

Pediatric Orthopedic Trauma Transfers

Purpose: To define patients which orthopedic injuries should be treated by adult trauma fellowship-trained orthopedic surgeons, versus pediatric fellowship-trained orthopedic surgeons.

Background: There are some injuries where mastery of appropriate treatment is only obtained in adult trauma orthopedics fellowships. Pediatric orthopedic surgeons specialize in the treatment of most trauma in patients who are still growing. In the teenage years, chronologic age is a poor proxy for skeletal maturity and therefore, it can be complicated to determine the appropriateness of treatment at a pediatric trauma facility versus an adult trauma facility. Our goal is for patients to get the care they need, from the most appropriate orthopedic surgeon, as efficiently as possible. The appropriateness of a pediatric versus adult surgeon should not be determined by age, but rather by a combination of the location of the injury, the severity of the injury, and the presence and degree of open physes.

Some of the following conditions may be appropriate for a pediatric facility, depending on the circumstances. **We recommend using this reference as a starting point to ask more questions and communicate with orthopedics before accepting a transfer.**

Conditions that are typically treated at an adult trauma center, regardless of age:

- Unstable pelvic ring injuries that will require operative stabilization.
- Acetabular fractures that will require operative stabilization.
- Injuries (including hand injuries) associated with vascular compromise.

Conditions typically treated at an adult trauma center in the setting of closed or nearly-closed physes (average age 13 girls, 15 boys, but significant variability):

- Multiple-part proximal humerus fractures.
- T-condylar (intraarticular) distal humerus fractures
- Terrible triad elbow fracture-dislocations (elbow dislocation, radial head or neck fracture, coronoid fracture)
- Femoral head or neck fractures or dislocations associated with acetabular fractures (significant acetabular fractures may not be visible on X-Rays or CT scans in this age group, and require MRI to define)
- Bicondylar (comminuted, intraarticular) distal femur fractures
- High grade tibial plateau fractures (depression of joint surface)
- High grade distal tibial (pilon) fractures
- Calcaneus fractures requiring operative fixation
- Talus fractures requiring operative fixation
- Lisfranc injuries (midfoot fracture-dislocations) requiring operative fixation

Please have a low threshold to contact the attending pediatric orthopedic surgeon on call for any trauma transfer patients, especially those age 13 and up.

Amoli	404-273-2124
Loveless	904-891-2669
Mandel	904-238-3915
Neal	904-334-1220
Rambo	205-613-9663