

Resource Utilization in Secondary Triage of Pediatric Trauma Patients

Karly Raber

Valerie Baez RN, Corinne Sadecki-Lund RN, Rashmi Kabre MD,
Dana Schinasi MD

No Disclosures

Background



Primary Triage



Secondary
Triage



Secondary overtriage =
LOS < 1 day + no OR

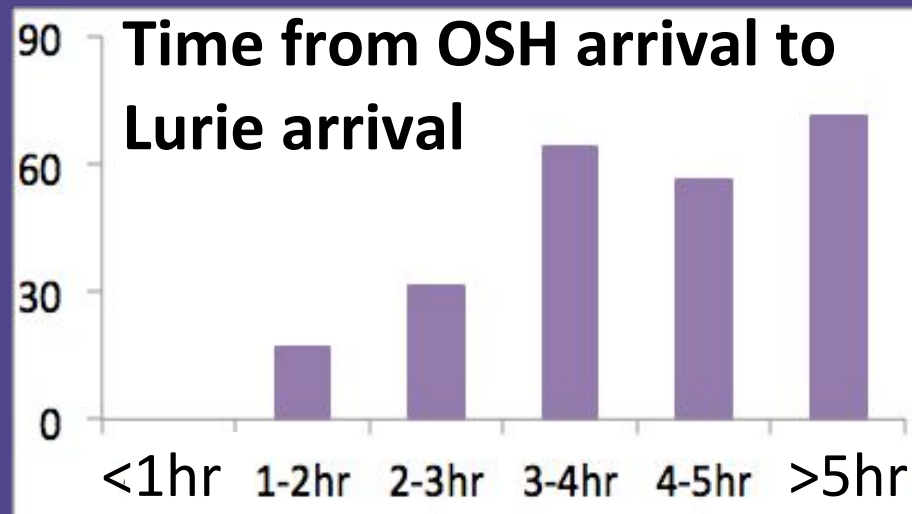
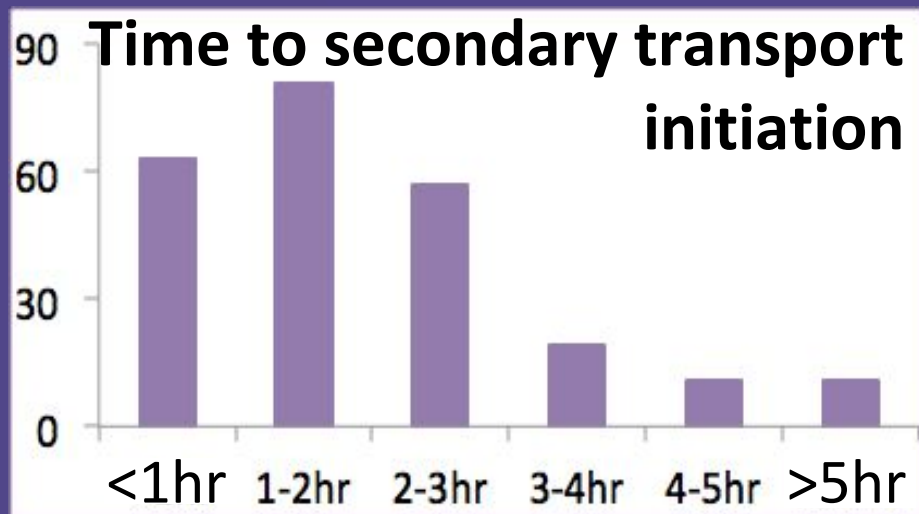
Methods



Illinois Trauma Registry

- 2017 calendar year
- 459 patients
 - 174 directly triaged
 - 285 secondarily triaged
- Data from the registry and chart review

	Secondarily Triaged	Directly Triaged
X-Rays	1.21	1.68
CT Scans	1.29	.77
Lab tests	61.8%	45%



Secondary Triage**N****% overtriaged****% correctly triaged**

Fall <10 ft

127

78

22

Struck by/against

33

67

33

Assault- gun

5

20

80

Assault- unarmed

5

80

20

Head

202

74

26

Chest

27

30

70

Abdomen/Pelvis

16

19

81

Spinal Cord

11

18

82

Limitations

Access to data- OSH records, EMS records; sample size

Conclusions

Secondarily transferred patients underwent more:

- CT scans, lab tests, repeated imaging

Patients more likely to be secondarily overtriaged:

- Fall <10ft, struck by object, unarmed assault
- Head injury

Patients that correctly required secondary triage:

- Gun assault
- Injuries to chest, abd/pelv, spinal cord

Future Directions