

Accepting Trauma Transfers in – Guideline Based Clinical Pearls

- Trauma Center Scope of Service is up to the 19th birthday.
- Expedite transfer without delay!
 - Optimal to have intensivist bridged in for vent/drip management, however, DO NOT delay transfer waiting for intensivist, trauma surgeon will update.
- Trauma transfers (not already admitted to an ICU or hospital ward) **BY DEFAULT should come to the ED for pediatric trauma evaluation** on arrival unless otherwise specified by the trauma surgeon. This includes IFT acute trauma coming from an OR or PACU.

Clinical considerations while waiting for transport:

Mod/Severe TBI	<ul style="list-style-type: none"> • Assume cervical injury, place collar • Intubate if GCS <9 or decline by 2; (prefer no propofol in trauma); CO2 goal 35-40 • S/S of elevated ICP- <ul style="list-style-type: none"> ○ Osmotic therapy preference in trauma: 3% NaCl 5ml/kg over 10-20 min ○ Mannitol <u>is not recommended</u> in trauma patients. <i>If already given by OSH, ensure fluid resuscitation is ongoing and appropriate to maintain MAP & CPP</i> • Seizure ppx- Keppra 40mg/kg IV loading dose • If open fx (skull or face) – give antibiotics • Avoid excess IV fluids if hemodynamically stable; if crystalloid needed for tachycardia 20ml/kg NS & <i>assess for hemorrhage</i> • Normothermia, correct acidosis, INR goal <1.4 • Consider TXA (see below) • No NSAIDs
Hemorrhage management: i.e. Poly trauma (TBI w add'l injury) –	<ul style="list-style-type: none"> • Pedi hemorrhagic shock- tachy, delay CRT, mottled; <i>if hypotensive assume >30% blood loss</i> • Assessment for blood consumption <ul style="list-style-type: none"> ○ Penetrating, +FAST, tachycardia, hypotension, acidosis (Base deficit > – 8.8, lactate >3.5) ○ >2 findings: activate MTP; switch from crystalloid to blood products • Give blood products in balanced ratios PRBC:FFP; wt. based ~10ml/kg • TXA if w/in 3 hours from injury – 15mg/kg over 10 min • Mannitol contraindicated- Neurosurgeon discretion only • No NSAIDs
Orthopedic trauma	<ul style="list-style-type: none"> • Refer to Ortho & Plastics Intake Guide for injuries requiring Ortho attending comm'n • Antibiotics for all open fractures w/in 60 min • If neurovascular compromise – ortho & plastics need to be consulted • Adult type injury (i.e. acetabular)- consult ortho for acceptance
Spinal Cord Injury	<ul style="list-style-type: none"> • Steroids not recommended

Electronic Image transfer → Request OSH to push images electronically to UCSF

If OSH needs help, request Access Center to facilitate by providing Film Library phone number or direct transfer of referring provider to Film Library for assistance.

BCH Oakland: MUST Call & Email Radiology to inform of expected urgent Trauma image upload

UCSF Film Library Contact

Email:

RadiologyFilmLibrary@ucsfmedctr.org

Phone: 415-353-1640 Opt. 3