

# EMSC PEDIATRIC INTER-FACILITY TRANSFER GUIDELINES TEMPLATE

These guidelines serve as documentation of the arrangements, policies, and procedures governing the transfer of critically ill and/or injured pediatric patients (add other types of patients or services, if desired) in order to facilitate timely transfer, continuity of care, and appropriate transport for these patients. The HOSPITAL is your hospital and the receiving hospital will henceforth be referred to as CENTER.

1. HOSPITAL recognizes that on certain occasions pediatric patients require specialized care and services beyond the scope of services available at HOSPITAL and that optimal care of these children requires transfer from the emergency department or inpatient services to centers with specialized pediatric critical care or pediatric trauma services.

2. The medical staff and hospital administration of HOSPITAL have identified the CENTER as a pediatric referral center with specialized staff and facilities for tertiary-level care of critically ill and/or injured children.

\* Specialized referral centers for pediatric critical care and/or pediatric trauma care, may include: (1) Pediatric Critical Care Center(s), (2) Pediatric Trauma Centers(s), or (3) General Trauma Center(s).

6. HOSPITAL recognizes the privilege of an attending physician and the rights of the patient (or the patient through a relative or guardian) to request transfer to an alternate facility and obtains written consent to transfer.

## Indications for Pediatric Transfers

### **PEDIATRIC MEDICAL PATIENTS (NON-TRAUMA)**

#### A. Physiologic Criteria

1. Depressed or deteriorating neurologic status
2. Severe respiratory distress responding inadequately to treatment and accompanied by any one of the following:
  - a. Cyanosis
  - b. Retractions (moderate to severe)
  - c. Apnea
  - d. Stridor (moderate to severe)
  - e. Grunting or gasping respirations
  - f. Status asthmaticus
  - g. Respiratory failure
3. Children requiring endotracheal intubation and/or ventilatory support
4. Serious cardiac rhythm disturbances
5. Status post cardiopulmonary arrest

6. Heart failure
7. Shock responding inadequately to treatment
8. Children requiring any one of the following:
  - a. Arterial pressure monitoring
  - b. Central venous pressure or pulmonary artery monitoring
  - c. Intracranial pressure monitoring
  - d. Vasoactive medications
9. Severe hypothermia or hyperthermia
10. Hepatic failure
11. Renal failure, acute or chronic requiring immediate dialysis

**B. Other Criteria**

1. Near drowning with any history of loss of consciousness, unstable vital signs, or respiratory problems
2. Status epilepticus
3. Potentially dangerous envenomation
4. Potentially life threatening ingestion of, or exposure to, a toxic substance
5. Severe electrolyte imbalances
6. Severe metabolic disturbances
7. Severe dehydration
8. Potentially life-threatening infections, including sepsis
9. Children requiring intensive care
10. Any child who may benefit from consultation with, or transfer to, a Pediatric Critical Care Center

**PEDIATRIC TRAUMA PATIENTS**

**A. Physiologic Criteria**

1. Depressed or deteriorating neurologic status
2. Respiratory distress or failure
3. Children requiring endotracheal intubation and/or ventilatory support
4. Shock, compensated or uncompensated
5. Injuries requiring any blood transfusion
6. Children requiring any one of the following:
  - a. Arterial pressure monitoring
  - b. Central venous pressure or pulmonary artery monitoring
  - c. Intracranial pressure monitoring
  - d. Vasoactive medications

**B. Anatomic Criteria**

1. Fractures and deep penetrating wounds to an extremity complicated by neurovascular or compartment injury
2. Fracture of two or more major long bones (i.e. femur, humerus)
3. Fracture of the axial skeleton

