

PEDIATRIC TRAUMA



1. Establish and secure a patent airway while maintaining in-line axial support.
2. Administer high flow **O₂**. Assist ventilation, as needed.
3. Take spinal precautions.
4. Transport patient ASAP.
5. Establish IV/IO access.
6. If signs of shock present*, administer NS fluid challenge at 20 ml/kg as rapidly as possible. Repeat once to achieve minimum BP for age and clinical improvement (capillary refill < 2 seconds, stronger pulses, warmer extremities, improving LOC). If signs of shock persist, contact receiving physician to consider additional fluid administration.
7. If signs of head injury are present† follow this procedure:
 - I. Elevate head 15°, if patient has no signs of shock. Observe spinal precautions.
 - II. Consider intubation using **succinylcholine (Anectine®)**, if necessary, to provide optimal ventilation.
 - III. Hyperventilate via ET tube at one and a half times the normal respiratory rate for age.

*Shock is defined by a combination of the following: altered LOC, capillary refill > 2 seconds, rapid pulse, diminished distal pulses, cool extremities, and hypotension.

†Signs of increased intracranial pressure include: dilated pupils, focal neurological signs, decreased LOC, posturing, and/or GCS level < 8.