

Pediatric Workgroup Meeting
March 12, 2009
Conference Call

Members Present:

Dr. John Campbell, Medical Director
Choona Lang, State Trauma Program Administrator
Verla Thomas, Alabama Trauma Registry Manager
Tammie Yeldell, Public Health Research Analyst
Geni Smith, Children's Hospital
Dr. Ann Klasner, Assoc. Professor, Pediatric Emergency Medicine
Katherine Hert, Financial and Special Program Manager
Dr. Steven Baldwin, Children's Hospital/UAB
Dr. Marsha Raulerson, D.W. McMillan Memorial Hospital
Dr. Oliver Muensterer, Pediatric Surgeon

I. Recap of Last Meeting

A. Pediatric Equipment for Ambulances

1. NG tubes are rarely inserted in the field; air transport wants NG tubes to remain
2. Cervical collar sizes need to be available to immobilize any size child

B. Minimal Pediatric Equipment Recommended for Emergency Rooms

1. Chest tube #10 (no trocar) and foley catheter 8F, 10F were added
2. Use of ETT in smaller hospitals for stabilization vs tracheostomy tubes which are placed infrequently in smaller hospitals

C. Goals for Meeting

1. Establish pediatric age limit
2. Set fall distance
3. Complete and approve protocols

- a. Trauma System Protocol 8.5
- b. Burns 4.7
- 4. Utilization of Minimal Pediatric Equipment for ER
- 5. Physician education course as a long range goal, ADPH will research for training content

II. Trauma System Protocol 8.5

A. Define Pediatric Age limit

- 1. Age limit was set for 15

B. Protocol Changes

- 1. MOI – fall distance added to Trauma System Protocol 8.5, “unbroken fall or (of) 10 feet or 3 times the height of the child on to a hard surface”. It was also added to entry criteria for hospitals.
- 2. Other changes in protocol 8.5
 - a. Physiological criteria – (2) respiratory rate expanded, (3) added “or head trauma with any neurological changes in a child five or younger”
 - b. Anatomical criteria – (5) reference to Burn Protocol 4.7
 - c. EMT discretion – (2)d,i “or other metabolic disorder”, (2)d, vi “renal failure while on dialysis”, and (2)f “child with congenital disorder”

C. Trauma System Entry Criteria for Hospitals

- 1. Same as for pre-hospital, expanded respiratory range and fall criteria were added
- 2. Hospitals entering patients into system will pick up under-triage

III. Burn Protocol 4.7

- A. Protocols are taken from ABA guidelines.

- B. Drs. Cross and Luterman reviewed the protocol and a copy was sent to **Dr. Chaignaud of Children's Hospital Burn Unit.**
- C. Included are indications to enter patient into Trauma System and transport to a ready burn center if within regional transport time, which is 1 hour, except north region which is 30 minutes.
- D. Burn centers are at Children's, USA, and UAB.
- E. No changes were made to Burn Protocol 4.7.

IV. ER Pediatric Equipment

- A. **An endotracheal tube inserted into the stoma may replace a tracheostomy tube and is preferable in smaller hospitals, rather than having multiple sizes of tracheostomy tubes.**
- B. Physician education, especially for physicians in smaller hospitals is needed.

V. ALS Equipment for Ambulances

- A. Syrup of ipecac is not on current drug list for ambulances.
- B. Appendix B contains the list of drugs carried on ALS ambulances.
- C. The equipment list will be rewritten with the Rules changes.

VI. Resources for Smaller Hospitals

- A. Problems at smaller hospitals
 - 1. Multiple phone calls - ERs need line to call and get a physician immediately, without having to make multiple calls, whether it be an ER physician or Intensive Care physician.
 - 2. Smaller hospitals have **emergency medicine physicians** that come from all over and **they** may not know who to call to help stabilize a patient until transport.
 - 3. Not enough resources are available for assistance.
 - 4. There need to be consideration for the medical legal and economic aspects of having

medical control available.

B. Proposed Solutions

1. Place a call to Alabama Trauma Communications Center (ATCC) to get connected to a resource.
2. **Medical Direction physicians will have a medical direction course available on-line, but those physicians who do not give medical direction will not have taken it.**
3. Initiation of Trauma System in Region 6 will help eliminate the problem for that region, although available transportation is a consideration.
 - a. Weather conditions favorable for air transport
 - b. Available ambulance in small towns to transport outside of their area
4. Poster(s) in ER that contains dosages, basic interventions, phone numbers, reference books and manuals.
5. A MIST line as a resource that includes phone numbers of major trauma centers.

VII. Pediatric Mapping

- A. The map was created by UAB and includes driving distances and delineation of counties, pediatric facilities, areas with no access, and listing of air transport services their base county.
- B. Question posed about access to bordering states` resources that could cover the southeastern region of the state, such as Columbus, Ga, Ft. Rucker or Florida.
 1. Pensacola has a helicopter and there is one in Mobile and Conecuh counties.
 2. There is a helicopter in Lee County and Columbus, Ga.
- C. There is a Children`s Hospital in Macon, Ga and it may be useful to calculate that distance as well as Sacred Heart in Pensacola.

VIII. Physician Training

- A. ADPH OEMST will do research on available training for physicians and present that to workgroup for further discussion.

IX. Next Steps

- A. Trauma System Protocol 8.5 will take the following pathway

- 1. Protocol Subcommittee
- 2. STAC
- 3. SEMCC
- 4. State Board of Health
- 5. Will become standard of care

- B. The Trauma System Patient Entry Criteria for Hospitals is a rule and will take the following pathway

- 1. STAC
- 2. State Committee of Public Health
- 3. Out for public comment
- 4. **Back to State Committee of Public Health**
- 5. **Will become rule**

- C. Burn Protocol 4.7

- 1. There were no changes

- D. Pediatric Equipment

- 1. Could possibly be a recommendation for the hospitals

X. Meeting Poll

A. Next meeting planned for April 23, 2009 from 1:00 p.m. – 2:30 p.m. via teleconference.

XI. Meeting adjourned at approximately 2:00 p.m.