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 also provide referral services 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.

Brief Resolved Unexplained Event (BRUE): An event occurring in an infant <1 year of age when the observer reports a sudden, brief, and now resolved episode of ≥1 of the following: cyanosis or pallor, absent, decreased, or irregular breathing, marked change in tone (hypertonia or hypotonia), and altered level of responsiveness.

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.

B. BLS units shall call for an ALS unit on pediatric patients who meet criteria for Base Hospital Contact and ALS Transport as listed in Ref. No. 1200.1, Treatment Protocols General Instructions.

C. BLS units shall transport pediatric patients not requiring ALS unit response to the most accessible EDAP unless criteria are met for Treat and Refer as outlined in Ref. No. 834, Patient Refusal of Treatment/Transportation and Treat and Release at Scene.

D. Patients meeting medical guidelines for transport to a PMC:
   1. Shall be transported to the most accessible PMC if transport is ≤30 minutes.
   2. If ground transport time to a PMC is >30 minutes, the patient may be transported to the most accessible EDAP.

E. Patients meeting trauma criteria/guidelines for transport to a PTC:
   1. Shall be transported to the most accessible PTC if the transport time is ≤30 minutes.
   2. If a PTC cannot be accessed but a trauma center can be accessed under the parameter in (E.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 PMC, or if >30 minutes to the closest EDAP.

F. Pediatric patients who have an uncontrorollable, life-threatening situation (e.g., unmanageable airway or uncontrollable hemorrhage) shall be transported to the most accessible EDAP.

G. 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.
   4. All of the above shall be documented on the Patient Care Record.

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. Brief Resolved Unexplained Event (BRUE) ≤12 months of age  
G. Focal neurologic signs not associated with trauma (e.g.; pediatric stroke, atypical migraine, petit mal seizures)  
H. Choking associated with cyanosis, loss of tone or apnea

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. 316, EDAP Standards  
Ref. No. 318, Pediatric Medical Care (PMC) Standards  
Ref. No. 324, Sexual Assault Response Team (SART) Standards  
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. 816, Physician at Scene  
Ref. No. 832, Treatment/Transport of Minors  
Ref. No. 834, Patient Refusal of Treatment/Transport and Treat and Release at Scene  
Ref. No. 1200.1, Treatment Protocols General Instructions

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