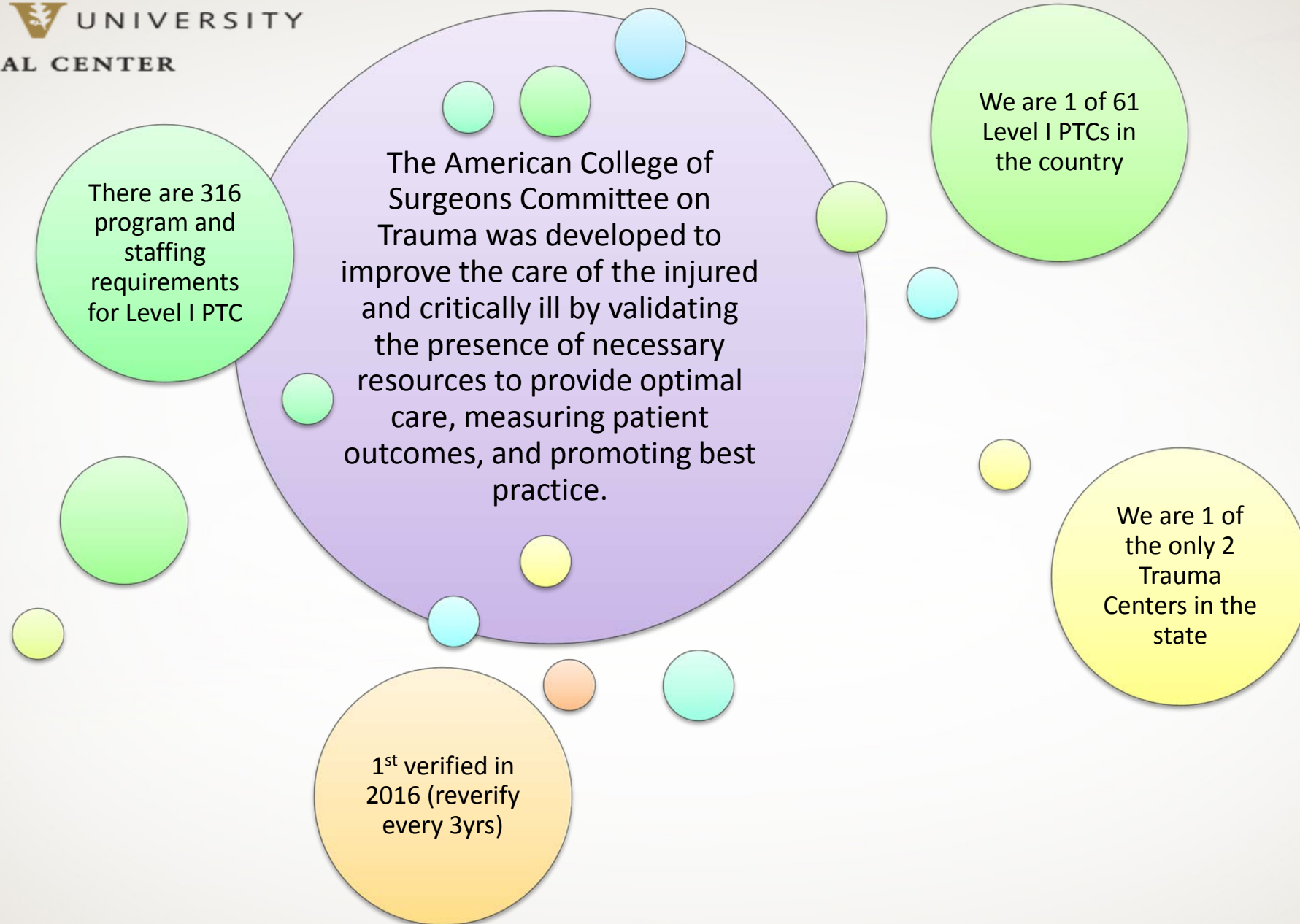


Monroe Carell Jr. Children's Hospital at Vanderbilt Trauma Program

Amber Greeno, APRN, MSN, CPNP-AC –
Program Director

Brittney Aiello, RN, BSN, CPEN –
Program Coordinator



What's this mean

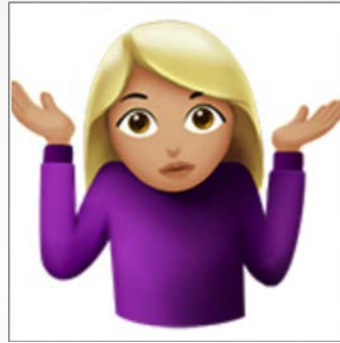
24/7 Pediatric Trained Coverage

- *Anesthesia
- *Critical Care
- *Emergency Medicine
- *Surgery
- *Orthopaedics
- *Neurosurgery

Programs

- *Quality Improvement
- *Education
- *Outreach
- *Injury Prevention
- *Research
- *Advocacy

EMS PRE-ARRIVAL REPORT



Why is it important?

