

PEDIATRIC PELVIS SURGERY: STEP BY STEP THROUGH THE PHASES OF CARE

Amanda Lohse BSN, RN, Lauren Huset BSN, RN, CNOR, ONC

situation:

Pediatric patients who sustain complex pelvic fractures require initial trauma stabilization at the Children's Hospital; however, definitive surgical fixation can only be performed at the Adult Trauma Hospital. This creates a unique, multi-institution workflow that depends on timely communication, coordinated transport, and consistent perioperative processes. The lack of a standardized pathway previously resulted in variations in preparation, delays in care, and potential safety risks—highlighting the need for a structured and reliable approach to guide teams through each phase of the surgical journey.

background:

Pelvic fractures in children are uncommon but high-risk injuries, typically resulting from high-energy trauma and associated with significant morbidity. Optimal management requires rapid stabilization, interdisciplinary planning, and the expertise of orthopedic trauma surgeons who specialize in pelvic fixation. Because this level of surgical specialization resides at the Adult Trauma Hospital, pediatric patients must undergo interfacility transport for operative care, adding further complexity to an already critical clinical situation. Establishing clear, standardized processes between the pediatric and adult institutions is essential to ensure continuity, safety, and high-quality outcomes

1. Consult & Stabilization

- trauma evaluation, imaging, resuscitation
- early notification of traumatologist at adult trauma center

3. Pediatric RN Handoff & Transfer Preparation

- ortho coordinator calls Children's hospital to set up transfer
- gets handoff from Children's RN to ensure adequate preparation
- speaks with patient's parents/guardians to explain process

5. Operating Room Set up

- ensure correct surgical bed, positioning devices
- sterile surgical instruments and trays
- specialty items: Starr Frame, percutaneous equipment, traction

7. PACU Recovery

- if intubated, patient is taken directly from OR back to Children's
- if extubated, patient goes to PACU for recovery before being taken back to Children's

2. Adult Trauma Center Preparation

- ortho coordinator notified
 - reviews staff assigned, case posting, and patient situation.
 - coordinates with team (Anesthesia, Pre-op/PACU, Financial services)

4. Transfer & Preop Phase

- patient brought by ambulance directly to pre-op/PACU
- patient checked into hospital, new orders, consents, labs; required for surgery

6. Intraoperative Phase

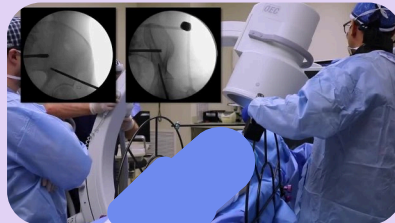
- communication with parents
- monitoring vitals, blood needs
- assisting surgical team
- providing traction

8. Return Transfer & Post Case Debrief

- handoff given to PACU RN or transport team
- doc to doc handoff given from Pediatric Anesthesiologist to ICU MD
- patient returned to Children's hospital via ambulance

outcomes:

Pediatric patients receive highest level of care available with minimally invasive percutaneous pelvis surgery.



implications for nursing:

Perioperative nurses play a pivotal role in anticipating patient and procedural needs, especially when coordinating care across institutions. The ability to proactively prepare for both surgical procedures and potential complications is essential in optimizing outcomes for this vulnerable and unique patient population.