Kaleida Health

DOWNTIME
☐ Entered into electronic record after downtime
date ____ time ____
initials ____

EMERGENCY DEPARTMENT PEDIATRIC INTAKE 1 of 1

Patient Name
Date of Birth | Admission/Visit Date | Site
Medical Record Number | Financial Number
Patient ID Area

Call from: _____

PATIENT INFORMATION

VITAL SIGNS

Temperature (˚C): _____ Pulse (beats/minute): _____ Respiratory Rate (breaths/minute): _____

Blood Pressure (mmHg): _____/_____ Oxygen Saturation (%): _____ Weight (kg): _____

TRAUMA ACTIVATION CRITERIA

LEVEL I (99)

Mechanism of Injury
- ☐ Penetrating injuries proximal to elbow or knee
- ☐ Burns greater than 50% body surface area

Physical Findings
- ☐ Cardiac or Respiratory arrest
- ☐ Impending airway obstruction
- ☐ Shock/Active hemorrhage
- ☐ Suspected spinal cord injury or paralysis
- ☐ Glasgow Coma Scale 8 or less

LEVEL II (98)

Mechnism of Injury
- ☐ Transfer for trauma evaluation
- ☐ Falls greater than 10 feet or 2-3 times height of child
- ☐ Motor vehicle collision greater than 20 miles per hour impact or ejection from vehicle
- ☐ Extrication/arrival greater than 1 hour
- ☐ Death in same passenger compartment
- ☐ 12 inch occupant side deformity to vehicle or greater than 18 inches any site
- ☐ Motorcycle, all terrain vehicle (ATV), snowmobile crash
- ☐ Pedestrian or bike versus vehicle
- ☐ Passenger compartment intrusion
- ☐ House fire requiring extrication

Physical Findings
- ☐ Glasgow Coma Scale of 9-14
- ☐ Abdominal wall bruising/tenderness
- ☐ Pelvic fractures
- ☐ Amputations (except digits)
- ☐ Burns-airway/facial or greater than 10% body surface area
- ☐ Two or more proximal long bone fractures
- ☐ Physician discretion

LEVEL III (consult)

Mechanism of Injury
- ☐ Physical abuse
- ☐ Blunt trauma/Stable vital signs

Physical Findings
- ☐ Multiple contusion to head/ trunk
- ☐ Mutiple fractures/ dislocations
- ☐ Animal bites to face
- ☐ Head injury with vomiting/ headache
- ☐ Burns less than 10% and/ or face, perineum
- ☐ Puncture wounds with foreign body
- ☐ Physician discretion

DISPOSITION

☐ Women & Children's Hospital of Buffalo ☐ Code 4 ☐ Private Vehicle ☐ STAT Team
☐ STAT team refused ☐ Emergency Medical Service ☐ Other: _____

Date: _____ Time: _____ Physician *Signature*: _____

Date: _____ Time: _____ Charge Nurse *Signature*: _____

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