

PEDIATRIC TRAUMA UPDATE

Important DATE!

Volume 1, Issue 7
September 2008



SAVE THE DATES!! OCTOBER 27TH AND 28TH

The time has come for University of Iowa Children's Hospital and the University of Iowa Hospitals and Clinics to "show off" our facility and spectacular care we provide our trauma patients and their families!!

October 27th and 28th the American College of Surgeons have decided to visit Iowa. So, how will this review be different from those in the past?

This year we will have our own pediatric surgeon reviewer, in addition to the two adult surgeons. Dr. David Mooney from Children's Hospital Boston will

be the pediatric reviewer. Dr. Mooney is very active in pediatric trauma and we are excited he will be in our institution!

So, what do you need to know?

- We will be touring the facility, so smile and say "hi" as we walk by!
- Dr. Mooney may ask some questions regarding the care we provide trauma patients. Please be accurate in your answers and if you are unsure please don't guess! You can always ask for help from those of us also touring.
- Know where to find policies on the Point.
- Document, document, document! A large part of the sur-

vey is reviewing patient records and we want them to be great. Remember to sign in during alerts and activations in the ETC!!

Why do we care about this review?

- We are the ONLY hospital in the state that is attempting to be a Level I Pediatric Trauma Center!
- We have been a Level I Adult and Pediatric Trauma Center since 1997, we don't want to stop now!

Questions about the process?

- Give Kristel a call at 6-1299 or e-mail her at kristel-wetjen@uiowa.edu

Pediatric Trauma Cases August 2008

Number of Admissions	30
Number of ED visits	45
Average Injury Severity Score	14
Number of Trauma Alerts	16
Number of Trauma Activations	12

Special Points of Interest

- Want to "talk trauma"? Remember you can always send an e-mail to Trauma Talk using Microsoft Outlook e-mail.
- Questions or concerns related to Pediatric Trauma Care? Contact Kristel Wetjen @ 6-1299 or page 5239. kristel-wetjen@uiowa.edu



PEDIATRIC CERVICAL SPINE CLEARANCE

Recently a great multidisciplinary effort was completed in the form of our new Pediatric (0-10yrs) Cervical Spine Clearance Algorithm. Experts on the Pediatric Multidisciplinary Trauma Committee reviewed and discussed the research, evidence, and best practices and came to consensus on

the approach to be implemented at UI Children's Hospital.

Let's quickly review why this is such an important algorithm for our young trauma patients.

1. Research has shown that children <10 years of age have a very low incidence of cervical spine injury.

2. Radiation exposure is linked to adulthood cancer.

3. The evidence has shown that plain films are adequate for the diagnosis of cervical spine injury in those <10 years of age.

Thank you to all who had a hand in its creation!



C-Spine Clearance Algorithm AGE 0-10 YEARS OF AGE



To be completed within 24 hours of admit including dictated reading by the faculty radiologist

1. Mental Status Abnormal (GCS < 14 or Age/Developmental Factors)
2. Neck Pain?
3. Neurological deficit?
4. Intoxication?
5. Distracting Injuries?
6. Unable to communicate at a developmentally appropriate level.

Yes to ANY above and NO Head CT ordered

AP and Lateral Plain films of the cervical spine (portable films are okay)

ABNORMAL = Not adequate quality C1-T1

CT Abnormal
Leave Collar On
Consult Spine Service

Leave Collar On
Obtain CT Occiput to T3

NORMAL = Adequate quality C1—T1

Patient now asymptomatic with mental status improvement.

Reexamine patient, assessing and proceed with clearance. Document in chart date and time.

Yes to ANY above and Head CT ordered

CT Occiput to C3 + AP & Lateral plain films

CT Abnormal
Leave Collar On
Consult Spine Service

Patient remains symptomatic.

Consult Spine Specialist
MRI to rule out ligament injury if patient is "safe to travel"

MRI Abnormal
Leave Collar On

No to ALL above.

Active Range of Motion

If nontender and pain-free, clear cervical spine. Document in chart date and time.

MRI Normal
Remove Collar
Document date and time in chart.

Cervical Clearance = NO radiographic abnormalities
NO pain with ACTIVE range of motion
NO tenderness to palpation of cervical spine.
Cervical Clearance should be done by faculty or chief resident.

Date Approved: 9/08
Review:
Revised: