



## INFORMATIONAL BULLETIN

# INFORMATIONAL BULLETIN 2016.13

## Pediatric Trauma Patients

### OFFICE OF THE MEDICAL DIRECTOR

**Issue Date:** October 25, 2016  
**Expiration Date:** N/A  
**Applicability:** All Operational Personnel

#### MESSAGE

##### **SITUATION:**

There have been recently increases in the transport of pediatric trauma patients to HCGH. In some cases, our providers' medical decision making was in line with the Maryland Medical Protocols. Strong documentation in the EMEDs report has communicated this well and helped identify other systems' challenges. However, in other cases, these patients have been inappropriately triaged to HCGH and should have gone to a pediatric trauma center. This situation has led to suboptimal encounters at the time of handoff of care and possible delays in care. This is something the leadership of both organizations is committed to improving.

##### **BACKGROUND:**

One of the challenges that we face in prehospital emergency care is that pediatric patients with serious mechanisms of injury, even in the setting of internal injuries, compensate well and thus appear clinically well. These patients may have only minimal physical exam findings, despite the presence of internal injuries.

##### **ASSESSMENT:**

HCGH has very limited pediatric trauma capabilities and lacks the pediatric specialty services that are often needed in the evaluation and treatment of trauma patients.

##### **RECOMMENDATION:**

For stable appearing patients with a significant mechanism of injury that you are considering transporting to HCGH Peds, please consult with the HCGH and Hopkins Peds (pediatric consult center) to determine the most appropriate destination facility. If the HCGH states they are not comfortable receiving this patient, please defer to the pediatric base station to guide patient destination. Please also send OMD and ESB an email after the call so we can review the case and if necessary forward it to the state.

Regarding pediatric traumatic cardiac arrest patients, particularly those patients who go into arrest while we are on scene, if there is inbound medevac aircraft, our historical practice has been to reflexively cancel the aircraft. However, I believe it is in the patient's best interest for us to coordinate and communicate with the flight crew (perform a joint assessment) to determine the most appropriate transport destination facility based upon the details of the specific case. HCGH is aware that there are situations in which pediatric trauma arrests will be transported to their facility.



## Howard County Department of Fire and Rescue Services

# INFORMATIONAL BULLETIN

Lastly, OMD has also communicated to HCGH that we wish to improve the interactions between HCGH Peds staff and Department providers during patient handoff in these stressful situations. I have received a commitment from the hospital and reciprocated a commitment from the Department that unprofessional conduct by either organization's personnel, including inappropriate comments and body gestures, will not be tolerated.

Please feel free to contact OMD or ESB leadership with any questions or concerns.