It gets the right people at
the bedside by the time
the patient arrives



If possible, an
EMS report 15-20
minutes prior to
arrival helps both
things happen



It determines who those
people are based on our
trauma activation criteria

**Level I
Activations**

Any intubated
patient

Unstable
airway

Respiratory
distress

Hypotension

CPR

Blood
transfusion en
route

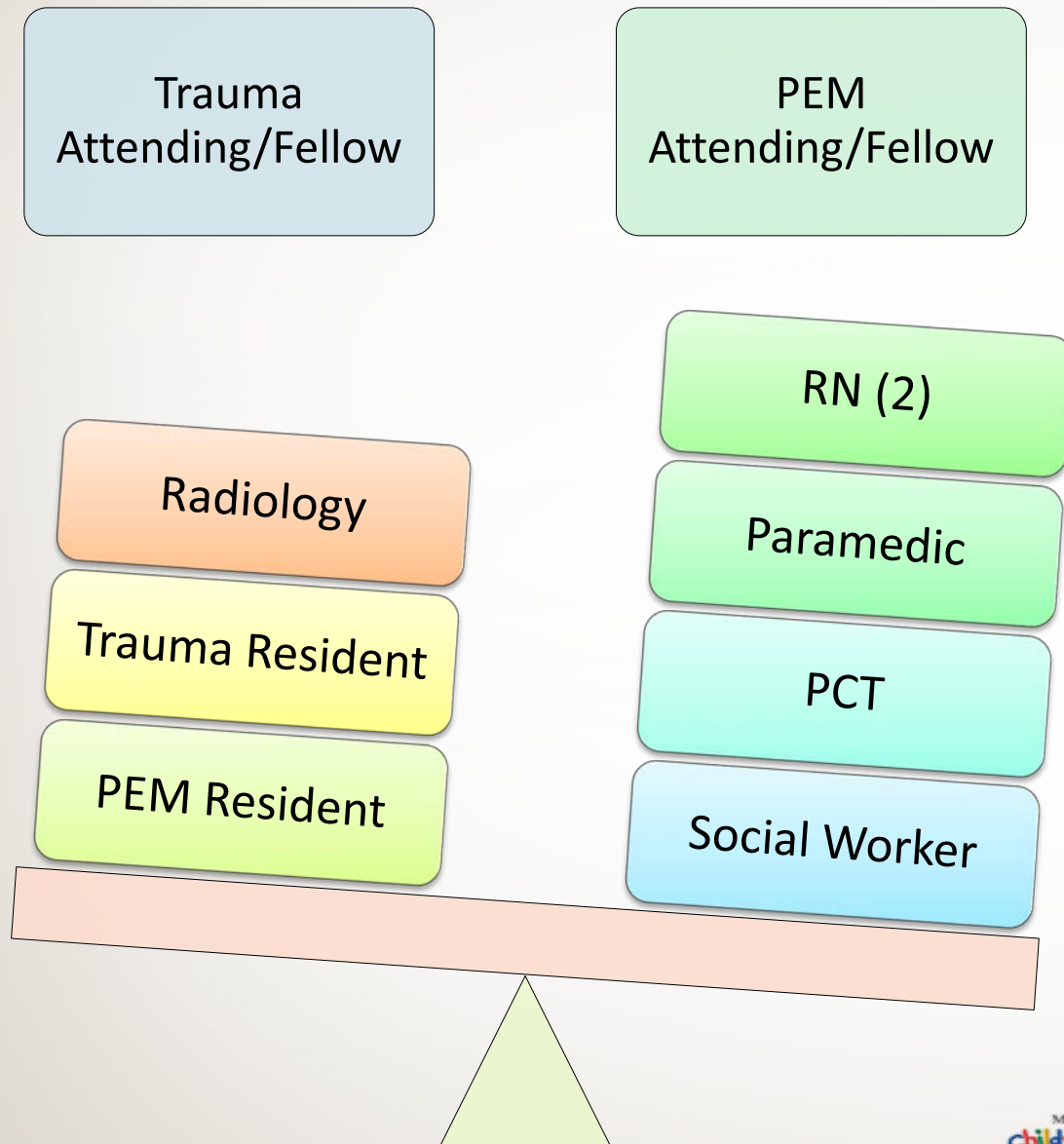
Significant
blood loss

Penetrating
injury (head,
neck, torso)

