

9.01 PEDIATRIC TRAUMA-PUBLIC COMMENT APRIL 2024

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

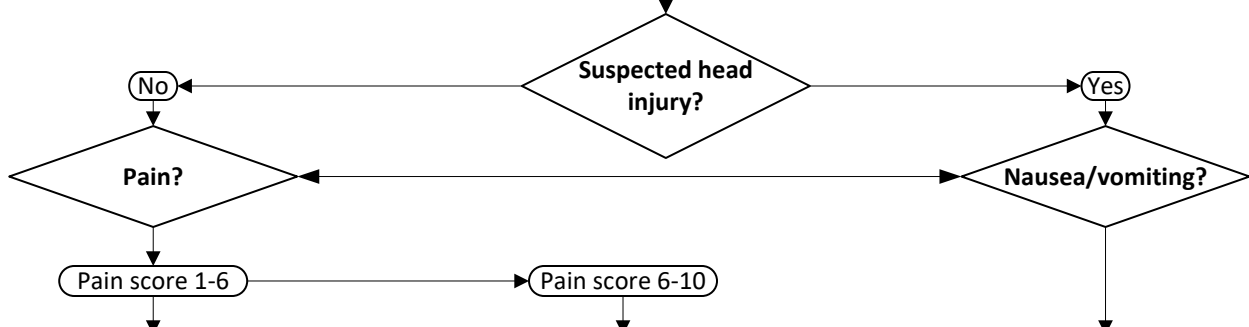
Advanced airway as indicated. Manage N/V. Manage pain.

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.



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

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.

Ondansetron

Less than 6 months: DON'T USE

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.


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


 Report any incident of suspected abuse to emergency department staff, mandatory report to SF CPS (800) 856-5533

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

Effective:04/01/24
 Supersedes:03/15/23

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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: DON'T USE
 - 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: DON'T USE

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- 6 months – 12 years old or 40kg: 4mg slow IVP/IO/IM/PO. May repeat in 20 min. Maximum dose 12mg.

Comments

Report any incident of suspected abuse to emergency department staff, mandatory report to SF
CPS (800) 856-5533

Base Hospital Contact Criteria

If maximum dose is reached and additional doses of pain medication are required

DRAFT