

Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

Pediatric Cardiac Arrest

Most pediatric cardiac arrests are secondary to respiratory failure and are usually of the brady-asystolic type. Obtaining and maintaining a patent airway with adequate ventilation may be the only treatment needed to restore cardiac output. Obtaining venous access can be difficult and time consuming so remember all first line medications can be administered via the endotracheal tube. The treatment of pediatric cardiac arrest patients and /or transport should not be delayed to obtain venous access. Consider other causes of cardiac arrest.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the General Cardiac Arrest Protocol and hyperventilate the patient.
2. Transport and contact medical control as soon as feasible.

SPECIALIST/ PARAMEDIC

3. Obtain venous access using either IV or IO route NS KVO.

6-01

MCA Approved: 11/00, 04/04
Implemented: 10/01, 10/05

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Pediatric Asystole

Pre-Radio

PARAMEDIC

1. Follow the Pediatric Cardiac Arrest Protocol and hyperventilate the patient.
2. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV.
3. Administer Epinephrine 1:1000, 0.1 mg/kg (0.1 ml/kg) IV, repeat every 3-5 minutes.
4. Consider Sodium Bicarbonate 1 mEq/kg IV. If less than one year old, dilute to 0.5 mEq/ml using NS and administer 1 mEq/kg.
5. Contact Medical Control.

6-02

MCA Approved: 11/00

Implemented: 10/01

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Pediatric Pulseless Electrical Activity

Pre-Radio

PARAMEDIC

1. Follow the Pediatric Cardiac Arrest protocol and hyperventilate the patient.
2. Assess patient for:
 - a. Hypovolemia
 - b. Cardiac Tamponade
 - c. Tension Pneumothorax
 - d. Hypothermia
 - e. Hypoxia
3. Administer 20ml/kg NS fluid bolus IV. May be repeated if indicated.
4. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV.
5. Repeat Epinephrine 1:1000, 0.1 mg/kg (0.1 ml/kg) IV every 3-5 minutes, as indicated.
6. Contact Medical Control.

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Pediatric Ventricular Fibrillation

Pre-Radio

PARAMEDIC

1. Follow the Pediatric Cardiac Arrest protocol.
2. Defibrillate at 2 joules/kg*, check for pulse.
3. No response, defibrillate at 4 joules/kg, check for pulse.
4. No response defibrillate at 4 joules/kg, check for pulse.
5. Administer Epinephrine 0.01 mg/kg 1:10,000 (0.1 ml/kg) IV. Repeat every 3-5 minutes using Epinephrine 0.1 mg/kg 1:1000 (0.1 ml/kg) IV.
6. Defibrillate at 4 joules/kg, check for pulse after allowing each medication to circulate for 30 seconds.
7. Administer Lidocaine (Xylocaine) 1 mg/kg IV.
8. Defibrillate at 4 joules/kg, check for pulse.
9. Repeat Lidocaine (Xylocaine) 1 mg/kg every 8 minutes until a total dose of 3 mg/kg is given.
10. Defibrillate at 4 joules/kg, check for pulse.
11. See other protocols for specific problems as identified.

Post-Radio

PARAMEDIC

12. If spontaneous circulation returns after Lidocaine administration, establish Lidocaine (Xylocaine) at 120 mg in 100 ml D5W, run at 20-50 $\mu\text{g}/\text{kg}/\text{min}$.

*If calculated energy is less than the lowest available setting use the lowest available setting.

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Pediatric Bradycardia

Note: Bradycardia should be considered to be due to hypoxia until proven otherwise. Allow adequate time for medications to circulate.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol and apply high flow oxygen.

PARAMEDIC

2. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV, repeat every 3-5 minutes.
3. Administer Atropine Sulfate 0.02 mg/kg IV (minimum dose 0.1 mg). Maximum initial dose for children is 0.5 mg. Dose may be repeated once if inadequate response after 3-5 minutes.
4. Contact Medical Control.