Limb
threatening
injuries

GCS ≤ 8 or
AVPU \leq "P"

Paralysis or
Quadriplegia



Level II Activations

Sub-Q emphysema of chest and above
Controlled arterial bleeding
≥femur/humerus fxs
Pelvic or femur fx with significant mechanism
Amputation, degloving, crush injury distal wrist/ankle

Penetrating injury to extremity
GCS 9-13 or "V"
Open or depressed skull fx
Closed head injury with LOC or sz activity
Abdominal or chest wall bruising

Abdominal pain/tenderness
MVC with rollover, ejection, or death
MCC ATV with rollover or ejection
Fall ≥2nd story
Struck, dragged or run over by a vehicle

Trauma Senior
Resident or Trauma
Fellow, Trauma Junior
Resident, PEM
Attending/Fellow,
PEM Resident, RN (2)
or RN (1) with
Paramedic (1), PCT, RT



What do
we need to
know in
EMS report



Mechanism:

- * MVC: ejection, rollover, high rate of speed, death at scene
- * ATV: ejection, rollover
- * Pedestrian/bike vs vehicle: struck, run over, drug
- * Fall: distance
- * Penetrating: where and with what



Vital Signs and mental status:

- * HR, RR, SpO2, BP (hypotension- SBP $<70 + (2 \times \text{age in yrs})$)
- * GCS or AVPU
- * Weight (kg)



Assessment:

- * Noted injuries and brief description
- * Airway and respiratory effort
- * Any uncontrolled bleeding or significant blood loss



Interventions:

- * Airway interventions
- * Access
- * Medications, fluids, and blood product administration
- * Tourniquet, CPR



Harold Lovvorn, MD
Trauma Medical
Director



Amber Greeno, MSN,
APRN, CPNP-AC, CPN
Director of Trauma,
Injury Prevention, and
Project ADAM



Brittney Aiello, BSN, RN,
CPEN
Trauma Program
Coordinator

<https://www.vumc.org/pediatric-trauma-service>

Pediatric Trauma Program

[Home](#) [Meet Our Trauma Team](#) [Policies, Screening Algorithms, and Guidelines](#) [Operational and Performance Improvement Process](#)
[CRPC Outreach & EMS COE Request Form](#) [Trauma-Related Education](#) [Trauma-Related Research](#) [Trauma Injury Prevention](#)
[Pre-Hospital Provider Education](#)



Monroe Carell Jr. Children's Hospital at
Vanderbilt
Trauma Program

September 4, 2020
Volume 1, Issue 1

Trauma Program Newsletter

The Trauma Service at Monroe Carell Jr. Children's Hospital at Vanderbilt provides complete care to pediatric trauma victims of all ages. Timely access to specialized care is often a matter of life and death in trauma situations, particularly when they involve children.

Children's Hospital is the only Pediatric Level-1 Trauma Center within 150 miles of Nashville. We offer the highest level of service to pediatric trauma patients. Our around-the-clock service is available to all pediatric subspecialties. Our trauma center has also been verified by the American College of Surgeons.

As a token of our appreciation for all that you do as Emergency Medical Service providers, we wanted to provide you with pediatric trauma specific education in this newsletter.

2ND QUARTER MECHANISM OF INJURY STATISTICS



Mechanism of Injury	Percentage
Falls	38%
Motor Vehicle	25%
Other	18%
Assault	12%
Fire	5%
Drowning	3%
Other	1%

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Trauma Triad of Death2
Withholding/Termination of
Resuscitation3

ELEVATING TRAUMA PATIENT CONCERNS

For any patient quality concerns
or system issues related to our
trauma population, please feel
free to contact Lee Blair or
Jennifer Dindo with our
Outreach Program so they can
reach out to us, the Trauma
Program.

- lee.blair@vumc.org
- jennifer.dindo@vumc.org





QUESTIONS???

EMAIL AMBER.GREENO@VUMC.ORG