



HTAC pediatric subcommittee report:

- Recommendation for pediatric cuffed ETT for Emergency Departments across the state (voting item)
- Recommendation for pediatric rescue airways for EMS (voting item)
- Presentation of early activation of aeromedical services (request input/feedback)



Guideline for Early Activation of Transport for Pediatric Trauma in Hawaii

Introduction:

Transport of pediatric trauma patients may be delayed if notification to transport entities waits until resuscitation and work up is completed. This trend is highlighted in geographically isolated areas such as Hawai'i where the highest level trauma centers are only accessible via air transport from many intake hospitals.

Purpose:

This guideline serves to help expedite the transfer of critically injured children from neighbor island hospitals to an appropriate trauma center on O'ahu.

Application:

This guideline shall apply to pediatric (<15 years of age) trauma patients who have their initial evaluation done at a neighbor island hospital

Procedure:

With the understanding that this process utilizes important resources and may divert these resources away from sicker patients if applied inappropriately, Early Activation of Transport (EAT) may be considered by referring hospital after initial evaluation if any of the following criteria are met:

1. Patient meets criteria for highest level of activation
2. Patient care needs clearly exceed capabilities of referring hospital and patient's clinical status is unstable

The referring hospital will call air transport entities informing them that they are initiating EAT. The referring hospital will be given estimated times of availability and decide on the air transport entity that will be utilized. A transport team from that entity will be dispatched to referring hospital at that time.

Concomitant resuscitation and work up of the patient will be done and once appropriate resuscitation, lab studies and imaging studies are obtained, the referring hospital will contact the Queens Transfer Call Center to implement the current 3-way triage system for pediatric trauma patients.

The referring hospital will remain responsible for the care and management of the patient until the patient's departure from that facility.

Reporting:

Data reflecting timeliness of transport for pediatric trauma patients will continue to be collected and reviewed to monitor the effectiveness of EAT.