



**BLS**

**ALS**

- Ensure patent airway
- Protect C-spine
- Control obvious bleeding
- Spinal motion restriction per Skills List (S-104) except in penetrating trauma without neurological deficits
- O2 saturation. Maintain SpO2 ≥90%.
- 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 tension pneumothorax develops.
- Chest seal PRN

**Extremity trauma**

- Splint neurologically stable fractures in position as presented. Traction splint PRN.
- Reduce grossly angulated long bone fractures with no pulse or sensation PRN
- Direct pressure to control external hemorrhage
- Apply gauze or hemostatic dressing PRN
- Tourniquet PRN
- In MCI, direct pressure not required prior to tourniquet application

**Impaled objects**

- Immobilize and leave impaled objects in place
- Remove object impaled in face, cheek, or neck if there is total airway obstruction

**Any suspicion of neurological injury (mechanism, GCS, examination)**

- High-flow O2 PRN
- Monitor SpO2, BP, and HR q3-5 min
- If SpO2 <90% or inadequate respirations (despite high-flow O2), assist ventilations with BVM

- Monitor/ECG
- IV/IO <sup>Ⓐ</sup>
- Capnography. Maintain EtCO2 35-45 mmHg PRN
- Treat pain per Pain Management Protocol (S-173)

**Signs of shock or hypotensive for age**

- Fluid bolus IV/IO per drug chart, MR x3 q15 min to maintain adequate perfusion <sup>Ⓐ</sup>

**Crush injury requiring extrication with compression of extremity or torso ≥2 hours**

Immediately prior to anticipated release

- IV/IO fluid bolus per drug chart, MR BHPO <sup>Ⓐ</sup>
- NaHCO<sub>3</sub> IV/IO per drug chart
- CaCl<sub>2</sub> IV/IO over 30 sec per drug chart, MR x1 in 5 min for continued ECG findings consistent with hyperkalemia
- Continuous albuterol/levalbuterol per drug chart via nebulizer

**Grossly angulated long bone fractures**

- Reduce with gentle unidirectional traction for splinting <sup>Ⓐ</sup>

**Severe respiratory distress with diminished or absent breath sounds (unilaterally or bilaterally), and hypotensive for age, and suspected pneumothorax**

- Needle thoracostomy

**For nausea or vomiting**

- ≥6 months
- Ondansetron IV/IM/ODT per drug chart

**For traumatic cardiac arrest**

- IV/IO fluid bolus per drug chart <sup>Ⓐ</sup>
- Do not administer epinephrine if suspected hemorrhagic etiology

**San Diego County Emergency Medical Services Office  
Policy / Procedure / Protocol**

<p><b>Pregnancy ≥6 months</b></p> <ul style="list-style-type: none"><li>• If spinal motion restriction indicated, tilt patient to the left 30°</li></ul>	
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**Hypotension by age**

- <1 month: SBP <60 mmHg
- 1 month – 1 year: SBP <70 mmHg
- 1 year – 10 years: SBP <70 mmHg + (2x age in years)
- ≥10 years: SBP <90 mmHg

**Transportation and Destination Guidelines**

Pediatric patients who meet criteria outlined in T-460 (Identification of the Pediatric Trauma Center Patient) should be transported to the Designated Pediatric Trauma Center, **except** in the following situations.

**1. Adult with child**

- a. If there is a single ambulance (air/ground) with both a pediatric trauma center patient **and** an adult trauma center patient, the ambulance should first transport the more critical patient to the appropriate facility. If both patients are critical, or if there are other questions, both may be transported 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 the pediatric trauma facility and the adult patient to the catchment area trauma facility.

**2. Trauma center diversion**

The pediatric patient who is identified as a trauma patient shall be transported to the designated pediatric trauma center. When the pediatric trauma center is on diversion, including age-specific diversion, the pediatric patient shall be transported to the county-designated backup pediatric trauma center, the University of California, San Diego (UCSD).

**3. Pregnant pediatric patient**

A pediatric pregnant trauma patient shall be transported to UCSD.

