

Pediatric PI Indicators

1. Contact Information

* 1. What is the name of the individual filling out this report?

* 2. What entity are you reporting for?

* 3. What is your email address?

* 4. What is your phone number?

* 5. Do you have any pediatric injury prevention data to report for this quarter?

Yes

No

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2. Incident Information

* 6. What is the date/time of this incident? (MM/DD/YYYY)

Date/Time

Date	Time	AM/PM
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="hh"/> <input type="text" value="mm"/>	<input type="text" value="-"/> <input type="button" value="v"/>

* 7. Patient age?

* 8. Patient gender?

Female

Male

* 9. Chief Complaint?

* 10. Mechanism of injury?

* 11. Type of Ambulance call?

- Scene Call
- Transfer
- None of the above

* 12. Diagnosis?

* 13. ISS

* 14. Which of the following indicators does this pediatric patient (<15 y/o) meet? Check all that apply.

- All patients with ISS >9
- Open Fracture - All open fractures
- Intubation Attempts - All pediatric patients who underwent intubation
- Concerns for child abuse

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3. Hypothermia

The following 3 questions (15, 16, 17) pertain to hypothermia <95.0 F (35.0 C) for > 2 hours in patients with an ISS >9.

* 15. Was there a documented temperature of <95.0 F or 35.0 C for more than 2 hours while patient was in your care?

- Yes
- No
- N/A (If no hypothermia occurred)

* 16. What was the documented temperature?

* 17. Was the hypothermia planned?

- Yes
- No
- N/A

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4. Open Fractures

The following 3 questions (18, 19, 20) pertain to all open fractures.

* 18. How did the patient arrive to your facility?

- POV (private operated vehicle)
- EMS from Scene
- Transfer

* 19. Was the patient diagnosed with an open fracture?

- Yes
- No

* 20. Did this patient receive antibiotics within 1 hour to your facility?

- Yes
- No
- N/A

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5. Intubation

Question 21 pertains to all pediatric patients who underwent intubation.

* 21. Indicate the personnel and number of intubations each one attempted.

	One	Two	Three	Four	N/A
AEMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paramedic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6. Child Abuse

Questions 22 & 23 pertain to child abuse

* 22. Concern for child physical abuse reported by your facility?

Yes

No

N/A

* 23. Was the patient transferred to higher level of care and or abuse workup started?

Yes

No

N/A

24. Any additional PI Review information or OFI not addressed?