



**Pediatric Committee**  
**OF THE GOVERNOR'S EMS AND TRAUMA ADVISORY COUNCIL (GETAC)**  
**OF THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)**  
**COMMITTEE CHAIR'S REPORT**

**Committee Discussion Items:**

1. Committee liaison reports
2. EMS for Children State Partnership Update
  - Update and review on prehospital evidence based summaries.
    - Cervical spine injuries
    - Management of shock including post resuscitation management
    - Non transport of pediatric patients
    - Utilization is based on values and preferences, but this platform is designed for providing the translation of evidence from which guidelines or protocols can be tailored to the local needs.
  - On line and off line medical direction surveys. Results. Full presentation. Excellent response from providers and good response from directors. Pedi call make up about 21% of all calls for OLMC. Perceived barriers were described and regionalized/standardized evidence based protocols are supported by both directors and providers.
  - Next session will full update on survey (slides) and report on (prehospital protocols)
3. Child Fatality Review Team update: Susan Rodriguez : No report this meeting
- 4.. Discussion of pediatric imaging. Sally Snow and Charles Macias. Position paper developed with the following recommendations based on the unique impact to children vs adults:
  1. All CT scans on children should be performed using "pediatric" dose-reduction protocols. Pediatric protocols are available through The Alliance for Radiation Safety in Pediatric Imaging.
  2. Avoidance of the use of protocols which automatically result in the performance of multiple CT studies in pediatric trauma patients.
  3. Imaging modalities that do not use ionization radiation, such as ultrasound, should be used when feasible.
  4. Understanding and linking guidelines of care that utilize evidence based practice strategies will help minimize the use of unnecessary testing.
  5. Avoidance of further CT imaging once the decision to transfer to definitive care is made, unless the accepting institution specifically requests a scan prior to transfer. If CT imaging is performed prior to transfer, the images should be included in the transfer documentation on disc or some other form of reviewable file.
  6. Accepting institutions should avoid repeating scans. Consider access to a cloud-based digital image translator.

**"This statement was created in 2012 by the Pediatric Subcommittee of the Governor's EMS and Trauma Advisory Committee (GETAC) and reflects the opinion of GETAC."**

**General Public Comment On Discussion Items:** Support of the position paper and plea to reach out to the RACs for dissemination of both paper and summaries/protocols.

**Action Items/Motions:**

Endorse the position paper in the November meeting.

**Future Agenda Items:**

1. EMS for Children State Partnership update: Anthony Gilcrest
2. CFRT report
3. Pediatric imaging statement-Evidence summaries: dissemination strategies (passive and active strategies)

**Charles G Macias MD, MPH**

**COMMITTEE CHAIR'S SIGNATURE**

**August 17, 2012**

**DATE**