

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:

Brief Resolved Unexplained Event (BRUE): A brief episode characterized by any one of the following (for children 12 months of age or younger): absent, decreased, or irregular breathing; color change (usually cyanosis or pallor); marked change in muscle tone (usually limpness or hypotonia, may also include hypertonia); and/or altered level of responsiveness.

Emergency Department Approved for Pediatrics (EDAP): A licensed basic or comprehensive emergency department that is designated by the Emergency Medical Services (EMS) Agency to receive pediatric patients via the 9-1-1 system.

Newly Born: Refers to patients from birth to two hours after birth.

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

Pediatric Patient: Children 14 years of age or younger.

Pediatric Trauma Center (PTC): A licensed acute care hospital that is designated by the EMS Agency to receive critically **injured** pediatric patients via the 9-1-1 system 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.

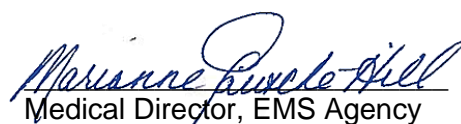
POLICY:

- 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):

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SUPERSEDES: 10-01-20

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

- A. Patients who require transport, and do not meet guidelines for transport to a PMC or PTC should be transported to the most accessible EDAP.
1. Newly born patient requiring assisted ventilation and/or chest compression should be transported to the most accessible EDAP that is also a Perinatal Center with a NICU.
 2. Newly born patient without distress should be transported to the nearest EDAP that is also a Perinatal Center.
- 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 conditions listed in Section II:
1. Should be transported to the most accessible PMC if ground 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 as per Ref. No. 506, Trauma Triage:
1. Should 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 uncontrollable, life-threatening situation (e.g., unmanageable airway or uncontrollable hemorrhage) should 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. Critically ill pediatric patients exhibiting conditions listed below should be transported to a PMC:
- A. Cardiac dysrhythmia
 - B. Severe respiratory distress
 - C. Cyanosis
 - D. Altered mental status without signs of improvement
 - 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. Post cardiopulmonary arrest in whom return of spontaneous circulation (ROSC) is achieved
- IV: For multi-casualty incidents see Ref. No. 519, Management of Multiple Casualty Incidents, for destination.

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. 501, **9-1-1 Receiving Hospital Directory**
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. 516, **Cardiac Arrest 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**