

## PRACTICE GUIDELINE

Effective Date: **January 1, 2018**

Manual Reference: **Deaconess Trauma Services**

**TITLE: SPECIAL CONSIDERATION FOR THE MANAGEMENT OF THE PEDIATRIC TRAUMA PATIENT**

**PURPOSE:** To provide a guideline for pediatric patients treated at the Deaconess Regional Trauma Center. Recognizing that the pediatric population has a unique set of needs, this Guideline addresses the additional resources available when treating an injured pediatric patient.

**GUIDELINES:**

1. **PEDIATRIC INTENSIVIST.** From 8 am to 8 am each day, including weekends, the Pediatric Intensivist on call will perform all services necessary to provide the pediatric patients of the Trauma Center with the level of on-call Pediatric Intensivist services that should reasonably be provided by a Level II Trauma Center according to the guidelines of the American College of Surgeons. The designated Pediatric Intensivist representative will be available for consultation when needed on any patient less than 18 years of age at the discretion of Trauma Surgeon. As a courtesy, pediatric intensivist will notified of all pediatric Category I trauma activations, regardless of whether they are immediately needed for consultation.
2. **CHILD LIFE SPECIALIST.** A Child Life Specialist (CLS) is a trained professional with expertise in helping children and their families deal with the emotional components of a traumatic event. Deaconess employs a part-time CLS who is available upon request to provide resources. To request the services of the CLS, call 812-842-3834.
3. **TRANSFER CRITERIA.** If a pediatric patient is in need of a higher level of care than can be provided at Deaconess Regional Trauma Center, see Practice Guideline “Transfer of the Trauma Patient From Deaconess”. In addition to the criteria referenced therein, a pediatric patient may need to be transferred for severe traumatic brain injury depending upon pediatric neurosurgeon coverage.
4. **NON-ACCIDENTAL TRAUMA.** See Practice Guideline “Non-Accidental Trauma in the Pediatric Population”.
5. **PEDIATRIC NEUROSURGERY.** Not all neurosurgeons are able to provide care for the complex neurosurgical injuries in pediatric patients. Depending on which subspecialist is on-call, a pediatric patient may need to be transferred to a higher level of care. Consult On-Call Neurosurgeon for direction.
6. **RADIATION EXPOSURE.** Pediatric patients are more radiosensitive than adults. Additionally, the use of equipment and exposure settings for adults may result in excessive radiation exposure if used on pediatric patients. Therefore, efforts should be

made to minimize risk by reducing unnecessary exposure to ionizing radiation, including computerd tomography (CT), fluoroscopy, and conventional X-rays.

**REFERENCES:**

- Deaconess Trauma Guideline: PEDIATRIC INTENSIVIST TRAUMA PANEL
- Deaconess Trauma Guideline: TRANSFER OF THE TRAUMA PATIENT FROM DEACONESS
- Deaconess Trauma Guideline: NON-ACCIDENTAL TRAUMA IN THE PEDIATRIC POPULATION
- RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 2014; Committee on Trauma American College of Surgeons.

<b>REVIEWED DATE</b>	<b>REVISED DATE</b>
January 2019	April 2019
April 2020	
April 2021	