PEDIATRIC PROTOCOL

ABDOMINAL 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

Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

Pediatric Multiple Trauma Protocol if criteria

UNIVERSAL PATIENT CARE PROTOCOL

PEDIATRIC AIRWAY PROTOCOL

CONSIDER SPINAL MOTION RESTRICTION PROCEDURE

Determine if Load & Go

Control Hemorrhage / Dress Wounds

CAPNOGRAPHY PROCEDURE

Evisceration: Cover, clean saline dressing to loosely stabilize

Penetrating Object: Cover, clean saline dressing – Immobilize object. If too large to transport – attempt to cut with care not to further injure tissue

Penetrating Wounds: Cover, clean saline dressing. Look for exit wound

Blunt Trauma: Assess for change – distention. Note mechanism

IV / IO PROCEDURE
20 ml / kg Normal Saline Bolus to maintain SBP

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

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

ABDOMINAL TRAUMA

MECHANISM	SIGNS & SYMPTOMS
• Blunt	• Altered mental status • Shock • Distention • Swelling • Bulging • Nausea and vomiting
• Penetrating	• Altered mental status • Bleeding • Tenderness • Pain • Distention • Evisceration • Discoloration • Entrance / exit wounds • Nausea & vomiting

Fluid Resuscitate to systolic of 70 + 2 x age

KEY POINTS
Trauma to the abdomen is either Blunt or Penetrating. Blunt injuries are harder to detect and diagnose, and have a death rate twice that of penetrating wounds. Key signs and symptoms of blunt trauma include a patient in shock with no obvious injuries. Distention of the abdomen is an indication of internal hemorrhage. Pain may not be a significant factor. Many abdominal trauma injuries are Load & Go cases. • Look for both an entrance and exit wound for all penetrating trauma, and treat accordingly. • For all major trauma patients, the on scene time should be less than ten minutes.