POLICY PEDIATRIC T2 TRAUMA

Effective Date: July 15,2022
Last Review: New Policy
Next Review: July 2024

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION: To properly treat patients that suffer from traumatic injuries, including blunt force, penetrating injuries, lacerations, and other forms of traumatic injuries. Patients who suffer from severe traumatic injuries need evaluation and transport to appropriate Pediatric Trauma Centers.

Patients who meet Merced County EMS Agency Pediatric Trauma Triage Criteria should be transported to a Pediatric Trauma Center unless the patient has potential airway compromise. Trauma patients with potential airway problems that cannot be resolved must be transported to the closest hospital. Refer to **Policy 512.25 Trauma and Burn Patient Destination**.

Scene time for patients who meet trauma triage criteria should be kept at 10 minutes or less. If the scene time exceeds 15 minutes, the reason for the extended scene delay (waiting for air transport, extended extrication, multiple patients, etc.) must be documented on the Patient Care Report.

BLS TREATMENT:

OXYGEN: Administer as appropriate, goal is to maintain SpO_2 at least 94%. Assist ventilations as necessary.
VITALS: Assess vital signs; treat patient as appropriate. Refer to **length-based assessment tape** for normal vital signs.
ASSESS NEED FOR SPINAL MOTION RESTRICTION (SMR): Refer to **Policy T1 Spinal Motion Restriction** for proper application of SMR.
BLEEDING CONTROL: Stop active bleeding with direct pressure, hemostatic dressings, and/or if necessary apply a tourniquet.
SPLINT: Splint or immobilize as needed, consider splinting while transporting.
CHECK TEMPERATURE: Assess temperature and keep patient warm to prevent hypothermia.
TRANSPORT: Patients who meet trauma triage criteria need transport to a pediatric trauma center as soon as possible.

ALS TREATMENT:

ASSESS FOR TENSION PNUEMOTHORAX: Decompress the affective side as needed.
MONITOR: Treat rhythm as appropriate.
VASCULAR ACCESS: Patients who meet trauma triage criteria, two (2) large bore IV/IO access. If patient is hypotensive, according to **length-based assessment tape**; administer **20 ml/kg** bolus. Reassess patient after bolus. Repeat as necessary at **10 ml/kg** bolus up to **MAX OF 40 ml/kg** has been given. Systolic blood pressure to be maintained at lower limit of normal for patient.
CAPNOGRAPHY: Utilize wave form capnography for patients who meet trauma triage criteria.
PAIN CONTROL: Refer to **Policy Pediatric M2 Pain Management,** for appropriate pain control.

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Specific Injury Treatments:

AMPUTATIONS: If partial amputation, splint in anatomical position. Place complete amputated parts in a sealed clean and dry container or bag, place container or bag on ice if possible.
OPEN CHEST WOUND: Apply commercial vented chest seal or 3-sided occlusive dressing over wound, watch for signs of developing tension pneumothorax and treat as appropriate.
FLAILED CHEST: Consider laying patient on the affective side to minimize chest wall movement, monitor for tension pneumothorax
EXTREMITY TRAUMA: Apply appropriate splint/immobilization device, check neuro-vascular status before and after splinting/immobilizing
EVISCERATING TRAUMA: Cover eviscerated organs with saline soaked gauze. Do not attempt to replace organs into abdominal cavity.
IMPALED OBJECT: Stabilize and leave in place impaled object. If impaled object causes airway compromise or interferes with CPR, object can be removed.

PEDIATRIC TRAUMA TRIAGE CRITERIA:

THE FOLLOWING PATIENTS SHOULD BE TRANSPORTED TO A PEDIATRIC TRAUMA CENTER – DESTINATION DECISIONS SHOULD NOT BE BASED ON MECHANISM OF INJURY ALONE

A. GCS < 13 or a decrease of 2 or more from baseline
B. Age-appropriate hypotension - per length-based assessment tape
C. Respiratory rate outside of normal limits – per length-based assessment tape
D. Penetrating injury to the head, neck or trunk
E. Patient < 1 year of age with any visible fractures
F. Open and depressed skull fractures
G. Flail Chest
H. Traumatic Paralysis
I. Unstable pelvic fracture
J. Two or more proximal long bone fractures
K. Paramedic judgement
    1. Paramedic judgment should include a consideration of the mechanism of injury and be based on tangible signs and/or symptoms indicating possible internal injury or compensated blood loss, such as:
        a) Anxiety, nervousness, restlessness, confusion
        b) Tachycardia
        c) Pallor, cool skin, diaphoresis, trembling
        d) Chest or abdominal pain following an acute traumatic event