



Division of Trauma

POLICY: Pediatric Trauma Transfers		DEVELOPED BY: Division of Trauma	
POLICY COMMITTEE: Cheryl Owens, DNP(c), RN Policy Committee Chair		APPROVED BY: Rita Smith DNP, RN CNO and SVP Patient Care Services Bruno Molino MD FACS Director of Trauma Department of Surgery	
Effective Date: 8/10/2012	Revised Date:	Reviewed Date:	

Distribution: Trauma, ED, OR, Anesthesia, Critical Care, EMS Communications, Radiology, Neurosurgery

Purpose: These inter-facility transfer guidelines are established to define steps to best protect the healthcare system and the pediatric patient. The guideline covers the inter-facility transfer of a pediatric trauma patient from JCMC to a second acute care facility (Trauma Center) for additional critical care management.

Reference:

Approvals:

Professional Practice	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Neurosurgery	Y <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	08/01/2012
Critical Care	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Emergency Dept	Y <input type="checkbox"/>	N/A <input type="checkbox"/>	
Peri-Op	Y <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	08/01/2012
Trauma	Y <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	08/01/2012
Maternal Child Health	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Behavioral Health	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Anesthesia	Y <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	08/01/2012
Interventional Radiology	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Med Exec	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Pharmacy/ P&T	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Pathology/Blood Bank	Y <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Other:	Y <input type="checkbox"/>	N/A <input type="checkbox"/>	

GUIDELINE:

1. Pediatric trauma patients are defined as those <18 years old. Patients age 15-18 may be placed in the adult Critical Care Units based on their physiology, as determined by the Trauma Attending Surgeon.
2. The Trauma Attending Surgeon is responsible for determining the need for an inter-facility transfer and for determining the level of care required during transport. When considering a patient transfer, the Trauma Attending Surgeon should exercise conservative judgment, always deciding in favor of patient safety/best patient outcomes. This determination will be made based on the medical needs of the patient.
3. The Trauma Attending Surgeon must determine whether the patient is medically fit to transfer and take steps to stabilize the patient's condition, when indicated, prior to transfer.
4. The patient to be transferred will be stabilized, to the best ability of this facility, including: OR, hemodynamic monitoring, interventional radiology, etc.
5. Emergent surgery will be performed on pediatric patients at this facility, prior to transfer, for stabilization, when indicated. This includes emergent decompressive craniotomy, laparotomy for severe blunt or penetrating torso injury, and any other surgery required for hemostasis. These operations will only be performed by qualified, credentialed personnel; those serving on the trauma panel and its subspecialty panels.
6. The transfer process will be initiated as soon as the need for transfer is identified. This process will begin in the Emergency Department.
 - a. The Trauma Attending Surgeon will have direct contact with the Trauma Attending Surgeon at the receiving facility. The receiving Trauma Attending Surgeon must accept the patient for transfer, prior to the patient leaving JCMC.
 - a. The receiving facility must be able to appropriately manage the patient post-operatively.
 - b. Patients with isolated brain injuries will be prioritized to Hackensack University Medical Center, when available, to be managed by the same neurosurgeons who performed operative stabilization.
 - c. If there is no *immediate* bed availability at the preferred hospital, the Trauma Attending Surgeon must select another hospital until a Pediatric ICU bed is found. Hospital prioritization is:
 1. University Hospital, Newark (Level I Trauma Center)
 2. Hackensack University Medical Center (Level II Trauma Center)
 3. Other Level I or Level II Trauma Centers in the State.
7. The patient will go emergently to the Operating Room (OR), if indicated, while transfer arrangements are being made.
 - a. If emergent operative intervention is not indicated, the patient will remain in the ED until transport arrives.
 - b. If indicated, the patient will remain in the OR, under the care of the OR Nursing Staff and Anesthesiologist/CRNA until the appropriate transport is on site.
 - c. As needed, the OR team will notify the on-call team as early as possible to respond to the hospital.
 - d. A Pediatric Advanced Life Support (PALS) certified Anesthesiologist/CRNA must remain in the OR with the patient at all times until transport.
8. Once a decision for transfer is made, the Trauma Physician's Assistant will be responsible for initiation of the transfer process and notifying the ADN/nurse manager.

- a. The PA will contact HUDCEN, informing dispatcher of need for critical pediatric trauma transfer with an approximate OR/patient collection time.
 - b. HUDCEN will prioritize this transfer, utilizing internal protocols for the timeliness of transfer (i.e. JCMC transportation, receiving facility transportation, third party transportation/air medical services).
 - c. HUDCEN will contact the OR Charge RN of the estimated time of arrival (ETA) of the Critical Care Transport crew. The OR Charge RN will notify the Nurse Manager/ADN, and the OR team.
9. The Trauma Attending Surgeon or designee will make final contact with the receiving facility's Trauma Attending Surgeon post-operatively, in order to convey the patient's immediate post-operative outcome.
10. The RN responsible for patient care in the final unit at JCMC prior to transfer (i.e. OR nurse, Trauma nurse) is also responsible for contacting the receiving facility to verify the unit/bed assignment with the receiving facility, as well as give nursing report.
11. The RN responsible for patient care in final unit at JCMC prior to transfer is responsible for planning for the transfer of the patient's medical records, belongings, and signed consent for transfer with assistance by the ADN.
 - a. A transfer certification form must be completed.
 - b. Copies of medical records, including laboratory results, ECG copies, and radiology discs will accompany the patients.
12. Transport crews will pick up the patient directly from the OR. OR staff may bring the patient to the holding area when the transport crew arrives, in order to facilitate the transfer of care to the Critical Care Transport Team.
13. All trauma transfers from this facility will be reported to the Trauma Program Manager within 1 day, via e-mail or voice mail.