

Non-Surgical Service Admissions of Pediatric Trauma Patients at Nebraska Medicine

SCOPE AND PURPOSE

The document is applicable to pediatric patients (age <19) assessed and cared for at Nebraska Medicine.

POLICY AND PROCEDURE STATEMENTS

The pediatric trauma accreditation standards, as set forth by the American College of Surgeons, encourage all injured patients to be admitted to a surgical service. Children may be admitted to a pediatric general or subspecialty service when a medical diagnosis was initially made based on history and physical exam or for care of a pre-existing medical condition. In those rare instances, the following policy has been formulated to guide the management of an injured patient admitted to a non-surgical service.

1. When it is known that a physical injury has occurred, a Trauma Surgery consult must be obtained. Assessment and recommendations for care will be documented in the electronic medical record.
2. In conjunction with the admitting pediatrician, the trauma surgery attending will determine a plan of care that includes transfer to a surgical service when injury is the primary reason for admission. Concurrent care with pediatric critical care medicine (PCCM), pediatric co-management team or other pediatric specialists will continue during the child's hospitalization. (See "Indications to consult Pediatric Critical Care Medicine for pediatric trauma patients" and "Indications to consult Pediatric Co-Management for pediatric trauma patients")
3. All patients who are found to have physical injuries must be evaluated for rehabilitative and social work needs.
4. If suspicion of child abuse or neglect is identified, a referral to the Child Advocacy Team (CAT) and social work must occur promptly with subsequent additional work-up as indicated. (See "Evaluation and Management of Non-Accidental Trauma (NAT) in Children at Nebraska Medicine")

5. All non-surgical service admissions (NSA) of injured patients will be reviewed through the pediatric trauma performance improvement process.

- NSA with trauma or other surgical consultations, with $ISS \leq 9$, or without other identified opportunities for improvement may be closed in primary review.
- NSA without trauma or other surgical consultation, with $ISS > 9$, or with identified opportunities for improvement must at a minimum be reviewed by the Pediatric Trauma Medical Director in secondary review.

APPROVALS:

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DATE OF ORIGIN AND REVIEWS

Date of Origin: 8/2024

Date of Reviews:

CONTENT REVIEWERS AND CONTRIBUTORS

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Revision #1

Created 3 September 2024 03:56:22 by Emily Cantrell

Updated 23 January 2025 18:57:48 by Emily Cantrell