6-05

MCA Approved: 11/00
Implemented: 10/01

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Pediatric Supraventricular Tachycardia

Pre-Radio

PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol.
2. If time and condition allow, consider sedation, Valium 0.1 mg/kg IV prior to cardioversion.
3. If patient is unstable, as evidenced by either altered level of consciousness or hypotension, consider cardioversion using 0.5 joules/kg*.
4. Repeat using 1-2 joules/kg, as indicated.

Post-Radio

PARAMEDIC

5. Administer Adenosine (Adenocard) 0.1 mg/kg IV (maximum dose 6 mg).
6. Administer Adenosine (Adenocard) 0.2 mg/kg IV (maximum dose 12 mg).

*If calculated energy is less than the lowest available setting use the lowest available setting.

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Pediatric Ventricular Tachycardia

Pre-Radio

PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol.
2. If patient is pulseless, treat as Ventricular Fibrillation.
3. If patient is stable, monitor the patient for changes in rhythm or vital signs.
4. If time and condition allow, consider sedation, Valium 0.1 mg/kg IV.
5. If patient is unstable or becomes unstable, as evidenced by altered consciousness or hypotension, immediately use cardioversion (synchronized) at 0.5 joule/kg.* If unsuccessful, repeat cardioversion at 1 joule/kg.
6. If unsuccessful, repeat cardioversion at 3 joules/kg.
7. If unsuccessful, repeat cardioversion at 4 joules/kg.
8. If stable, administer Lidocaine 1 mg/kg IV.

Post-Radio

PARAMEDIC

9. If spontaneous circulation returns after Lidocaine administration, establish Lidocaine (Xylocaine) at 120 mg in 100 ml D5W, run at 20-50 µg/kg/min.

*If calculated energy is less than the lowest available setting use the lowest available setting.

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Child Abuse

The EMS Personal should, in all cases involving pediatric injuries, observe the behavior of any involved adults (parents, relatives, baby-sitters, friends, etc.) for anything that might suggest injuries may have been deliberately inflicted. Any such suspicions must be reported to the appropriate authorities as well as to medical personnel at the receiving hospital.

State Law:

(MCL: 722.623(3)(1)) "A person licensed to provide medical care . . . who has reasonable cause to suspect child abuse or neglect immediately by telephone or otherwise, shall make an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department (of Social Services). Within 72 hours the reporting person shall file a written report as required in the act . . . One report from a hospital or agency shall be considered adequate to meet the reporting requirement."

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol (look for dehydration, poor hygiene, unusual injuries, etc.)
2. Treat the patient medically, as indicated, and follow the appropriate treatment protocols.
3. Report suspected child abuse as part of an emergency facility process or file one independently.
4. If child abuse is suspected and a parent or guardian refuses transport, local police and/or Protective Services should be contacted. The following are the respective Protective Service phone numbers:

Genesee County	(810) 760-2053
Lapeer County	(810) 664-5968
Livingston County	(517) 546-8668
Macomb County	(586) 254-1513
N. Oakland County	(248) 975-5566
	(248) 975-5324
	(248) 669-7600
S. Oakland County	(248) 583-8803
Washtenaw County	(734) 481-9110
Wayne County	(313) 396-6006

NOTE: Protect the patient from further injury, if possible, without risking injury or harm to health personnel.

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Pediatric Altered Level Of Consciousness

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.

SPECIALIST/PARAMEDIC

2. Start an IV NS KVO.
3. If hypotensive, bolus with 20 ml/kg of NS.

PARAMEDIC

4. Check glucose level. If glucose is less than 80 mg/dl, administer Dextrose 2 ml/kg IV.
 - a. Dextrose 12.5% for children under 1 yr.
 - b. Dextrose 25% for children between 1 yr and 12 yrs.

PARAMEDIC

5. Administer Naloxone (Narcan) 0.5 mg for ages 0-2 yrs., 1 mg for ages 2-6 yrs., and 2 mg IV/IM for patients more than 6 yrs.

