

**PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL**

Pediatric Destination Determination Protocol

First Responder Care, BLS Care, ILS Care, ALS Care

1. There are circumstances in pediatric emergency care as determined by local medical control where it would be appropriate to transport directly to an emergency department of a Pediatric Critical Care Center, "PCCC" (OSF St. Francis). Examples of such circumstances include, but are not limited to the following:
 - Prolonged seizures or status seizure activity
 - A lethargic infant or child
 - Cardiac arrest or Respiratory arrest
 - Significant toxic ingestion history
 - Severe respiratory distress (cyanosis or moderate to severe hypoxia)
 - Massive gastrointestinal (GI) bleed
 - Life threatening dysrhythmias
 - Compromised airway
 - Signs or symptoms of shock or sepsis
 - Trauma based on EMSC Pediatric Trauma guidelines.
2. If the pediatric patient's condition becomes unmanageable or exceeds the capability of the transporting unit (i.e. cardiac arrest, respiratory arrest) the patient should be treated at the closest most appropriate facility.
3. Call medical control for physician decision regarding destination determination. If the transport time is going to be greater than 30 minutes to the Pediatric Critical Care Center (PCCC), Medical control may consider having the transporting unit stop at the closest hospital for stabilization.
4. Pediatric emergency air ambulance transports should go directly to a Pediatric Critical Care Center (PCCC).