

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Basic**

**SMO: Pediatric Trauma**

**Overview:** Children have good compensatory mechanisms up to a point. When that point is reached they deteriorate very quickly. This protocol is intended to provide the EMS Provider with guidelines to treat a Pediatric trauma patient as soon as possible .

**INFORMATION NEEDED**

- Patient age
- Mechanism of injury
- Medical History of AMI, CHF and or dialysis, or hypertension
- Signs and symptoms
- Current weight (length based tape or equivalent preferred)

**OBJECTIVE FINDINGS**

- General appearance
- Mental status (AVPU), skin signs, perfusion status
- Respiratory rate, rhythm and pattern and work of breathing ( patient positioning such as head bobbing or tripodding)
- Signs of trauma

**TREATMENT**

- Scene safety, assess patient, Prepare for rapid transport
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway with C-spine precautions.
- Routine Trauma Care
- Control bleeding
- Spinal immobilization
- Obtain SAMPLE history
- Transport as soon as possible
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion OR
- High flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.
- For head trauma elevate head of spine board approximately 15-20 degrees
- Prepare to suction
- If an avulsed tooth is involved, transport tooth in saline soaked gauze.

**Documentation of adherence to protocol:**

- Assessment documented
- Administration of oxygen
- C-spine assessment and precaution documented
- Perfusion assessment documented
- Spinal immobilization documented
- Bleeding control and fracture assessment and care documented (including PMS).

**PRECAUTIONS AND COMMENTS**

- Contact Medical control as soon as possible for potential problems
- Complete airway assessment and intervention is necessary
- Use length based resuscitation tape to estimate child's weight.
- Suspect child maltreatment when physical findings are inconsistent with the history
- Remember reporting requirements for suspected child abuse.
- In a motor vehicle accident with a pediatric patient who is properly secured in a car seat, if the seat is not damaged and the patient can be managed, transport the patient immobilized in the car seat.

**REGION I EMERGENCY MEDICAL SERVICES**  
**STANDING MEDICAL ORDERS**  
**EMT – Paramedic**

**SMO: Pediatric Trauma**

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**INFORMATION NEEDED**

- Patient age
- Mechanism of injury
- Medical History of AMI, CHF and or dialysis, or hypertension
- Signs and symptoms
- Current weight (length based tape or equivalent preferred)

**OBJECTIVE FINDINGS**

- General appearance
- Mental status (AVPU), skin signs, perfusion status
- Respiratory rate, rhythm and pattern and work of breathing ( patient positioning such as head bobbing or tripodding)
- Signs of trauma

**TREATMENT**

- Scene safety, assess patient, Prepare for rapid transport
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway with C-spine precautions.
- Routine Trauma Care
- Control bleeding
- Spinal immobilization
- Obtain SAMPLE history
- Transport as soon as possible
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion OR
- High flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.
- For head trauma elevate head of spine board approximately 15-20 degrees
- Prepare to suction
- If an avulsed tooth is involved, transport tooth in saline soaked gauze.
- Intubate as indicated
- IV/IO access as indicated
- For signs of shock, per medical control, give fluid bolus of 20ml/kg.

- For isolated extremity trauma, consider pain management. **Morphine Sulfate**  
**0.05 – 0.1 mg/kg** slow. Contact Medical Control for administration of subsequent doses (usual repeat dose is ½ dose in 5 minutes).

**Documentation of adherence to protocol:**

- Assessment documented  
 Administration of oxygen  
 C-spine assessment and precaution documented  
 Perfusion assessment documented  
 Spinal immobilization documented  
 Bleeding control and fracture assessment and care documented (including PMS).  
 Medication administration  
 IV access and intubation intervention  
 Fluid bolus and reassessment

**Medical Control Contact Criteria**

- Contact medical control for administration of subsequent doses of Morphine.

**PRECAUTIONS AND COMMENTS**

- Contact Medical control as soon as possible for potential problems
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- Use length based resuscitation tape to estimate child's weight.
- Suspect child maltreatment when physical findings are inconsistent with the history
- Remember reporting requirements for suspected child abuse.
- In a motor vehicle accident with a pediatric patient who is properly secured in a car seat, if the seat is not damaged and the patient can be managed, transport the patient immobilized in the car seat.