

Appendix B2. PEDIATRIC PATIENT WORKSHEET for Pandemic Influenza Triage

STEP 1: If any of the following are present, DO NOT ADMIT. Transfer to palliative care.

The patient is excluded from hospital admission or transfer to critical care if ANY of the following is present:

- (1) Known "Do Not Resuscitate" (DNR) status.
- (2) Persistent coma or vegetative state.
- (3) Severe acute trauma with a REVISED TRAUMA SCORE <2 (see (d) and (e) on following pages).
GCS: _____ SBP: _____ RR: _____
Revised trauma score: _____
- (4) Severe burns with <50% anticipated survival (patients identified as "Low" or worse on the TRIAGE DECISION TABLE FOR BURN VICTIMS (f)). Burns not requiring critical care resources may be cared for at the local facility (e.g., burns that might have been transferred to the University of Utah Medical Center Burn Center under normal circumstances).
- (5) Cardiac arrest not responsive to PALS interventions within 20-30 minutes.
- (6) Short anticipated duration of benefit, e.g., underlying condition with >80% mortality rate at 18-24 months:
 - a) Known chromosomal abnormalities such as Trisomy 13 or 18
 - b) Known metabolic diseases such as Zellweger syndrome
 - c) Spinal muscular atrophy (SMA) type 1
 - d) Progressive neuromuscular disorder, e.g., muscular dystrophy and myopathy, with inability to sit unaided or ambulate when such abilities would be developmentally appropriate based on age
 - e) Cystic fibrosis with post-bronchodilator $FEV_1 < 30\%$ or baseline $PaO_2 < 55$ mm Hg
 - f) Severe end-stage pulmonary hypertension

OTHER CONSIDERATIONS:

- Resuscitation of extremely premature infants with anticipated mortality rates greater than 80% should not be offered. See http://www.nichd.nih.gov/about/org/cdbpm/pp/prog_epbo/
- The use of ECMO will be decided on an individual basis by the Chief Medical Officer (with input from attending physician, nursing supervisor, and ECMO representative) based on prognosis, suspected duration of ECMO run, and availability of personnel and other resources. Patients should have an estimated survival of >70% with an estimated ECMO run of <7-10 days.

STEP 2: Determine if patient meets ICU/Ventilator INCLUSION CRITERIA.

Patients must have NO EXCLUSION CRITERIA (1) and at least one of the following INCLUSION CRITERIA:

- (1) Requirement for invasive ventilatory support
 - Refractory hypoxemia ($SpO_2 < 90\%$ on non-rebreather mask or $FiO_2 > 0.85$)
 - Respiratory acidosis ($pH < 7.2$)
 - Clinical evidence of impending respiratory failure
 - Inability to protect or maintain airway
- (2) Hypotension* with clinical evidence of shock** refractory to volume resuscitation, and requiring vasopressor or inotrope support that cannot be managed in a ward setting
 - * Hypotension = Systolic BP < 90 mm Hg for patients age > 10 years old, < $70 + (2 \times \text{age in years})$ for patients ages 1 to 10, < 60 for infants < 1 year old, or relative hypotension
 - ** Clinical evidence of shock = altered level of consciousness, decreased urine output, or other evidence of end-stage organ failure

STEP 3: Determine admission priority.

- Unlikely to survive. Discharge to palliative care.
- Hospital treatment is likely to be life-saving.
 - Admit to Floor
 - Admit to ICU if room available
- Lowest priority for hospital admission. Likely to survive without treatment. Discharge to home.

STEP 4: Record disposition

Disposition: _____

Signature: _____

Date and time: _____