



Pediatric Committee
OF THE GOVERNOR'S EMS AND TRAUMA ADVISORY COUNCIL (GETAC)
OF THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

COMMITTEE CHAIR'S REPORT

Committee Discussion Items:

1. Committee liaison reports
2. EMS for Children State Partnership Update
 - Survey for National Pediatric Readiness for hospitals (original 2001); Multi year quality improvement project. Address existing gaps and allow for benchmarking with QI resources. Interest in partnership by insurance industry..
 - Essential pediatric airway project: neonatal BVM 220 given to requesting agencies, 100 ETCO2. Still resources available.
 - Pediatric Continuing Education program: rural area education. A proposal for Flex grant for critical access hospitals for prehospital providers. Challenge with low cost CE (including nursing)
 - On line and off line medical direction surveys. Results. Full presentation.
 - Next session will full update on survey (slides) and report on (prehospital protocols)
3. Child Fatality Review Team update: Susan Rodriguez : No report this meeting
- 4.. Discussion of pediatric imaging. Sally Snow and Charles Macias. Position statement to be developed targeting the following:
 1. All CT scans on children should be performed using "pediatric" dose-reduction protocols. Pediatric protocols are available through The Alliance for Radiation Safety in Pediatric Imaging
 2. Imaging modalities that do not use ionization radiation should be used when feasible, e.g. ultrasound instead of CT to evaluate for appendicitis.
 3. Avoidance of the use of protocols which automatically result in the performance of multiple CT scans (i.e. head, cervical spine, chest, and abdomen and pelvis) in pediatric trauma patients.
 4. Avoid further CT imaging once the decision to transfer to definitive care is made, unless the accepting institution specifically requests a scan prior to transfer.
 5. Accepting institution should avoid repeating scans. Consider access to Life Image or similar cloud based translator.
5. Definition of pediatrics for trauma purposes: clinical care, regulatory measures, educational initiatives. Endorsed the general concept of Age less than 15th birthday as a pediatric definition for statistical purposes. For regulatory measures, clinical care recommendations and educational initiatives, age cutoffs for defining pediatrics should not be so restrictive so as to disregard differences in development (physiological, emotional, and sociological) and such differences should be taken into consideration with programming and metrics so as to account for expected variations in these populations.

General Public Comment On Discussion Items: NONE

Action Items/Motions:

Endorse the definition and qualifier for a pediatric trauma patient.

Future Agenda Items:

1. EMS for Children State Partnership update: Anthony Gilchrest
2. Pediatric imaging statement- a position paper

Charles G Macias MD, MPH

May 10, 2012

COMMITTEE CHAIR'S SIGNATURE

DATE