Post-Radio

PARAMEDIC

6. Repeat Dextrose as indicated.
7. Repeat Naloxone (Narcan) as indicated.

NOTE: To obtain approximately 12.5% Dextrose mixture draw 37.5 ml out of one amp of D50 and discard, then add 37.5 ml of NS; administer as indicated above.

To obtain approximately 25% Dextrose mixture, draw 25 ml out of one amp of D50 and discard, then add 25 ml of NS; administer as indicated above.

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Pediatric Anaphylactic Reaction

This protocol serves as a guide for the care of the pediatric patient experiencing an allergic or anaphylactic reaction.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Determine level of distress.
 - a. Hives/Rash
 - b. Respiratory Distress (wheezing, stridor, etc.)
 - c. Cyanosis
 - d. Hypotension

SPECIALIST/PARAMEDIC

3. Start an IV NS KVO.

PARAMEDIC

4. If severe distress, Epinephrine 1:1000, 0.01 ml/kg SQ to a maximum dose 0.3 mg (0.3 ml).
5. If signs of respiratory distress, Albuterol (Proventil, Ventolin) 2.5 mg in 3 ml of NS by nebulizer.
6. Administer Diphenhydramine (Benadryl) 1 mg/kg IV/IM (maximum dose 25 mg), if indicated.

Post-Radio

PARAMEDIC

7. If hypotensive, administer 20 ml/kg NS bolus.
8. Repeat Epinephrine 1:1000, 0.01 ml/kg SQ to a maximum dose 0.3 mg (0.3 ml), every 15 minutes, as indicated.
9. Repeat Albuterol (Proventil, Ventolin) 2.5 mg in 3 ml of NS by nebulizer as often as indicated.
10. Administer Epinephrine 1:10,000, 0.1 ml/kg IV to a maximum dose 0.5 mg (5.0 ml), as indicated.

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Pediatric Burns

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol. Use 100% oxygen.
2. Removed burned clothing and jewelry unless adhered to patient.
3. Estimate the area of burn using the rule of nine's chart.
4. Remove the contaminant from patient.
 - A. If on skin:
 - If contaminant is dry powder, brush off before irrigating.
 - Remove contaminated clothing and flood skin with water for at least 10 minutes.
 - B. If contaminant is in the eye(s):
 - Flood eye(s) with lukewarm water continuously for at least 15 minutes. Have patient blink frequently during irrigation.

SPECIALIST/PARAMEDIC

5. Prepare to intubate the patient if laryngeal edema is anticipated (signs of burns around the mouth and/or nose).
6. Start an IV NS using the largest bore IV catheter possible. Avoid starting the IV over burned skin. If patient is hypotensive administer a bolus of 20 ml/kg.

PARAMEDIC

7. Apply a cardiac monitor and treat rhythm according to appropriate protocol.
8. For pain, refer to the Pain Management protocol.

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Pediatric Drug Dosages

Weight lb/kg	5.5/2.5	11/5	22/10	44/20	66/30	88/40	110/50
Drug							
Adenosine IV/IO Initial 0.1 mg/kg Subsequent 0.2 mg/kg Max single dose 12 mg	0.25 0.50	0.5 1.0	1.0 2.0	2.0 4.0	3.0 6.0	4.0 8.0	5.0 10.0
Albuterol 0.5%	2.5 mg	2.5 mg	2.5 mg	2.5 mg	2.5 mg	2.5 mg	2.5 mg
Atropine* IV/IO/ET 0.02 mg/kg Minimum dose of 0.1 mg Maximum single dose 0.5 mg/child Maximum single dose 1.0 mg/adolescent Max total dose 1 mg/child, 2 mg/adolescent	0.1	0.1	0.2	0.4	0.6	0.8	1.0
Benadryl IV/IO/IM 1mg/kg For patients over 15 lbs only	NA	NA	NA	20.0	30.0	40.0	50.0
Calcium Chloride IV 20-25 mg/kg							
Dextrose ** IV/IO 0.5-1.0 g/kg *If = 1 yo: 12.5% *If > 1 yo: 25% Maximum of 25 gm	1.25-2.5	2.5-5.0	5.0-10.0	10.0-20.0	15.0-25.0	20.0-25.0	25.0

