	**Department Name** **Address**	**ILS**	**EMT/Intermediate**
		Revision #	
		Implementation Date	
Protocol	**3.2.33 Trauma Baseline Care Standards - Pediatric**	**Last Reviewed/Update Date**	
Author / Owner		**Medical Director**	

The following actions will be taken on each ambulance trauma call. Once a specific patient condition is determined by the EMS provider, he or she will treat that condition according to specific protocols.

1. **Scene Size-up**
   - Review the dispatch information.
   - BSI PRN.
   - Make sure scene is safe.
   - Determine mechanism of injury.
   - Determine number and location of patients.
   - Request additional resources if needed.

2. **Primary Assessment**
   - The primary care provider must conduct a primary assessment for each patient to determine any life-threatening injuries or conditions. Any life-threatening conditions must be addressed immediately per specific protocol. Call for trauma code as soon as possible PRN (see trauma transport scheme below).
   - Airway, oxygen therapy, and breathing as per the Airway Management protocol. (Manually stabilize C-spine PRN).
   - Treat any massive flail segment that causes respiratory compromise.
   - Treat tension pneumothorax per protocol.
   - Control hemorrhage.

3. **Secondary Assessment**
   - A detailed secondary assessment must be performed after the primary assessment is complete and any life-threatening conditions are addressed.
   - Apply C-Collar and fully immobilize the spine on backboard or pediatric immobilizer PRN.
     - Infants and small children in car seats may be immobilized without removing them from the car seat, as long as it will not interfere with patient assessment or other procedures, and the car seat is intact. If patient has been removed from car seat, do not put patient back into car seat to immobilize.

- Establish an IV of Normal Saline. If hypotensive, infuse 20ml/kg bolus. Repeat PRN.
- Monitor O_2 saturations.
- Apply traction splint for femur fracture.
- Splint other extremity fractures in position of comfort. Consult with medical control if distal CMS deficits are noted.
- At least two sets of vital signs must be recorded or vital signs every 15 minutes. If the patient is unstable, vital signs must be recorded every 5 minutes. Vital signs include:
  - Mental Status (AVPU).
  - Blood Pressure
  - Pulse
  - Respirations
  - Circulation/Motor/Sensory (CMS) in all four extremities.
  - Glasgow Coma Scale (GCS).
- Treat specific conditions according to protocol.
- Call for ALS intercept or helicopter transport if available.
- Transport and trauma team activation per decision scheme below:

A patient with any one of the following criteria must be transported to a trauma designated hospital and a trauma code must be activated.

Glasgow Coma Scale……..<14
Systolic Blood Pressure……..<90
Respiratory Rate…….<10 or > 29

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail Chest
- Combination trauma with burns
- Two or more long-bone fractures
- Amputation proximal to wrist and ankle
- Pelvic Fractures
- Open or depressed skull fractures
- Paralysis
- Major Burns

A patient with any one or more of the following criteria must be transported to a trauma designated hospital and a trauma code may be activated at the discretion of the EMS provider.

- Ejection from an automobile
- Death in the same passenger compartment
- High speed auto crash, with initial speed > 40mph, major auto deformity >20 inches, and intrusion into passenger compartment > 12 inches
- Auto-pedestrian/auto-bicycle with significant impact (>5 mph)
- Pedestrian thrown or run over
- Motorcycle crash > 20mps or rider separated from bike
- Falls > 20 feet
- Rollover
- Extrication time > 20 minutes
- Age <5 or >55
- Cardiac Disease or Respiratory Disease
- Insulin-Dependant Diabetes, cirrhosis, or morbid obesity
- Pregnancy
- Immunosuppressed patients
- Patients with bleeding disorders or on anticoagulants.

_____ _____
Medical Director's Signature *Date*