

Southeast Michigan Regional Protocol

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

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.