

Pediatric Trauma

Field Treatment - BLS	
Field Primary Survey	
O ₂ PRN. For serious injury, high flow via NRM	
Spinal immobilization PRN	
Control external hemorrhage with direct pressure.	
If extremity amputation, place amputated part in dry gauze in sterile container and place container on ice, if available	
For head trauma, elevate head of backboard 15 - 20°, if no signs of shock	
If avulsed tooth, transport tooth in milk or normal saline	
Field Treatment - ALS	

SECURE AIRWAY: As appropriate while maintaining c-spine. Consider intubating while enroute. Ensure adequate ventilation.

OXYGEN: As indicated

CONTROL BLEEDING: Stop excessive (exsanguinating) hemorrhage

C-SPINE: Protect if indicated by algorithm

TRANSPORT: ASAP. Attempt to limit scene time to 10 minutes unless using air evacuation

IV ACCESS (ALS): Fluid bolus at 20 ml/kg IV. Reassess. Repeat additional boluses of 20 ml/kg up to 60 ml/kg as needed

SECONDARY SURVEY: Obtain full set of vital signs

DRESS & SPLINT: Dress only those wounds with excessive hemorrhage (unless time allows attention to minor wounds). Splint as needed for stabilization of extremities.

CARDIAC MONITOR (ALS): Treat rhythm as indicated

MORPHINE (ALS): Isolated extremity trauma only. Consider Morphine 0.05-0.1 mg/kg (max. 5 mg) increments slow IVP for pain control. Contact base for repeated doses.

Considerations:

POSITION: If head injury is suspect place HOB up 30 degrees.

NEEDLE THORACOSTOMY(ALS): Relieve the tension pneumothorax by performing a needle thoracostomy or by removing the occlusive dressing covering an open chest wound.

IMPALED OBJECT: Immobilize and leave in place. Only remove object upon Base Physician order. Exception: May remove an impaled object from the face, cheek or neck if unable to ventilate due to object.

OPEN CHEST WOUND: Cover wound with 3-sided occlusive dressing (do not seal). Continuously re-evaluate patient for a developing tension pneumothorax.

EVISцерATING TRAUMA: Cover eviscerated organs or bowel with saline soaked gauze. Do not attempt to replace organs or bowel into abdominal cavity.

AMPUTATIONS: If partial amputation, splint in anatomic position and elevate the extremity. Place complete amputated parts in a sealed clean and dry container or bag. Place container or bag in ice, if possible.

EXTREMITY TRAUMA: Check neuro-vascular status before and after each extremity manipulation.

Grossly angulated long bone fractures may be reduced with gentle unidirectional traction for splinting.

Base Hospital Order:

MORPHINE (ALS): 0.05-0.1 mg/kg (max. 5 mg) increments slow IVP for pain control.