



# PDTree

A Tool for Prehospital Pediatric Destination Choice

## Normal Vital Signs

AGE	ESTIMATED WEIGHT	HEART RATE	RESPIRATORY RATE	SYSTOLIC B/P
Premature	< 3 kg	160	> 40	60
Newborn	3.5 kg	130	40	70
3 mo.	6 kg	130	30	90
6 mo.	8 kg	130	30	90
1 yr.	10 kg	120	26	90
2 yrs.	12 kg	115	26	90
3 yrs.	15 kg	110	24	90
4 yrs.	17 kg	100	24	90
6 yrs.	20 kg	100	20	95
8 yrs.	25 kg	90	20	95
10 yrs.	35 kg	85	20	100
12 yrs.	40 kg	85	20	100
14 yrs.	50 kg	80	18	110
Adult	> 50 kg	80	18	120

## Key to Pediatric Facility Types

### Specialty/ Trauma Centers

- Officially Designated/Recognized per State/National guidelines

### Comprehensive Pediatric Centers (Ped ICU)

- Hospitals with Pediatric ICU care

### Regional Pediatric Centers (Inpatient or Peds ER)

- Hospitals with Pediatric Inpatient care or a 24/7 Pediatric specialist in Emergency Department

### Closest ED/ FEMF

- Cardiac Arrest
- Unable to establish a Patent Airway
- Patients in need of Specialty Care but prolonged Transport time

YES

NO

Transport patient to nearest hospital or FEMF; consider consultation with pediatric base station

### Consider Specialty or Trauma Center Needs

#### Specialty Center Criteria

- Cardiac arrest with ROSC
- Stroke Patient under age 18
- Eye injury
- Hand injuries meeting criteria
- Burns meeting burn criteria

#### Trauma Center Criteria

- Trauma categories A, B, C, D
- Suspected neck injury with paresthesia, weakness, or other neurologic deficits

YES

NO

Transport patient to trauma or specialty center based on protocol; alert trauma team; consider aviation if faster and of clinical benefit

### Consider Need for Transport to Child's Medical Home

- Does the child have an emergency related to a known condition previously treated at a specific facility?

YES

NO

If feasible, transport patient to their medical home

### Consider Need for Comprehensive Care

#### Medical

- Child  $\leq$  2 yr Altered Mental Status and no known seizure disorder
- Shock w/ abnormal Pediatric Assessment Triangle
- DKA/hyperglycemia w/nausea/vomiting OR altered mental state
- Respiratory distress in child with technology dependence [CPAP, Bi-PAP, trach]

#### Trauma

- (not meeting Trauma Decision Tree)
- Significant soft-tissue injury/complex wound
  - Elbow injury with Deformity
  - Long bone deformity
  - Femur fracture with intact pulse/motor/sensory

YES

NO

If feasible, transport patient to comprehensive pediatric center; Consider aviation if faster or of clinical benefit

### Consider Need for Regional Pediatric Care

#### Medical

- ALTE/brief resolved unexplained event
- Seizure patient requiring benzodiazepine
- Altered Mental Status, no trauma, no seizure, > 2yr
- Respiratory distress with hypoxia or serious signs and symptoms
- Sepsis

#### Trauma

- (not meeting Trauma Decision Tree)
- Suspected child abuse

YES

NO

If feasible, transport patient to regional pediatric center

Transport per protocol to nearest appropriate facility