Adolescent Trauma

Goals: Adolescent trauma patients (≤ 19 years old) will be preferentially admitted to the PICU. Exceptions will be made for the occasional patient who may require frequent emergent operative interventions. At the discretion of the Trauma attending, such patients can be admitted to the SICU. Exceptions will also be made during periods when PICU resources are limited. To minimize patient and family disruption, once a patient is admitted to the PICU or SICU, they will not be transferred to the other during the ICU admission.

PICU Bed Availability

Similar to the SICU, the PICU will endeavor, at all times, to maintain an open, staffable ICU bed. PICU capacity will be determined jointly by the PICU attending and PICU charge nurse. Should an open, staffable, bed become unavailable using current ICU resources, the PICU charge nurse will inform the Nursing Supervisor who will create a plan to create a staffed bed. Should such a plan be impracticable, the Supervisor will create a plan to determine the destination of the next trauma patient. For adolescent patients, the SICU will be the next preferred site. When an adolescent trauma requiring ICU presents, the Nursing Supervisor will inform the trauma team if there is a current limitation of PICU resources and of the disposition plan.

Management of Adolescent Patients in the PICU

For this patient population, the Departments of Surgery and Pediatrics have determined jointly that adolescent patients are benefitted by care provided from both specialties. All adolescent patients will be admitted under the Trauma Service to the Trauma Attending. The PICU service will act as a co-service with the PICU attending acting in the role of Co-attending. To ensure coordination of care, Trauma and PICU teams will communicate regularly at both the resident
and attending level. Care coordination will be similar to care in the SICU when covered by a non-
surgeon.

**Division of Responsibilities**

Overall, care of traumatic injury is directed by the trauma service. The trauma attending, as a 
matter of course, will thus determine the overall goals of care for the trauma patient in the ICU. 
The trauma team will also direct the care related to specific injuries the patient has sustained. 
The PICU service will maintain the holistic care of the patient within the goals of the trauma 
team.

**Communication**

To ensure that care is coordinated, the PICU and trauma teams will remain in communication 
regarding the patient. The PICU and trauma teams will communicate during rounds in the PICU 
about the goals of care for the appropriate time frame (day, shift, hour, etc.) depending on the 
criticality of the patient. This communication should include both attendings and any residents 
involved in patient care whenever possible. Should the patient’s status change during this time 
frame in a manner that alters planned care or represents an unexpected worsening of status, 
the PICU medical team will inform the trauma service of the change and, if necessary goals will 
be revised. Patient care is the priority and emergency care will be initiated as necessary while 
communication is established. The teams will communicate at the end of the goal time period 
to review the case and establish goals for the next appropriate time frame. Should the trauma 
team determine a change in goals or therapies is necessary, the PICU will be informed to ensure 
care remains coordinated.

**Care Protocols**

To ensure safe care of patients, it is important that the care of patients in the PICU are not 
“outliers” with respect to PICU standards of care and workflow. This is especially important for 
nursing care where consistency is an important part of safety. Care in the PICU will follow 
institutional and ICU policy and procedure regarding the care of patients on pediatric floors and 
in the PICU when such policy is appropriate for the management of the patient. When care is 
provided in the SICU for this population, adult floor and ICU policy and procedure will be
followed. Within the appropriate policy and guidelines, care in all locations will follow the Upstate Trauma Manual where appropriate.

**Evolution of Processes**

The care of the trauma patient requires all participants to be informed of current processes and procedure. Changes in care policy will be made in a collaborative manner to ensure the highest level of care. Policy changes will be communicated to all staff in a timely manner to ensure care consistency.

**Case Reviews**

Adolescent cases will be reviewed in the Adult Trauma Committee as per standard practices. The PCCM trauma liaison will ensure timely PCCM divisional review of cases when presented with a timely quality meeting agenda with case questions posited by the trauma medical director and program manager.

**Conflict Resolution**

Most issues that arise should result in direct communication between the current attendings of record (Trauma service and Pediatric Critical Care). Should an issue require further and urgent clarification it can be escalated to the Trauma Director (Adult) and the Medical Director of the Pediatric Critical Care Service. Non-urgent issues will be referred to the Adult Trauma Committee for evaluation.

**Other Services**

Other services may play a significant role in patient care. The most common of these is the Neurosurgical Team for patients with TBI. For such patients the Pediatric Critical Care Team will
work with the services in a collaborative manner to ensure appropriate care. The Trauma Service will be informed, as per usual, of significant changes in status or care in areas managed by the additional service. Goal setting and management for areas affected by these services (TBI) may be altered by the additional service. The PICU will provide care within these goals as necessary to ensure appropriate care. When goals of care by additional specialists conflict with the management goals of the Trauma service, the PICU will either inform the Trauma service or will ask the 2 services to create a unified plan.

Mechanics of care

All services will inform verbally nursing of any change in care plans and of any changes in orders. The trauma team will place all admission orders. Although either service can place orders as needed for patient care, it is recognized that the best way to ensure consistency and coordination is to place all orders through a single source.

The PICU residents are in the ICU nearly continuously and will provide this service. Any orders placed that deviate from care goals will require direct communication between services.