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**To:** Regional EMS Agencies and Medical Control Hospitals  
**From:** Hudson Valley Regional Medical Advisory Committee (REMAC)  
**Subject:** Pediatric Trauma Advisory  
**Date:** 11/7/2016

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Over the past year the New York State Department of Health has made it a priority to ensure that pediatric trauma patients be brought to Pediatric Trauma Centers. There is accumulated data demonstrating significant delays when traumatically injured children are brought to a local hospital or *Adult* Trauma Center and subsequently transferred. The total times in some cases have exceeded 6 to 7 hours from time of injury until arrival at a Pediatric Trauma Center. Trauma Center categorization is unique to both Adult and Pediatric facilities. Facilities are designated and verified by the American College of Surgeons as Adult or Pediatric Trauma Centers independently. It is not uncommon for facilities to have different designations for each group (ie. a Trauma Center may be a Level I Adult facility and also a Level II Pediatric Facility or only an Adult Trauma Center).

The paucity of Pediatric Trauma Centers is a concern with regards to preferentially transporting all pediatric trauma to a pediatric Trauma Center. Recognizing the inherent limitations of our system (time out of service when traveling to a distant trauma center etc.), the Hudson Valley REMAC would like to remind all providers that injured pediatric trauma patients that meet the CDC Anatomic or Physiologic Criteria (see attached) for Major Trauma should be transported to a Pediatric Trauma Center Primarily unless:

- A. They are too unstable to do so (respiratory/cardiac arrest or imminence thereof).
- B. Transfer would take so long as to cause imminent decompensation of the patient.
- C. Ground transportation to a Pediatric Trauma Center is >45 miles.

Air transportation should be considered for these patients if there is more than a thirty-minute ground transport time to a pediatric trauma center. Early notification (standby or launch) to a helicopter increases the likelihood of efficient helicopter utilization.

When ground transportation to a Pediatric Trauma Center is >45 miles and air transportation is unavailable or delayed pediatric trauma patients should be preferentially transported to an Adult Trauma Center of any level. It would be prudent to have a helicopter respond to the receiving facility and meet the ambulance there to arrange transfer to a Pediatric Trauma Center.

When EMS has determined that a pediatric patient meets Trauma Center criteria and the patient will not be transported to a pediatric trauma center directly from the scene;

- A. Transport by ground preferentially to an Adult Trauma Center of any level or a hospital capable of initial management of serious pediatric injuries within 30 minutes.



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- B. If a helicopter has been launched to the scene and ground transportation has already been initiated to a non-pediatric Trauma Center, EMS should redirect the helicopter to the anticipated receiving hospital to facilitate prompt transfer.

For non-pediatric trauma centers receiving notice of an inbound pediatric major trauma patient consider early use of air transportation on standby to facilitate an emergent transfer to a pediatric trauma center.

It is the expectation of the Department of Health, the State Trauma Advisory Committee, and the Hudson Valley REMAC that significantly injured pediatric trauma patients be transferred to a pediatric trauma center primarily or if this is not feasible in as expeditious a manner as possible. In doing so, we can optimize the care of these patients.

CDC ANATOMIC/PHYSIOLOGIC CRITERIA

Pamela Murphy, REMAC Chair

Handwritten signature of Pamela Murphy in cursive.

Mark Papish, HVREMSCO Medical Director

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