Dopamine *** IV Drip	2-20µg/kg/min	5-50	10-100	20-200	40-400	60-600	80-800	100-1000
Epinephrine – Arrest IV/IO	Initial 0.01 mg/kg (1:10,000, 0.1 ml/kg) Repeat doses 0.1 mg/kg (1:1000, 0.1 ml/kg)	0.025 mg 0.25 mg	0.05 mg 0.5 mg	0.1 mg 1.0 mg	0.2 mg 2.0 mg	0.3 mg 3.0 mg	0.4mg 4.0 mg	0.5 mg 5.0 mg
Epinephrine – Arrest ET	0.1 mg/kg (1:1000, 0.1 ml/kg) Repeat dose 0.1 mg/kg (1:1000, 0.1 ml/kg)	0.25 mg or 0.25ml	0.5 mg or 0.5 ml	1.0 mg or 1.0 ml	2.0 mg or 2.0 ml	3.0 mg or 3.0 ml	4.0 mg or 4.0 ml	5.0 mg or 5.0 ml
Epinephrine - Bradycardia IV/IO	IV 0.01 mg/kg (1:10,000 0.1 ml/kg)	0.025 mg or 0.25ml	0.05 mg or 0.5 ml	0.1 mg or 1.0 ml	0.2 mg or 2.0 ml	0.3 mg or 3.0 ml	0.4 mg or 4.0 ml	0.5 mg or 5.0 ml
Epinephrine - Bradycardia ET	0.1 mg/kg (1:1000, 0.1 ml/kg)	0.25 mg or 0.25ml	0.5 mg or 0.5 ml	1.0 mg or 1.0 ml	2.0 mg or 2.0 ml	3.0 mg or 3.0 ml	4.0 mg or 4.0 ml	5.0 mg or 5.0 ml
Epinephrine – Respiratory Distress SC	0.01 mg/kg of 1:1000 Maximum of 0.3 mg	0.025 mg	0.05 mg	0.3 mg	0.3 mg	0.3 mg	0.3 mg	0.3 mg
Saline - Fluid Challenge	Initial 20ml/kg Repeat dose x 2 to a maximum of 60ml/kg	50 ml	100 ml	200 ml	200 ml	200 ml	200 ml	200 ml
Lidocaine * IV	Initial Bolus 1mg/kg 120 mg in 100 ml D5W Drip 20-50 µg/kg/min	2.5	5.0	10.0	20.0	30.0	40.0	50.0
Morphine IV/IM/IO	0.1 mg/kg	0.25-0.5	0.5-1.0	1.0-2.0	2.0-4.0	3.0-6.0	4.0-8.0	5.0-10.0
Narcan * IV/IO/ET	If = 5 yo or = 20 kg :0.1 mg/kg If > 5 yo or > 20 kg : 2.0 mg	0.25	0.5	1.0	2.0	2.0	2.0	2.0
Valium IV/IO	0.2mg/kg or .5mg/kg rectal Maximum dose 10 mg	0.5. 1.25	1.0 2.5	2.0 5.0	4.0 10.0	6.0 10.0	8.0 10.0	10.0 10.0

NOTE: all dosages in the body of the chart are in the measurement that the drug is listed in on the left. For example, Lasix is listed as mg/kg, therefore the numbers 2.5, 5.0, 10.0, 20.0, and so on are 2.5 mg, 5.0 mg.....

* For endotracheal route, dilute dosage to reach a volume of 3-5ml

****Dextrose**

To obtain approx 25% Glucose mix, draw 25 ml out of a 1 amp of D50 and discard. Then add 25 ml of NS.

To obtain approx 12.5% Glucose mix, draw 37.5 ml out of a 1 amp of D50 and discard. Then add 37.5 ml of NS.

*****Dopamine**

Multiply 6.0 mg times the pts weight in kg, then add to that enough saline to reach a volume of 100 ml.

