9.01 PEDIATRIC TRAUMA

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness, NPO, and **Oxygen**
Stabilize spine and any suspected fractures, bandage wounds
For head trauma, elevate head by up to 30 degrees

ALS

Advanced airway as indicated. Manage N/V. Manage pain.

Normal Saline

IV/IO of Normal Saline TKO.

Pediatric hypovolemic shock: IV/IO bolus of 20 mL/Kg.
🔁 Repeat up to 60 mL/Kg if indicated.

Neonatal hypovolemic shock: 10 mL/Kg.
🔁 Repeat up to 30 mL/Kg.

Pain?

Pain score 1-6

Ibuprofen
Less than 6 months: DON'T USE

More than 6 months:
10 mg/kg PO up to 400 mg total dose

Do not use if ongoing external bleeding or suspect internal bleeding

Pain score 6-10

Fentanyl

1 mcg/kg/dose IV/IO up to 50mcg *slow* IV push (over 1 minute).

🔁 May be repeated every 10 minutes.

Subsequent dose maximum 25mcg. Maximum dose of 100 mcg total.

--or--

2 mcg/kg/dose IN or IM (IN preferred) up to 50 mcg.

🔁 May be repeated every 10 minutes.

Subsequent dose maximum 25mcg. Maximum dose of 100 mcg total.

OR

Ketamine (3 years and up) with moderate to severe pain where Ibuprofen is insufficient for pain control. **Do not co-administer Fentanyl and Ketamine**

IV/IO 0.25mg/kg in 100ml of NS/D5W Slow infusion over 10minutes. IN 0.5 mg/kg

If nausea and vomiting

Ondansetron
Less than 6 months: Contraindicated

≥8kg and <15kg: 2mg ODT
≥ 15 kg: 4mg ODT
ODT preferred in children if appropriate

6 months – 12 years old or <40kg:
0.1mg/kg slow IVP/IO.

🔁 May repeat in 20min. Maximum dose 4mg.

Greater than 12 years or >40kg: 4mg slow IVP/IO/IM/PO.

🔁 May repeat in 20min. Maximum dose 12mg.

⚠

Report any incident of suspected abuse to emergency department staff, mandatory report to
SF CPS (800) 856-5553

Make Base Hospital Contact
If maximum dose is reached and additional doses of pain medication are required

Effective:10/01/24
Supersedes:04/01/24

9.01 PEDIATRIC TRAUMA

BLS Treatment

- Assess circulation, airway, breathing, and responsiveness.
- Assess vital signs
- NPO
- **Oxygen** as indicated.
- Provide **Spinal Motion Restriction** as indicated or position of comfort as indicated.
- Stabilize spine and any suspected fractures, bandage wounds.
- For head trauma, elevate head by up to 30 degrees

ALS Treatment

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- Advanced airway as indicated. Manage pain. Manage N/V
- **Normal Saline** bolus.
    - Pediatric hypovolemic shock: IV/IO bolus 20ml/kg. Repeat up to 60mL/kg if indicated.
    - Neonatal hypovolemic shock: 10mL/kg. Repeat up to 30mL/kg.
- Pain:
    - Pain 1-6
        - **Ibuprofen**
            - Less than 6 months: Contraindicated
            - More than 6 months: 10 mg/kg PO up to 400 mg total dose
        - **Ketamine** (3 years and up) with moderate to severe pain where Ibuprofen is insufficient for pain control
            - 0.25mg/kg in 100ml of NS/D5W slow infusion over 10 minutes or 0.5 mg/kg IN
    - Pain 6-10
        - **Fentanyl**
            - 1 mcg/kg dose IV/IO up to 50 mcg slow IV push (over 1 minute). May repeat every 10 minutes. Subsequent dose 25mcg. Maximum dose 100mcg total.
            - 2mcg/kg dose IN or IM (IN preferred) up to 50mcg. May repeat every 10 minutes. Subsequent dose maximum 25mcg. Maximum dose of 100mcg total.
        - **Ketamine** (3 years and up) with moderate to severe pain
            - 0.25mg/kg in 100ml of NS/D5W slow infusion over 10 minutes or 0.5 mg/kg IN
            - **Do not co-administer Fentanyl and Ketamine**
- For nausea / vomiting:
    - **Ondansetron**
        - Less than 6 months: Contraindicated

▪ ≥ 8kg and <15kg: 2mg ODT ▪ ≥ 15kg: 4 mg ODT • ODT Ondansetron preferred for children if appropriate ▪ 6 months – 12 years old or <40kg: IVP/IO. (IV over 2-5 min) maximum dose 4mg ▪ > 12 years OR > 40kg 4mg slow IVP/IO/IM/PO (IV over 2-5 min) May repeat in 20 min for continued nausea. Maximum dose 12mg.
Comments
Report any incident of suspected abuse to emergency department staff, mandatory report to SF **CPS (800) 856-5553**
Base Hospital Contact Criteria
If maximum dose is reached and additional doses of pain medication are required