PEDIATRIC TRAUMA CARE

Effective: April 27, 2017
Replaces: June 2012
Review: November 2019

1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric **(700-S05)**
- 1.2. Complete rapid trauma assessment
- 1.3. Determine if the patient is a major trauma victim (Policy 605), and select the appropriate trauma center (Policy 602)
- 1.4. If the patient is asystolic terminate resuscitative efforts
  - 1.4.1. If a viable pulseless rhythm is present treat accordingly **(700-P07)**
  - 1.4.2. Automated CPR devices are prohibited on traumatic arrests and pediatric patients **(700-M13)**
- 1.5. Address life threatening interventions
  - 1.5.1. Secure **Airway**, if applicable **(700-M01)**
  - 1.5.2. **Oxygen** – titrate as appropriate
  - 1.5.3. Complete any interventions that may address compromised respirations (occlusive dressings, pleural decompression)
  - 1.5.4. Address uncontrolled hemorrhages / apply tourniquets if applicable **(700-M17)**
  - 1.5.5. Elevate head 30 degrees for suspected intracranial pressure
- 1.6. Spinal Motion Restriction (SMR) **(700-M11)**
  - 1.6.1. SMR must be applied for all trauma activations
- 1.7. If time permits splint fractures and dress wounds

2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
  - 2.1.1. **20 ml/kg Fluid bolus** to maintain a systolic blood pressure
  - 2.1.2. Reassess vital signs after every bolus
  - 2.1.3. **Vascular Access (IO)** may be used if IV access is not available
- 2.2. Consider pain management if patient is hemodynamically stable:
  - 2.2.1. **Morphine 0.1mg/kg IV/ IM,** max single dose 5mg, may repeat once, max total dose 10mg

3. Special Considerations

- 3.1. Do not remove impaled and or penetrating objects unless they pose a risk to airway management or CPR, pad and secure the impaled object prior to transport