6-12a

Before attempting the following procedures, implement appropriate bloodborne/airborne pathogen protective procedures.

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Pediatric Poisoning

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Gather all containers or vials and determine:
 - a. Type of chemical(s) ingested
 - b. Amount.
 - c. Route of poisoning (ingestion, inhalation, absorption)
 - d. Time and duration of exposure

SPECIALIST/PARAMEDIC

3. Start IV NS KVO, with largest bore IV catheter possible.
4. If patient is hypotensive administer 20 mg/kg bolus of NS.

PARAMEDIC

5. Check blood glucose level. If glucose is less than 80 mg/dl, administer Dextrose 2 ml/kg IV/IO.
 - a. Dextrose 12.5% for children under 1 yr.
 - b. Dextrose 25% for children between 1 yr. and 12 yrs.

PARAMEDIC

6. If unconscious administer Naloxone (Narcan) 0.5 mg for ages 0-2 yrs., 1 mg for ages 2-6 yrs., and 2 mg for patients more than 6 yrs., IV.

Post-Radio

SPECIALIST/PARAMEDIC

7. Repeat bolus of NS 20 ml/kg if indicated.

Note: To obtain approximately 12.5% Dextrose mixture, draw 37.5 ml out of 1 amp of D50 and discard, then add 37.5 ml of NS; administer as above.

To obtain approximately 25% Dextrose mixture, draw 25 ml out of 1 amp of D50 and discard, then add 25 ml of NS; administer as above.

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Pediatric Respiratory Arrest

Pre-Radio

MFR/ EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Ventilate patient using 100% oxygen with a BVM.
3. Suspect foreign body obstruction. Follow ARC/AHA guidelines for obstructed airway if necessary.

PARAMEDIC

4. If unable to ventilate patient via BVM and unable to intubate, perform needle cricothyrotomy.
5. Apply cardiac monitor and treat rhythm according to appropriate protocol.
6. Start an IV NS KVO en route. Do not delay transport to establish IV.

Post-Radio

PARAMEDIC

7. Administer Naloxone (Narcan) 0.01 mg/kg IV if narcotic OD suspected.

Pediatric Airway Equipment Guideline

Age	Laryngoscope	ET Tube	Suction Catheter
Neonatal			
• 1 kg	Miller 0	2.5 Uncuffed	5
• 2 kg	Miller 0	3.0 Uncuffed	6
• 3 kg	Miller 0-1	3.5 Uncuffed	6-8
• 4 kg	Miller 0-1	3.5 Uncuffed	6-8
Term Infant	Miller 0-1	3.0, 3.5 Uncuffed	6-8
6 mo	Miller 0-1	3.5, 4.0 Uncuffed	8
1 yr	Miller 1-2	4.0, 4.5 Uncuffed	8
2 yrs	Miller 2	4.5, 5.0 Uncuffed	8
4 years	Miller 2	5.0, 5.5 Uncuffed	10
6 years	Miller 2	5.5 Uncuffed	10
8 years	Miller 2 Macintosh 2	6.0 cuffed or uncuffed	10
10 years	Macintosh 3	6.5 cuffed or uncuffed	12
12 years	Macintosh 3	7.0 cuffed	12
Adolescent	Macintosh 3 Miller 3	7.0, 8.0 cuffed	12

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Pediatric Respiratory Distress

SUSPECTED FOREIGN OBJECT

If suspected foreign object obstruction and patient is able to move air, administer oxygen and do not attempt to remove object.

If suspected foreign object obstruction and patient is NOT able to move air, follow AHA, ARC guidelines for pediatric obstructed airway.

SUSPECTED MEDICAL CAUSE

All treatment should be administered in a manner that does not increase the child's anxiety.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol.
2. Allow the child to assume a comfortable position.
3. Administer cool humidified oxygen, high concentration via a means tolerated by the patient.
4. If the patient has had a croupy cough or epiglottitis is suspected, DO NOT attempt any procedure/maneuver (including examination of the oropharynx) unless absolutely necessary to preserve the airway.
5. May assist with administration of patient's own inhaler.

