

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

**PEDIATRIC TRAUMA
ASSESSMENT/STABILIZATION**

FIRST RESPONDER

I. General Management

- A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
 - 1. For patients with diminished or absent breath sounds, consider tension pneumothorax.¹
 - 2. Administer high flow, 100% concentration oxygen using a nonrebreather mask or blow-by as tolerated.
- B. Stabilize spinal column while opening the airway, determine level of consciousness.
- C. Control major external bleeding.
- D. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three.
- E. Apply appropriate structural immobilization with attention to spinal injury precautions appropriate for age.(Refer to Spinal Injury Parameter)
- F. If patient has decreased LOC of questionable etiology, check blood glucose level, if available.
- G. Splint obvious fractures of long bones.
- H. If shock present, refer to Shock Parameter.
- I. Refer to Mass Casualty Policy, if appropriate.
- J. Refer to Pediatric Trauma Arrest, if appropriate.

BASIC LIFE SUPPORT

- K. Arrange for ALS intercept.

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- L. Transport toward ALS intercept, if transporting unit.

**NOTIFY RECEIVING FACILITY
(ASAP)**

ADVANCED LIFE SUPPORT

- M. Decompress if indicated.²
- N. Monitor EKG
- O. IV/IO NORMAL SALINE³
1. Large catheters of 16-18ga preferred.
 2. Administer a NS Fluid bolus at 20cc/kg and reassess the patient.
- P. If blood glucose is <80
1. Children >2yrs, use Dextrose 50% at 1 ml/kg
 2. Children <2yrs, use Dextrose 25% at 2 ml/kg
 3. Neonates, use Dextrose 10% at 5 ml/kg
 4. If vascular access cannot be obtained, administer 1mg glucagon IM.

CONTACT MEDICAL CONTROL

- Q. Two additional fluid boluses at 20 cc/kg may be given if the patient remains in decompensated shock.

*****SCENE TIME OF 10 MINUTES OR LESS IS DESIRABLE FOR THE MAJOR TRAUMA PATIENT WITH UNCOMPLICATED EXTRICATION. ****

¹ Tension pnemothorax= buildup of air pressure within the thorax. By compressing the lung, it severely reduces the effectiveness of respiration.

² Needle decompression should be performed with an 18 or 20 gauge over the needle catheter at the second intercostal space over the third rib at the midclavicular line.

³ If signs of decompensated shock are present in a child less than 6 yrs of age and IV access cannot be obtained, obtain IO access. IV/IO attempts **should not delay transport** or extrication of critically injured patients.

MDCIS/EMSCC Approved on: 10SEP03
MCB/MCA Approved on: 16MAY03
Supersedes Version Dated: AUG98
Effective Date: 01NOV03

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