

Pediatric Emergencies P-12 Pediatric Trauma

Secure airway
Utilize BLS airway adjuncts if necessary

Oxygen
Titrate to SpO2 ≥95%
Assist ventilations via BVM if necessary

Control external hemorrhaging
Direct pressure
Tourniquet or hemostatic dressing

Cardiac monitor

IV/IO Access

For patients with abnormal perfusion, ALOC, or significant injury or mechanism:

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 isolated musculoskeletal trauma:
Acetaminophen 15mg/kg PO

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.

Priorities
Primary survey
Spinal motion restriction per Policy 6611
Early notification of receiving facility or trauma center
Rapid/early transport

Specific Injury Treatment

Penetrating trauma
Seal sucking chest wound and cover with occlusive dressing
Consider plural decompression, per Protocol S-1, if suspected tension pneumothorax

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.

- 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.