SPECIALIST/PARAMEDIC

If patient is in moderate respiratory distress

6. Start an IV NS KVO.

PARAMEDIC

7. If wheezing with spontaneous ventilations, administer Albuterol (Proventil) 2.5 mg in 3 ml NS hand held nebulizer.

PARAMEDIC

If patient is in severe respiratory distress (profoundly cyanotic or with decreased LOC) continue with:

8. Administer Epinephrine 1:1,000 0.01 ml/kg SQ maximum dose 0.3 mg (0.3 ml).

Post-Radio

PARAMEDIC

9. May administer additional doses of Epinephrine (1:1,000) 0.01 ml/kg SQ maximum dose 0.3 mg (0.3 ml).

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Pediatric Seizures

This protocol serves as a guide for the care of the pediatric patient in status seizure. The priority in care should be directed toward ensuring adequate ventilation and halting the seizure activity.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Pre-Hospital Care Protocol.
2. Protect the patient from further injury.
3. Obtain a history including the following:
 - a. History of previous seizures
 - b. History of previous metabolic disturbances.
 - c. Altered food intake
 - d. Development of fever
 - e. Current medications
 - f. Recent traumatic injuries
 - g. Exposure to harmful substances

SPECIALIST/PARAMEDIC

4. Start an IV NS KVO.

PARAMEDIC

5. Check blood glucose level. If glucose is less than 80 mg/dl, administer Dextrose 50% 2 ml/kg IV
 - a. Dextrose 12.5% for children under 1 yr.
 - b. Dextrose 25% for children between 1 yr. and 12 yrs.

PARAMEDIC

6. Administer Diazepam (Valium) 0.2 mg/kg IV. If seizure persists after three minutes, repeat the same dose. Maximum dose is 10 mg.
7. If you are unable to obtain an IV then administer Diazepam (Valium) 0.5 mg/kg rectally using a lubricated syringe without the needle. Maximum dose is 10 mg.

Post-Radio

PARAMEDIC

8. Administer additional Diazepam (Valium) 0.2 to 0.3 mg/kg IV, as indicated.
9. Administer Naloxone (Narcan) 0.1 mg/kg IV/IM, as indicated.

Note: To obtain approximately 12.5% Dextrose mixture, draw 37.5 ml out of 1 amp of D50 and discard, then add 37.5 ml of NS; administer as above.

To obtain approximately 25% Dextrose mixture, draw 25 ml out of 1 amp of D50 and discard, then add 25 ml of NS; administer as above.

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Pediatric Trauma

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Establish a patent airway using appropriate airway adjuncts and high flow oxygen.
2. Control bleeding and splint injuries appropriately.
3. Dress all open chest and abdominal wounds.
4. Perform spinal immobilization if indicated.
5. If the patient is not in shock, and there is an isolated head injury, elevate the head of the backboard.
6. For amputations:
Rinse the part gently with normal saline or sterile water to remove loose debris, do not scrub.
 - a. Wrap part in gauze moistened with saline.
 - b. Place wrapped part in a dry plastic bag and seal with tape.
 - c. Place bag in container filled with ice and water. Label with name, date and time.
7. Obtain vital signs approximately every 15 minutes, or as frequently as necessary to monitor patient's condition.

EMT/SPECIALIST/PARAMEDIC

8. Do not delay transport. Treatment, other than airway control and spinal immobilization, should be performed en route.
9. Notify the receiving facility early for priority 1 and 2 trauma patients.

SPECIALIST/PARAMEDIC

10. Start an IV NS KVO with the largest appropriate size IV catheter.
11. If patient has symptomatic hypotension, administer a 20 ml/kg fluid bolus. Repeat as indicated.
12. Start second IV using the largest appropriate size IV catheter, if time permits.

PARAMEDIC

13. Apply cardiac monitor and treat rhythm according to appropriate protocol.
14. For isolated extremity injuries:
 - a. For pain, refer to the Pain Management protocol.