Airway / Breathing | Circulation / Shock | Cardiac | Medical | Trauma

PEDIATRIC PROTOCOL

MULTIPLE TRAUMA

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

Consider
Air transport if
delay due to extrication

UNIVERSAL PATIENT CARE PROTOCOL

CONSIDER SPINAL MOTION RESTRICTION PROCEDURE

PEDIATRIC AIRWAY PROTOCOL

Rapid Trauma Assessment

CAPNOGRAPHY PROCEDURE

Attach Cardiac Monitor

IV / IO PROCEDURE

Assess Vital Signs / Perfusion

Abnormal

Reassess Airway
Ventilate Appropriately

NORMAL SALINE BOLUS
20 ml / kg - Repeat as Needed

If evidence of current / previous uncontrolled hemorrhage, sustained HR > 120 and / or SBP < 90 (for age), within 60 mins of injury
Consider TRANEXAMIC ACID (TXA)
15 mg / kg mixed in 100 ml D5W over 10 mins – Max 1 gram

Monitor and Reassess

Continued Hypotension?
Consider
TRAUMATIC NEEDLE CHEST DECOMPRESSION PROCEDURE

Normal

Ongoing Assessment

Monitor and Reassess

Treat per Appropriate Protocol

PEDIATRIC PAIN PROTOCOL

INITIATE TRAUMA ALERT

TRANSPORT to appropriate facility
CONTACT receiving facility
CONSULT Medical Control where indicated
APPROPRIATE transfer of care

EMT Intervention | AEMT Intervention | PARAMEDIC Intervention | Online Medical Control

MULTIPLE TRAUMA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Time and mechanism of injury • Damage to structure or vehicle • Location in structure or vehicle • Others injured or dead • Speed and details of MVC • Restraints / protective equipment • Car seat • Helmet • Pads • Ejection • Past medical history • Medications	• Pain, swelling • Deformity, lesions, bleeding • Altered mental status • Unconscious • Hypotension or shock • Arrest	**Life Threatening:** • Chest Tension pneumothorax • Flail chest • Pericardial tamponade • Open chest wound • Hemothorax • Intra-abdominal bleeding • Pelvis / femur fracture • Spine fracture / cord injury • Head injury (see Head trauma) • Extremity fracture / dislocation • HEENT (airway obstruction) • Hypothermia

A Pediatric Trauma Victim is a person < 16 years of age exhibiting one or more of the following physiologic or anatomic conditions

Physiologic conditions	Anatomic conditions

• Glasgow Coma Scale < 13;
• Loss of consciousness > 5 minutes;
• Deterioration in level of consciousness at the scene or during transport;
• Failure to localize to pain;
• Evidence of poor perfusion, or evidence of respiratory distress or failure.
	• Penetrating trauma to the head, neck, or torso;
	• Significant, penetrating trauma to extremities proximal to the knee or elbow with evidence of neurovascular compromise;
	• Injuries to the head, neck, or torso where the following physical findings are present;
	• Visible crush injury;
	• Abdominal tenderness, distention, or seatbelt sign;
	  ○ Pelvic fracture;
	  ○ Flail chest;
	• Injuries to the extremities where the following physical findings are present:
	  ○ Amputations proximal to the wrist or ankle;
	  ○ Visible crush injury:
	  ○ Fractures of two or more proximal long bones;
	  ○ Evidence of neurovascular compromise.
	• Signs or symptoms of spinal cord injury;
	• 2nd or 3rd Degree burns > 10% total BSA, or other significant burns involving the face, feet, hands, genitalia, or airway.

Fluid Resuscitate to systolic of 70 + 2 x age

KEY POINTS
• **Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro** • Mechanism is the most reliable indicator of serious injury. Examine all restraints / protective equipment for damage. • In prolonged extrications or serious trauma consider air transportation for transport times and the ability to give blood. • Do not overlook the possibility for child abuse. • A trauma victim is a pediatric patient if they are < 16 years old. • Major trauma patients are to be transported to the closest pediatric trauma center. • Contact the receiving hospital for all major trauma or critical patients. • The Proper size equipment is very important to resuscitation care. Refer to length-based drug treatment guide (e.g. BROSELOW PEDIATRIC EMERGENCY TAPE OR SIMILAR GUIDE) when unsure about patient weight, age and / or drug dosage and when choosing equipment size. • Cover open wounds, burns, eviscerations. • Except for airway control, initiate ALS enroute when transporting major trauma patients. • If unable to access patient airway and ventilate, then transport to the closest facility for airway stabilization. • The on-scene time for major trauma patients should not exceed 10 minutes without documented, acceptable reason for the delay. • When initiating an IV and drawing blood, collect a red top blood tube to assist the receiving hospital with determining the patient's blood type. • All major trauma patients should receive oxygen administration, an IV(s), and cardiac monitoring. • Provide a documented reason if an intervention could not be performed. • Transport to a Pediatric Trauma center when able