

2.6 - Adult Trauma Centers Admitting Pediatric Patients (Type I)

Applicable Levels

LI, LII, LIII

PRQ Question Text *[Field Type]*

- *1. How many children under the age of 15 did your adult trauma center admit during the Reporting Period? *[Number]*
- *2. Does your trauma center have a pediatric emergency department area? *[Radio button]*
- *3. Does your trauma center have a pediatric intensive care area? *[Radio button]*
- *4. Does your trauma center have appropriate resuscitation equipment (as outlined in the pediatric readiness toolkit)? *[Radio button]*