

# 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 of spine board 15–20 degrees, by up to 30 degrees

## ALS

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

### Normal Saline

IV/IO of Normal Saline TKO.

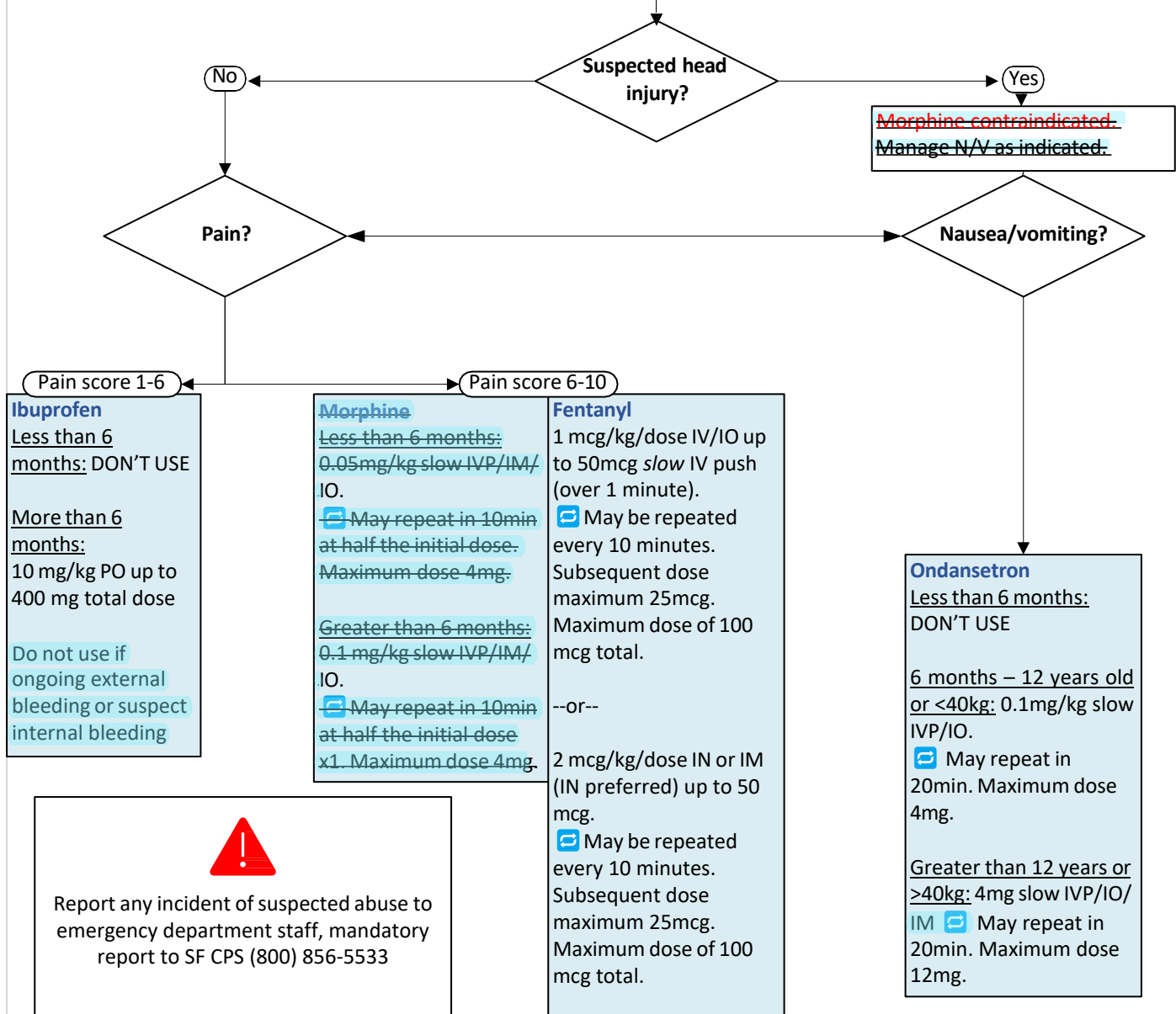
Pediatric hypovolemic shock: IV/IO bolus of 20 mL/Kg.


Repeat up to 60 mL/Kg if indicated.

Neonatal hypovolemic shock: 10 mL/Kg.

Repeat up to 30 mL/Kg.

**DRAFT  
VERSION**



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

Effective: mm/dd/yy  
 Supersedes: mm/dd/yy

## 9.01 PEDIATRIC TRAUMA - EMSAC November 2023

### BLS Treatment

- Assess vital signs
- Assess circulation, airway, breathing, and responsiveness.
- NPO
- Oxygen as indicated.
- Stabilize spine and any suspected fractures, bandage wounds
- For head trauma, elevate head of spine board 15-20 degrees
- 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:

- 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

##### Pain 6-10:

- Morphine: (Morphine is contraindicated in head injury. Manage N/V as indicated).
  - Less than 6 months: 0.05mg/kg slow IVP/IM/IO. May repeat in 10 min at half the initial dose. Maximum dose 4mg.
  - Greater than 6 months: 0.1 mg/kg slow IVP/IM/IO. May repeat in 10 min at half the initial dose x1. Maximum dose 4mg.
- 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.

#### For nausea / vomiting:

- 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. May repeat in 20 min.

## 9.01 PEDIATRIC TRAUMA - EMSAC November 2023

Maximum dose 12mg.
<b>Comments</b>
Report any incident of suspected abuse to emergency department staff, , mandatory report to SF CPS (800) 856-5533
<b>Base Hospital Contact Criteria</b>
<ul style="list-style-type: none"><li>If maximum dose is reached and additional doses of pain medication are required</li></ul>

DRAFT