

### Early transfer encouraged—not all injuries must be identified first

- The UCSF Benioff Children's Hospital Oakland Trauma Center does not expect all injuries to be fully defined before transfer.
- We encourage early contact with our trauma surgeons via the Pediatric Access Center at (877) 822-4453 (877-UC-CHILD) to help expedite the transfer of critically injured pediatric patients who may require definitive surgical management.
- If a patient's condition exceeds the capabilities of your facility, we welcome and encourage an immediate call for collaborative decision-making regarding local imaging and management. Please do not delay transfer to obtain local imaging such as CT scans.

### Clinical considerations while waiting for transport:

<b>Moderate/severe TBI</b>	<ul style="list-style-type: none"> <li>■ Assume cervical injury, place collar</li> <li>■ Intubate if GCS &lt;9 or decline by 2; (prefer no propofol in trauma); CO<sub>2</sub> goal 35-40</li> <li>■ Signs and symptoms of elevated ICP               <ul style="list-style-type: none"> <li>- 1st choice: 3% NaCl 5ml/kg over 10-20 minutes</li> <li>- 2nd choice: Mannitol (<b>not</b> recommended in hemorrhagic shock/polytrauma); if pupillary evidence of herniation 0.25-1gm/kg infused over 5 minutes; must support with fluid replacement</li> </ul> </li> <li>■ Seizure prophylaxis: Keppra 40mg/kg IV loading dose</li> <li>■ If open fracture (skull or face) – give antibiotics</li> <li>■ Avoid excess IV fluids if hemodynamically stable; if crystalloid needed for tachycardia, give 20 ml/kg normal saline or PlasmaLyte and assess for hemorrhage</li> <li>■ Normothermia, correct acidosis, INR goal &lt;1.4</li> <li>■ Consider tranexamic acid (TXA), see below</li> <li>■ No NSAIDs</li> </ul>
<b>Hemorrhage management:</b> i.e., poly trauma (TBI with additional injury)	<ul style="list-style-type: none"> <li>■ Pediatric hemorrhagic shock: Tachycardia for age, delayed capillary refill time, mottled; if hypotensive, assume &gt;30% blood loss</li> <li>■ Assessment for blood consumption:               <ul style="list-style-type: none"> <li>- Penetrating, positive FAST exam, tachycardia, hypotension, acidosis (base deficit &gt; -8.8, lactate &gt;3.5)</li> <li>- &gt;2 findings: activate Pediatric Massive Transfusion Protocol; switch from crystalloid to blood products</li> <li>- Give blood products in balanced ratios PRBC:FFP; weight based ~10 ml/kg</li> </ul> </li> <li>■ TXA if within 3 hours from injury – 15 mg/kg over 10 minutes</li> <li>■ There is no evidence to support the use of mannitol in pediatric hemorrhagic shock.</li> <li>■ No NSAIDs</li> </ul>
<b>Orthopedic trauma</b>	<ul style="list-style-type: none"> <li>■ Antibiotics for all open fractures within 60 minutes of arrival at ED</li> </ul>
<b>Spinal cord injury</b>	<ul style="list-style-type: none"> <li>■ Steroids not recommended</li> </ul>
<b>Image transfer</b>	<ul style="list-style-type: none"> <li>■ Imaging from your emergency department can be efficiently transferred to UCSF Benioff Children's Hospitals 24/7, expediting your patient's care and reducing radiation exposure.</li> <li>■ Contact your radiology technician, imaging library, or medical records team to request that your patient's images be pushed to the UCSF Film Library. Then confirm the transfer by calling (415) 353-1640, option 3, or emailing radiologyfilmlibrary@ucsfmedctr.org. A UCSF Film Library technician is available 24/7.</li> <li>■ For more information, visit <a href="https://ucsfbenioffchildrens.org/image-transfer">ucsfbenioffchildrens.org/image-transfer</a>.</li> </ul> <p><i>If digital image transfer is not possible, please include all imaging studies with the patient upon transfer.</i></p>