4. Spinal cord or column injuries
  5. Traumatic amputation of an extremity with potential for replantation
  6. Head injury when accompanied by any of the following:
    - a. Cerebrospinal fluid leaks
    - b. Open head injuries (excluding simple scalp injuries)
    - c. Depressed skull fractures
  7. Significant penetrating wounds to the head, neck, thorax, abdomen or pelvis
  8. Major pelvic fractures
  9. Significant blunt injury to the chest or abdomen
- C. Other Criteria
1. Children requiring intensive care
  2. Any child who may benefit from consultation with, or transfer to, a Trauma Center or a Pediatric Critical Care Center
- D. Burns Criteria (Thermal or Chemical) - Contact should be made with a Burn Center for children who meet any one of the following criteria:
1. Second and third degree burns of greater than 10% of the body surface area for children less than ten years of age
  2. Second and third degree burns of greater than 20% of the body surface area for children over ten years of age
  3. Third degree burns of greater than 5% of the body surface area for any age group
  4. Burns involving:
    - a. Signs or symptoms of inhalation injury
    - b. Respiratory distress
    - c. The face
    - d. The ears (serious full-thickness burns or burns involving the ear canal or drums)
    - e. The mouth and throat
    - e. Deep or excessive burns of the hands, feet, genitalia, major joints, or perineum
  5. Electrical injury or burns (including lightning)
  6. Burns associated with trauma or complicating medical conditions
7. The referring physician has examined the patient, documented the patient's condition, and has determined that the patient requires a higher level of care than provided at HOSPITAL or requires specialized services provided at a CENTER.
8. The referring physician has evaluated the patient and has determined that the transport is compatible with the patient's condition and is in the best interests of the patient's medical care.

## Transfer Arrangements

9. Requests for consultation or transport team support and patient transfer can be generated by telephone to:

(List appropriate telephone numbers for pediatric critical care, trauma, transport, and other services, as appropriate.)

10. When it appears that a pediatric patient requires specialized services or medical care beyond the scope of services provided at HOSPITAL, the referring physician shall contact an appropriate specialist at the CENTER to obtain consultation. The referring physician in conjunction with the CENTER consultant shall be responsible for determining the need for admission to the CENTER. The consent of appropriately authorized staff at the CENTER to receive the patient shall be obtained prior to the patient's release from HOSPITAL and shall be documented in the patient's medical record.

11. Transfer arrangements will be made by mutual consent of the referring and consulting physician. It shall be the responsibility of the physician to whom the patient is transferred to arrange the admission of the patient to the CENTER.

12. The referring physician, in consultation with the receiving physician, shall determine the method of transport to be used. The CENTER may, at its option, provide a specially trained pediatric transport team. The team shall be in attendance during the entire transport.

13. To the extent possible, patients will be stabilized prior to transfer and treatment initiated to ensure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. Responsibility for the stabilization and care of patients prior to and during transport should be specified.

14. The referring hospital shall be responsible for informing the patient, patient's parent(s), legal guardian, or other relatives of the transfer process and for obtaining any release to affect the transfer. The referring hospital shall use its best efforts to arrange for the parent(s) or guardian to be present at the time of transport.

15. The referring hospital shall be responsible for the transfer or other appropriate disposition of any personal belongings of the patient.

## Records and Transmission of Information

16. Subject to federal and state laws regarding consents of minors for medical care and confidentiality of medical information the referring hospital shall send with the patient, or arrange to be immediately transmitted (via FAX), at the time of transfer the necessary documents and completed forms containing the medical, social, and/or other information

necessary to ensure continuity of care to the patient. Such documentation shall include at least the following:

- a. Identification of the patient
- b. Diagnosis
- c. Copies of the relevant portions of the patient's medical record (including medical, nursing, dietary, laboratory, X-rays, and medication records)
- d. Relevant transport forms
- e. Copy of signed consent for transport of a minor

17. Subject to limitations regarding confidentiality, the CENTER shall provide information on the patient's diagnosis, condition, treatment, prognosis, and any complications to the referring physician during the time that the patient is hospitalized at the CENTER and upon discharge or transfer from the CENTER.