

HOTRAC Regional Pediatric P/I Summary Report

(circle reporting month/quarter)

1st Quarter
Jan-Feb-Mar

2nd Quarter
Apr-May-June

3rd Quarter
Jul-Aug-Sept

4th Quarter
Oct-Nov-Dec

Facility Name: _____

Person Submitting Report: _____

- Total # of pediatric patients: Inpatient _____ ED: _____
- Total # of patients in which CPS was notified: _____
- Total # of patients affected by transport issues: _____
- Total # of patients diverted by or difficulty transferring to a higher level of care: _____
- Total # of submersions: Fatal: _____ Non-fatal: _____
- Total # of TBIs: _____ SPIs: _____
- Total # of patients transferred INTO facility form OUTSIDE HOTRAC: _____
- Total # of deaths: _____
- Total # of transfers outside of TSA M (please list each case below and give reason):

ENT/OMF/Plastics/etc.: _____ Establish Care: _____ GI: _____
Neuro: _____ Not documented: _____ Patient/Family Choice: _____
Pediatric Subspecialty: _____ PICU: _____ Provider Choice (why): _____
Pulmonary: _____ Other (specify): _____
- List cases not noted above and give reason for fall-out (use additional sheet if needed):