

SUBJECT: TREATMENT PROTOCOL -- TRAUMA-PEDIATRICS

Date: 7/1/2015

BLS

- Ensure patent airway, protecting C-spine
- Control obvious bleeding
- Spinal stabilization prn (except in penetrating trauma without neurological deficits)
- O₂ Saturation prn
- O₂ and/or ventilate prn
- Keep warm
- Hemostatic gauze

Abdominal Trauma:

- Cover eviscerated bowel with saline pads

Chest Trauma:

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

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 direct pressure not required prior to tourniquet application

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/IO fluid bolus per drug chart for hypovolemic shock SO. MR to maintain systolic BP $\geq [70 + (2x \text{ age})]$ 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/IO fluid bolus per drug chart BHO
- NaHCO₃ drug chart IV/IO 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)]):

- 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

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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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