

2011 Pediatric Trauma Designation Criteria

The following recommendations are from the January 24th and 25th Trauma System Committee Meeting in Dallas, Texas.

Pediatric patient is defined as an individual that is 15 years or younger – defined at the February 8th Trauma System Committee, in Austin, Texas.

Level Of Facility	Designation Criteria	Essential Desired
	1.0 Facility shall maintain defined designation and participation in the regional trauma advisory council.	
	1.5 Facility will integration with regional EMS system specific to triage and transfer guidelines of the pediatric patient.	E
	2.0 Multidisciplinary Team	
I, II,	2.1 Physician led multidisciplinary rounds specific to the pediatric trauma patient that focuses on the plan of care and discharge planning.	E
III, IV	2.2 Multidisciplinary rounds specific to the pediatric trauma patient that focuses on the plan of care and discharge planning. Rounds may be led by a physician or mid level provider.	E
	2.3 Nursing will be integrated into the daily rounding. 2.3.1 Nurses providing care to the pediatric trauma patient will have a defined orientation process that defines the needs and care considerations specific to the pediatric population. 2.3.2 Nurses providing care to the pediatric trauma population will maintain certification and training specific to the designation criteria for trauma.	
I, II, III, IV	2.4 Nutritional support services are integrated into the patient's daily plan and progress goals. (STANDARD CoP Language)	D
I, II, III	2.5 Pharmacy provider is integrated with the plan of care and reviews all medications for potential adverse reactions and contraindications.	E
	2.6 Respiratory Therapy	
I, II, III,	2.6. 1 Respiratory Therapy is integrated with the team oversight and plan of care.	E

I, II		
I, II	2.6.2 Utilizes evidenced based practice to guide ventilator management and prevention measures.	E
III,	2.6.3 RT is available and in-house or can maintain a ten minute response time.	E
IV	2.6.4 Respiratory care is available and can respond to patient's bedside as appropriate.	E
	3.0 Rehabilitation Services	
I, II	3.1 A physician led rehab service is integrated with the team and provides oversight for Physical Therapy, Occupational Therapy and Speech Therapy.	E
I, II, III,	3.2 Physical Therapy Services have documented evidence of daily rounds and interventions for the pediatric patient.	E
I, II, III	3.3 Speech Therapy Services demonstrate documented evidence of interventions for the pediatric patients.	E
IV	3.4 A plan for physical therapy is defined and documented for pediatric patients.	D
	4.0 Pain Management	
I, II	4.1 Pain Management Services are available for the pediatric trauma patient.	E
	5.0 Wound Management	
I, II, III, IV	5.1 Wound Management Services are integrated into the pediatric trauma care.	E
	6.0 Social Services	
I, II, III, IV	6.1 Social Services are integrated into the daily rounds of the pediatric trauma patient.	E
	6.2 Defined screening parameters to rule out maltreatment is completed for each pediatric trauma patient.	E
	7.0 Family Crisis	
I, II, III, IV	7.1 Crisis intervention is available for the pediatric trauma patient to assist with family support needs and patient support.	E
	8. Physician Leader	

I, II, III	8.1 There is an identified pediatric physician or mid level provider to serve as a liaison to the trauma service.	E
	9.0 Disease Management	
I, II, III, IV	9.1 The facility shall have resources available or a documented plan to manage common co-morbid diseases impacting the pediatric patient.	E
	10.0 Performance Improvement	
I, II, III, IV	10.1 The trauma program will integrate define pediatric performance improvement events to be reviewed through the performance review process.	E
I, II, III, IV	10.2 The trauma program will complete mortality reviews for all pediatric trauma patients.	E
	11. Registry	
I, II, III, IV	11.1 Trauma registry will integrate pediatric trauma patients.	E
	12.0 Prevention	
I, II, III, IV	12.1 Trauma Program will integrate prevention programs that focused on the pediatric population.	E
	14. Outreach	
I, II, III, IV	14.1 Trauma Program will integrate pediatric outreach activities and coordinate with regional trauma advisory council to develop community outreach programs.	E

NOTE: If the facility admits over 100 pediatric trauma patients, the trauma program manager must have an additional eight hours of pediatric trauma education over the three years.