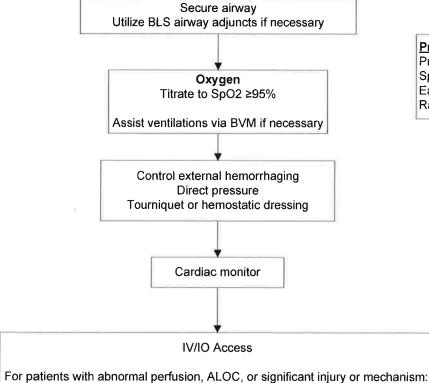
Pediatric Emergencies P-12 Pediatric Trauma



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Priorities
Primary survey

Rapid/early transport

Penetrating trauma

Spinal motion restriction per Policy 6611

Early notification of receiving facility or trauma center

Seal sucking chest wound and cover with occlusive dressing

Consider plural decompression, per Protocol S-1, if suspected tension pneumothorax

Specific Injury Treatment

Fractures and minor soft tissue injury

Dressings as necessary
Splinting as necessary. Check distal pulse before and after splinting.

Extremity amputation

Wrap amputated extremity in dry, sterile gauze and place in a cool container, if available.

For isolated musculoskeletal trauma: **Acetaminophen** 15mg/kg PO

NS 20mL/kg bolus

May repeat additional NS 20mL/kg bolus PRN to a max of 60mL/kg if no

response to initial bolus

For severe isolated extremity trauma:

Morphine sulfate 0.1mg/kg IV/IO for patients >6 months old Morphine sulfate 0.05mg/kg IV/IO for patients <6 months old OR

Fentanyl 1mcg/kg slow IV/IO over 1-2 minutes OR

Fentanyl 1mcg/kg IN

Base Hospital Physician contact REQUIRED for repeat doses for fentanyl or morphine.

Contraindications to Acetaminophen

- Liver disease
- Taken acetaminophen-containing products within last 4 hours
- Infant: Taken >45mg/kg in past 24 hours
- Child <40kg: Taken >60mg/kg in past 24 hours
- Child >40kg: Taken >2,400mg in past 24 hours

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, Solano County Paramedics may NOT utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.