PEDIATRIC TRAUMA CARE

Effective: January 1, 2025
Replaces: April 27, 2017

1. Patient Care Goals

- 1.1. Identify and address life threatening injuries
- 1.2. Rapidly control hemorrhage
- 1.3. Rapid transport from scene to appropriate receiving facility
- 1.4. Safe movement of patient to prevent worsening injury severity

2. BLS Treatment Patient

- 2.1. Routine Medical Care – Pediatric **(700-S05)**
- 2.2. Complete rapid trauma assessment
- 2.3. Determine if the patient is a trauma alert patient **(Policy 605)**, and select the appropriate trauma center **(Policy 602)**
- 2.4. If the patient is asystolic terminate resuscitative efforts
  - 2.4.1. If a viable pulseless rhythm is present treat accordingly **(700-P07)**
  - 2.4.2. Automated CPR devices are prohibited on traumatic arrests and pediatric patients **(700-M13)**
- 2.5. Address life threatening interventions
  - 2.5.1. Secure **Airway**, if applicable **(700-M01)**
  - 2.5.2. **Oxygen** – titrate as appropriate
  - 2.5.3. Apply occlusive dressing to any open chest wounds
  - 2.5.4. Address uncontrolled hemorrhages / apply tourniquets if applicable **(700-M17)**
  - 2.5.5. Elevate head 30 degrees for suspected intracranial pressure
- 2.6. Spinal Motion Restriction (SMR) **(700-M11)**
- 2.7. If time permits splint fractures and dress wounds

3. ALS Treatment

- 3.1. **Airway Management** per procedure **(700-M01)**
- 3.2. **Vascular Access (IV)** or **Vascular Access (IO)**, per procedure **(700-M13)**
  - 3.2.1. **20 ml/kg Fluid bolus** to maintain a systolic blood pressure
  - 3.2.2. Reassess vital signs after every bolus
- 3.3. **Pleural Decompression** per procedure **(700-M02)** for suspected tension pneumothorax
- 3.4. Consider pain management if patient is hemodynamically stable per Routine Medical Care – Pediatric **(700-S05)**

4. Special Considerations

- 4.1. Do not remove impaled and or penetrating objects unless they pose a risk to airway management or CPR, pad and secure the impaled object prior to transport

5. Pertinent Assessment Findings

- 5.1. Optimal trauma care requires a structured approach to the patient emphasizing first control of massive hemorrhage

5.2. Target scene time less than 10 minutes for unstable patients or those likely to need surgical intervention

5.3. Frequent reassessment of the patient is important a. If patient develops difficulty with ventilation, reassess breath sounds for development of tension pneumothorax

5.4. If extremity hemorrhage is controlled with pressure dressing or tourniquet, reassess for evidence of continued hemorrhage

5.5. If mental status declines, reassess ABCs (Airway, Breathing, Circulation) and repeat neurologic status assessment

6. Key Documentation Elements

6.1. Mechanism of Injury

6.2. Primary and Secondary Survey

6.3. Vital signs according to Routine Medical Care – Pediatric **(700-S05)**

6.4. Scene time

6.5. Procedures performed and patient response.