

Pediatric Upper Extremity Emergency Room Transfers: Are They Warranted?

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INTRODUCTION

Emergency room transfers to a higher level of care is a vital component of modern healthcare in order to permit the optimal care of patients by providing access to specialized personnel and facilities.

However, literature has shown that transfers to a higher level of care facility for an adult hand injury are frequently unnecessary, and associated with

“off-hours” weekends, insurance status.

The purpose of this study was to evaluate the appropriateness of pediatric upper extremity transfers to a tertiary care center and the factors surrounding them.

METHODS

Retrospective review : all pediatric ER transfers to our tertiary care facility over a 4 year period.

Categories

- demographics,
- time of the request
- day of the week
- insurance status,

Outcomes:

- operating room,
- closed reduction maneuver
- conscious sedation was provided



RESULTS

Transfer Characteristics

- 61% (46/75) of transfers were cases related to the upper extremity,
- 100% fractures and/or partial amputations.
- 30% (14/46) weekend transfer
- 24% (11/46) patient with Medicaid.

Transfer Outcomes

63% (29/46) operating room procedure
33% (15/46) closed reduction procedure in ED
24% (11/46) conscious sedation provided in ED

6.5% (3/46) of transfers did not require any of above factors.
(1. scapular body fracture, 2. proximal humerus fracture, 3. minimally displaced forearm fracture).

CONCLUSIONS

- ◆ The vast majority of pediatric upper extremity transfers are warranted requiring either operative intervention, a closed reduction maneuver, or conscious sedation. Unlike adult hand transfers, the majority of pediatric upper extremity transfers do not seem to be influenced by time of day/week or insurance status. While transfer of a patient to a tertiary care facility does increase healthcare costs, **pediatric upper extremity transfers are an appropriate use of resources.**

