

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

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

SUBJECT: **PEDIATRIC PATIENT DESTINATION**

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.

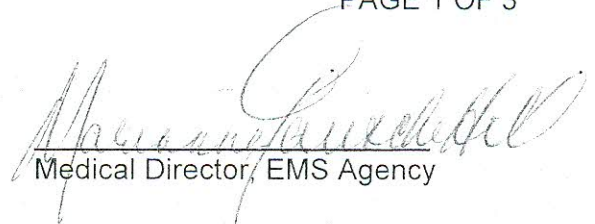
POLICY:

- 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.

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

