centers for critically injured pediatric patients.

**PRINCIPLE:**

In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include severity and stability of the patient's illness or injury; current status of the pediatric receiving facility; anticipated transport time; request by the patient, family, guardian or physician; and EMS personnel and base hospital judgment.

**POLICY:**

- I. Guidelines for transporting pediatric patients to a specialty care center (i.e., EDAP, PMC, PTC, Perinatal, Sexual Assault Response Team Center, or Trauma Center):
  - A. Patients who require transport, and do not meet guidelines for transport to a PMC or PTC shall be transported to the most accessible EDAP.

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EFFECTIVE: 05-01-85  
REVISED: 10-01-15  
SUPERSEDES: 02-01-14

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

- B. BLS units shall call for an ALS unit or transport pediatric patients to the most accessible EDAP as outlined in Ref. No. 808, Base Hospital Contact and Transport Criteria.
- C. Patients meeting medical guidelines for transport to a PMC:
  - 1. Shall be transported to the most accessible PMC if ground transport is 30 minutes or less.
  - 2. If ground transport time to a PMC is greater than 30 minutes, the patient may be transported to the most accessible EDAP.
- D. Patients meeting trauma criteria/guidelines for transport to a PTC:
  - 1. Shall be transported to the most accessible PTC if the transport time does not exceed 30 minutes.
  - 2. If a PTC cannot be accessed but a trauma center can be accessed under the parameter in (D.1), the patient may be transported to the trauma center.
  - 3. If a PTC or trauma center cannot be accessed as specified above, the patient may be transported to the most accessible EDAP.
- E. Pediatric patients who have an uncontrollable, life-threatening situation (e.g., unmanageable airway or uncontrollable hemorrhage) shall be transported to the most accessible EDAP.
- F. Pediatric patients may be transported to a non-EDAP provided all of the following are met:
  - 1. The patient, family, or private physician requests transport to a non-EDAP facility.
  - 2. The patient, family, or private physician is made aware that the receiving facility is not an EDAP and may not meet current EDAP standards.
  - 3. The base hospital concurs and contacts the requested facility and ensures that the facility has agreed to accept the patient. This includes those providers functioning under SFTPs.
  - 4. All of the above shall be documented on the EMS Report Form.
- II. Guidelines for identifying critically ill pediatric patients who require transport to a PMC:
  - A. Cardiac dysrhythmia
  - B. Severe respiratory distress
  - C. Cyanosis
  - D. Persistent altered mental status



- E. Status epilepticus
  - F. ALTE (Apparent Life Threatening Event)  $\leq$  12 months of age
- III. Guidelines for identifying critically **injured** pediatric patients who require transport to a PTC:

Trauma triage criteria and/or guidelines identified in Ref. No. 506, Trauma Triage

CROSS REFERENCE:

Prehospital Care Manual:

- Ref. No. 502, **Patient Destination**
- Ref. No. 504, **Trauma Patient Destination**
- Ref. No. 506, **Trauma Triage**
- Ref. No. 508, **Sexual Assault Patient Destination**
- Ref. No. 508.1, **SART Center Roster**
- Ref. No. 511, **Perinatal Patient Destination**
- Ref. No. 512, **Burn Patient Destination**
- Ref. No. 519, **Management of Multiple Casualty Incidents**
- Ref. No. 808, **Base Hospital Contact and Transport Criteria**
- Ref. No. 816, **Physician at Scene**
- Ref. No. 832, **Treatment/Transport of Minors**
- Ref. No. 834, **Patient Refusal of Treatment or Transport**

Los Angeles County EDAP Standards

Los Angeles County PMC Standards

Los Angeles County SART Standards

California Emergency Medical Services Authority (EMSA) # 182: Administration, Personnel and Policy for the Care of Pediatric Patients in the Emergency Department

