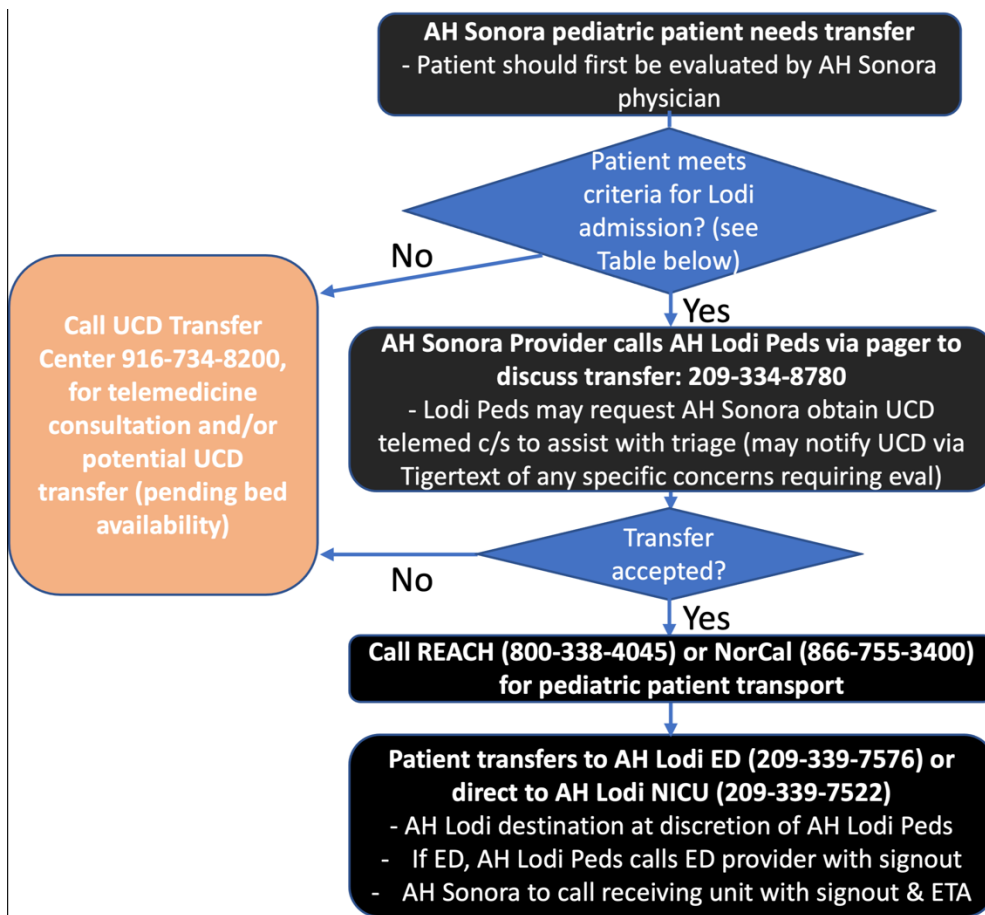


ADVENTIST HEALTH SONORA PEDIATRIC TRANSFER GUIDELINE

Available at AH Lodi Memorial:	Consider Transfer to UCD for higher level of care:
Newborns ≥ 32 weeks EGA Newborns: stable on NC, HFNC, or CPAP. Non newborns: stable on NC up to 3L Albuterol or racemic epi spaced to q2h EKG Subspecialist telemedicine consult Surgeries: Simple CT/US-confirmed appendicitis, abscess drainage in patients >5 years Ortho: Simple fracture reduction in patients >13 years Refresher teaching for medically stable diabetes Need for PIV or NG feeds (UVC ok in neonates) Psychiatry evaluation for ≥ 16 years Phototherapy Isolation for all patients ≥ 29 days XR, US, CT, MRI (without sedation) Mildly ill/asymptomatic COVID+ patients	Newborns <32 weeks EGA Non-newborns on HFNC, CPAP. All BiPAP, Trach, Vent Continuous albuterol Telemetry Vital signs more frequent than q4h Need for in-person subspecialty consultation Most pediatric surgical needs New onset diabetes, insulin pumps PICC, central line, TPN or intralipids Psychiatry evaluation for <16 years Exchange transfusion Therapeutic hypothermia Isolation for patients < 29 days of age Procedural radiology (UGI, VCUG) Burns EEG Conscious sedation MIS-C rule-out

AH Sonora Transfer Algorithm

**AH SONORA-AHLM
PEDIATRIC TRIAGE
ALGORITHM**
Rev. 6-2023



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