

Page 1 of 2

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

**PEDIATRIC TRAUMA
SPINAL INJURY**

*****Spinal immobilization should occur whenever there is a risk of injury in the trauma patient*****

I. Indications for Spinal Immobilization

- A. Mechanism of injury with one or more Specific Objective Findings:
 - 1. Altered Mental Status
(Patient not oriented to person, place and time appropriate for age, history of confusion, memory deficits or loss of consciousness)
 - 2. Use of intoxicants or illicit drugs
(Indicated by history, smell or behavior)
 - 3. Motor and/or sensory deficits present
(Patient unable to appropriately move all extremities, numbness, tingling or shooting pains, decrease or loss of sensation in extremities)
 - 4. Patient complaint of spinal column pain or tenderness on palpation.
 - 5. Painful distracting injury or circumstance.¹
 - 6. Long bone fracture proximal to wrist or ankle.
 - 7. Priapism
- B. High risk mechanism of injury
 - 1. High velocity vehicle crash
 - 2. Fall >20 feet
 - 3. GSW to neck or torso

FIRST RESPONDER

II. Management

- A. Establish and maintain airway with spine stabilization, provide oxygenation and support ventilation as needed.
 - 1. Use modified jaw thrust to open airway.
 - 2. Manual immobilization with hands on bony prominences MUST be done while attempting intubation, even if immobilization equipment is in place, OR during other patient movement procedures.

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- B. Apply appropriate structural immobilization with attention to spinal injury precautions appropriate for age. Manual immobilization must be maintained until fixed immobilization can be secured. Secure patient to backboard prior to moving to the transportation unit.
- C. 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.

BASIC LIFE SUPPORT

- D. Arrange for ALS intercept.
- E. Transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- F. Monitor EKG
- G. **IV/IO NORMAL SALINE²**
 - 1. Large catheters of 16-18ga preferred.
 - 2. Administer a NS Fluid bolus at 20cc/kg and reassess the patient.

¹ Consider patient’s inability to verbally communicate pain as a positive mechanism.

² 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.

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Medical Director

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