

Indications to Consult Pediatric Co-Management Team for Pediatric Trauma Patients

Purpose:

The trauma service frequently admits and cares for injured children (aged 18 years or less). To optimize outcomes and inpatient care, assistance in the management and care of these injured pediatric trauma patients is enhanced by involvement of the pediatric co-management team. As a result, collaboration between the trauma and pediatric co-management team is essential. These guidelines outline when pediatric co-management team should be consulted to assist in the management and care of pediatric trauma patients.

Indications to Consult Pediatric Co-Management

1. injured children age 18 and under upon admission or transfer to a pediatric floor

Consulting Pediatric Co-Management

1. The trauma service will contact the Pediatric Co-Management provider listed "on call" on PerfectServe under "General Pediatric and Neonatology Academic Service TNMC" (choose general pediatric inpatient) for consultation/handoff if the patient is being admitted/transferred to the pediatric floor.
2. The trauma service will need to place an "Inpatient consult to pediatrics academic" consult order in EPIC. Reason for consultation can be "medical co-management."
3. Direct verbal communication should occur between the trauma and pediatric co-management providers caring for the patient on admission/transfer to the pediatric floor and with any change in patient status/condition. The pediatric resident may be reached at 402-619-9157.

General requirements:

1. When consulted, Pediatric Co-Management will assist with management of pediatric trauma patients once they are considered floor status.
2. **The trauma service will serve as the patient's PRIMARY team.** As a result, the trauma surgeon/team must be kept informed of and concur with all major therapeutic and management recommendations by the pediatric co-management team.
 - A minimum of daily communication between the trauma and pediatric co-management teams should occur to discuss patient care plans.
 - The pediatric co-management provider will contact the trauma team daily and as needed via PerfectServe ("Trauma Academic Service) with recommendations after seeing the patient.
 - The trauma team will round daily on patients and write daily progress notes. Following the initial consultation and screenings, the pediatric co-management team will evaluate pediatric patients daily and write progress notes as needed to reflect any updates or changes in recommendations.
 - If it is determined that the trauma team should no longer be the primary team on a patient (i.e. transferring to another pediatric service), the trauma service will be responsible for finding an accepting primary service, placing the necessary orders for transfer, communicating plans for transfer with the pediatric co-management team, and documentation of transfer to include patient's current status/injury management/follow-up/transfer details/etc. ("sign off" note)

Responsibilities of pediatric co-management team

1. Medication management, review, and reconciliation.
 - Including guidance for dosing by weight and age (in collaboration with pediatric pharmacy).
2. management of pre-existing/chronic medical conditions
3. Responding to all acute decline and decompensation events.
 - In addition, will contact the trauma team to provide updates on significant events or status changes.
4. discrepancies between orders (in collaboration with the trauma team)
5. communication with primary pediatrician/PCP
6. substance and alcohol misuse screening with interventions as needed
7. screening and interventions as determined necessary for non-accidental trauma (in conjunction with the trauma team)
8. Counseling and guidance of injury prevention, including causative injury and other preventative measures, to patient and family.
9. Facilitate pediatric specialist consults and follow-up (in collaboration with the trauma team).
10. Assist the trauma team with facilitating discharge to inpatient rehabilitation.
11. Mental health screening

Responsibilities of Trauma Service

1. Contacting all consult services based on patient injuries and clinical findings.
2. Coordinating and managing procedural/operative interventions
3. Admission and discharge orders and notes
4. Diet/nutrition management and associated orders
5. Blood product transfusions
6. Electrolyte replacement, glucose management, bowel regimen orders and other routine daily cares (in collaboration with pediatric co-management and pharmacy)
7. Activity orders
8. Pain Management (in collaboration with pediatric co-management)
9. Wound care management and associated orders.
10. Imaging and lab orders
11. Determination of need, orders, and management of DVT prophylaxis (in collaboration with Pediatric co-management and pharmacy)
12. Management of new medical issues (in collaboration with Pediatric co-management)
13. Line and tube placement and management (central lines, chest tubes, etc.)

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