







EMSC TRANSPORT GUIDELINES *for* PROVIDERS

DIAGNOSIS |

OPTIONS |

ACTIVATION

Level 1 Immediate threat to life or limb +/- Hemodynamically UNSTABLE	STAT Needs: <ul style="list-style-type: none"> • Impending or full respiratory failure • Cardiac arrest or ROSC • Hypotensive shock • Multisystem trauma / threatened limb • Acute or persisting AMS / Status Epilepticus 	Activate pediatric critical care transport teams on child's arrival to your ED.	Ground > Air time  Ground < Air time 
Level 2 Potentially UNSTABLE Requires acute intervention	Emergent Needs: Child requires constant bedside attendance and/or ongoing input from pediatric specialists. Examples – <ul style="list-style-type: none"> • Anticipated interventions - dialysis, emergent endoscopy or surgery (e.g. (i.e. rigid abdomen, magnet ingestion, T&A bleed). • Sensitive patients - An organ transplant complication, the child with special healthcare needs or dependence on medical technology, severe congenital anomalies (i.e. cardiac) • Additional diagnoses - concerning burns, worsening neuro status (e.g. unstable DKA), extremity trauma with neurovascular compromise 	Use Children's Hospital transfer centers to co-manage patient with subspecialist or PEM team. Recommend use of the pediatric critical care teams for transport.	Estimated round trip ground transport >120 minutes  Estimated round trip ground transport <120 minutes 
Level 3 Hemodynamically STABLE and requires either: Urgent intervention Subspecialty care Further diagnostics	Urgent Needs: Child requires urgent pediatric evaluation. Examples – <ul style="list-style-type: none"> • Rule out surgical abdomen / appendicitis, stable DKA, neonatal fever, respiratory monitoring, stable post-ictal state, unstable extremity fracture. 	Use Children's Hospital transfer centers to co-manage patient with subspecialist or PEM team. Consider pediatric critical care team vs. ALS.	 Estimated round trip ground transport < 3.5 hours
Level 4 Hemodynamically STABLE and requires ongoing care / observation. (i.e. not offering much more than we can do in their ED)	Pediatric Care Requested: The child is stable but pediatric care is needed. Examples – <ul style="list-style-type: none"> • Subspecialist consultation needed, or at the family's request 	Use Children's Hospital transfer centers to co-manage patient with subspecialist or PEM team. ALS vs. BLS	 Estimated round trip ground transport < 3.5 hours



Yale New Haven Health
Yale New Haven Children's Hospital

Children's Hospital - Emergency Dept.
 1 Park Street
 New Haven, CT 06504
General: 203-688-4242
Children's Emergency Dept. 203-688-3333
Transfers: Y-Access 1-888-964-4233



Connecticut Children's

Connecticut Children's - Emergency Dept.
 282 Washington Street (Main Entrance)
 Seymour St. (Emergency Dept.)
 Hartford, CT 06106
General: 860-545-9000
Emergency Dept. 860-545-9200
OneCall: 1-833-PEDS-NOW (1-833-733-7669)



Yale New Haven Health
Bridgeport Hospital

Connecticut Burn Center at Bridgeport Hospital
 267 Grant St.
 Bridgeport, CT 06610
General: 203-384-3728
Emergency Dept. 203-384-3566

Additional Contacts:

BROWN UNIVERSITY / LIFESPAN HASBRO CHILDREN'S HOSPITAL
 1-401-444-3000

MONTEFIORE MEDICAL CENTER (Bronx)
 1-718-741.2000 or 1-855-CHAM-247

NEW YORK PRESBYTERIAN (Cornell / Columbia)
 1-800-NYP-STAT (1-800-697-7828)

NEW YORK PRESBYTERIAN CORNELL BURN CENTER
 1-646-962-2580

SHRINER'S BURN CENTER (Boston)
 1-617-722-3000

WESTCHESTER MEDICAL CENTER
 Maria Fieri / 1-866-GO-TO-WMC
 (1-866-468-6962)

American Academy of Pediatrics
 HEZEKIAH BEARDSLEY CONNECTICUT CHAPTER
 FOUNDATION FOR CHILDREN
 750 MAIN STREET, SUITE 100 • HARTFORD CT 06103 • TEL: (860) 525-9738 • FAX: (609) 394-7712



Connecticut College of Emergency Physicians



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