

BLS

- Ensure patent airway, protecting C-spine
- Spinal stabilization (neuro deficit/blunt trauma) prn
- O₂ Saturation prn, O₂ and/or ventilate prn
- Control obvious bleeding
- Keep warm

Abdominal Trauma:

- Cover eviscerated bowel with saline pads

Chest Trauma:

- Cover open chest wound with three-sided occlusive dressing; release dressing if ?tension pneumothorax develops.

Extremity Trauma:

- Splint neurologically stable fractures as they lie.
- Use traction splint as indicated.

Grossly angulated long bone fractures with neurovascular compromise:

- May be reduced with gentle unidirectional traction for splinting **BHO**.
- Apply tourniquet in severely injured extremity when direct pressure or pressure dressing fails to control life-threatening hemorrhage. **SO**
- In Mass Casualty **SO**

Impaled Objects:

- Immobilize & leave impaled objects in place.
- Remove **BHPO**

Exception: may remove impaled object in face/cheek, or from neck if there is total airway obstruction.

Neurological Trauma (Head & Spine Injuries):

- Assure adequate airway and ventilate without hyperventilation.

Traumatic Arrest:

- CPR
- Consider pronouncement at scene **BHPO**

ALS

- Monitor EKG
- IV/IO **SO** adjust prn
- If MTV IV/IO en route **SO**
- IV fluid bolus per drug chart for hypovolemic shock **SO**. MR to maintain systolic BP $\geq [70 + (2 \times \text{age})]$ **SO**
- Treat pain as per Pain Management Protocol S-173.

Crush injury with extended compression > 2 hours of extremity or torso:

Just prior to extremity being released:

- IV fluid bolus per drug chart **BHO**
- NaHCO₃ drug chart IV **BHO**

Grossly angulated long bone fractures:

- Reduce with gentle unidirectional traction for splinting per **SO**

Severe Respiratory Distress (with unilateral diminished breath sounds AND BP < [70 + (2 x age)] in intubated or positive pressure ventilated patients):

- Needle thoracostomy **BHO**

Traumatic Arrest:

- Consider pronouncement at scene **BHPO**

TRANSPORT GUIDELINES:

Routine Disposition-Pediatric patients who meet criteria outlined in T-460 "Identification of the Pediatric Trauma Center Candidate" should be delivered to the Designated Pediatric Trauma Center, EXCEPT in the following situations:

1. Adult + Child:

- a. If there is a single ambulance (air/ground) with both a pediatric trauma center candidate AND an adult trauma center candidate, the ambulance should first deliver the more critical patient to the appropriate facility. If both patients are critical, or if there are other questions, both may be delivered to the designated adult trauma center.
- b. Field personnel should consider splitting the team using additional ALS transport vehicles, or aeromedical resources to transport the pediatric patient to pediatric trauma facility and the adult to the catchment area trauma facility.

2. Bypass/Diversion: If the designated pediatric trauma center is "on bypass", pediatric trauma candidates should be delivered to UCSD.

3. A <15 year old pregnant patient should be delivered to UCSD.

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Approved:



EMS Medical Director