

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/01/11
Supersedes: 09/01/06

Protocol: P-049

PEDIATRIC TRAUMA

INFORMATION REQUIRED

- Mechanism of injury.
- History of event.
- Weight: recording of weight or per “length based” tape (preferred).

OBJECTIVE FINDINGS

- Pediatric Assessment Triangle:
 - Appearance;
 - Circulation to the skin; capillary refill, central and peripheral pulses, skin color;
 - Work of Breathing; nasal flaring, retractions, grunting, stridor, position.
- Physical signs of trauma.
- Assess airway.
- Assess mental status with AVPU.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Ensure ABC's.• High flow oxygen, assist ventilation prn.• Control external bleeding with direct pressure.• Keep child warm and provide reassurance.• Spinal immobilization.• For head trauma, elevate head of spine board 15-20 degrees.• If avulsed tooth, transport tooth in saline soaked gauze.• Routine Medical Care.	<ul style="list-style-type: none">• Manage airway according to the Airway Management Protocol (P-004).• 2 large bore IVs or IOs of NS as indicated en route to hospital.• If signs of shock, give fluid challenge 20 ml/kg and consider 2nd bolus 20 ml/kg (enroute) to titrate SBP to 60 for penetrating trauma and 90 for blunt trauma.• For isolated extremity trauma, consider pain treatment with Morphine sulfate:<ul style="list-style-type: none">< 6 months of age: 0.05 mg/kg slow IVP> 6 months of age: 0.1 mg/kg slow IVPMay repeat q 5 minutes at half the initial dose prn.• Consider Ondansetron for nausea and vomiting. For children ages 4 up to and including age 8, use 4 mg IV/IM. For children over age 8, use 4 mg IV/IM and this dose may be repeated q 20” to a maximum total dose of 12 mg.

DOCUMENTATION

C-spine assessment/precautions if indicated.

Perfusion assessment: If inadequate, IV or IO of NS started.

Pain assessment: Appropriate use of **Morphine sulfate**.

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PRECAUTIONS AND COMMENTS

- Use “length based” resuscitation tape to estimate child’s weight in order to calculate fluid boluses.
- Suspect child maltreatment when physical findings are inconsistent with the history.
- Remember reporting requirements for suspected child maltreatment (see Abuse/Assault protocol).
- Initiate pain control measures early after patient assessment.
- Pediatric patients meeting trauma center criteria go to the trauma center; all others may go to designated receiving hospitals.
- In the setting of a motor vehicle collision with a pediatric patient who is properly secured in a car seat, if the seat is not damaged and the patient is not in distress, transport the patient in the car seat.
- Do not use **Ondansetron** in children under age 4.