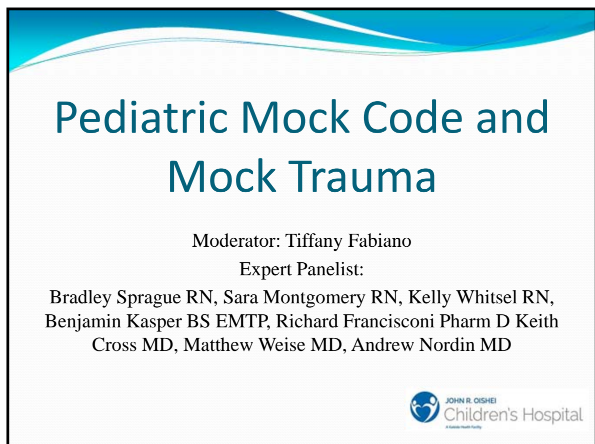

Objectives

- Identify proper components of and importance of a MIST report
- Demonstrate PALS and ATLS assessment
- Identify upper airway obstruction along with proper treatments.
- Review transfer guidelines for EMS and the non-trauma facilities.

Kaleida Health Confidential Quality Assurance

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Scenario 1

- Debrief
  - Communication
  - Pre-notification
  - Report
  - Roles

Communication

- Pre arrival notification
  - Pertinent information
- MIST (MOI, Injuries sustained, Vital Signs, Treatments)
  - Communication30 second handoff report
- Roles
  - Effective communication of assigned roles
  - Teamwork
- Communication
  - Closed loop communication

Scenario 2

- Debrief
  - Roles assignment
  - Assessment
  - Treatment
  - Debrief
  - NYS collaborative protocols

Scenario 3

- Debrief
  - ATLS
    - Primary and Secondary Survey
    - Images – do not delay transport
  - Decision to transfer

NYS EMSC Transfer Guidelines

- https://www.health.ny.gov/publications/4121.pdf
- The decision to transfer a pediatric trauma patient should be made once the primary survey and resuscitation phases are initiated (usually within 30 minutes of arrival).
- Initiation of transfer should be made immediately upon recognition of meeting criteria for transfer (usually within 15 minutes following initiation of the primary survey and resuscitation phases).
- Transfer of that patient should occur as soon as possible thereafter (ideally within one (1)hour of arrival but definitely within two (2) hours of arrival.

Trauma Team Activation

Send trauma page via Trauma ePaging Application

Level 1 – 15 minute attending surgeon response time	Level 2 – 30 minute resident surgeon response time
• Impending Airway Obstruction • Cardiac or Respiratory Arrest (TRAUMATIC) • Burns with respiratory compromise or > 50% • Intubated trauma patients transferred from the scene • Fractures: - Open skull fracture - 2 or more proximal long bone fractures - Unstable pelvic fracture • Trauma + Unstable vital signs • GCS $\leq$ 8 with MOI attributed to trauma • ICH $\geq$ 5 mm with midline shift • Suspected spinal cord injury or paralysis • Penetrating injuries head, neck , chest or abdomen • Penetrating injuries with hemorrhagic concern • Transfers requiring blood transfusions	• Animal bites – severe/extensive • Burns; facial/singed nasal hairs • Burns > 10% BSA • Fall > 10 feet or > 3x child's height • High-risk auto crash with: - Ejection (partial or complete) from automobile - Death in the same passenger compartment • Motorcycle, ATV or snowmobile crash > 20 MPH • Acute Non – Accidental Trauma • Open long bone fracture • Pedestrian vs Car • Penetrating injuries proximal to elbow or knee • Stable trauma patients that are transferred for higher level of care • Intubated trauma patients transferred from another facility

Pediatric Trauma Center Locations in New York State

Note: Stars may indicate multiple Pediatric Trauma Centers in the surrounding area