

SAEMS PREHOSPITAL PROTOCOLS

Critical Pediatric Triage Protocol

- I. Pediatric patients receiving chest compressions or who cannot be adequately oxygenated or ventilated, should be transported to the closest emergency receiving facility.
- II. Patients with the following characteristics should be taken directly to a Pediatric Critical Care Facility (PCCF):
 - a. Altered level of consciousness
 - b. Respiratory distress
 - c. Shock or hemodynamic instability
 - d. Post cardiac arrest with return of spontaneous circulation.
- III. Pediatric patients who meet SAEMS Trauma Triage criteria should be transported to the highest-level pediatric trauma center except in the following situations:
 - a. Unable to oxygenate or ventilate the patient adequately
- IV. Pediatric patients who meet SAEMS Burn Triage criteria should be transported to the highest-level pediatric trauma center except in the following situations:
 - a. Unable to oxygenate or ventilate the patient adequately
- V. SPECIAL NOTES
 - a. Pediatric Critical Care Facility (PCCF) is defined as a facility with 24-hour, in hospital pediatricians, pediatric intensivists and a pediatric ICU.
In Tucson: TMC or BUMC-T

For pediatric trauma patients meeting SAEMS trauma triage criteria, the highest-level pediatric trauma center is BUMC-T
 - b. In outlying areas with a transport time of greater than 30 minutes to a PCCF, transport the patient to the closest emergency receiving facility, or consider air transport directly to a PCCF.