

# Pediatric Trauma Care

## **(PT-1) Amputations**

- 1) Trauma assessment to include correcting life threats as found
- 2) Spinal Immobilization as indicated
- 3) O2, IV and cardiac monitor as appropriate
- 4) If amputation is incomplete try to splint the limb in physiological position is possible
- 5) With complete amputation follow these guidelines:
  - a) Wrap body part in sterile gauze moist with NS
  - b) Place into bag or container
  - c) Place bag of ice into container however don't let body part directly contact the ice
- 6) Support vital status and utilize pain control according to the pain management protocol
- 7) Fluid resuscitation as appropriate 10-20ml/kg over 10-20 minutes

## **(PT-2) Burn Emergencies**

- 1) Scene safety (think about hazard for crew, patient, and bystanders)
- 2) Trauma assessment
- 3) O2, IV, and cardiac monitor
- 4) Think about spinal immobilization especially with electrical burns

### **Minor Burns**

- 1) Cover burns less than 10% BSA with sterile saline soaked dressing
- 2) Splint as indicated

### **Major Burns**

- 1) Fluid replacement
  - a) Aggressive fluid for major burns as follows
    - i) 10-20ml/kg over 10-15 minutes not to exceed 1 liter
- 2) **Contact medical control** for Morphine 2-4mg q 5 minutes up to 10mg

### **General guidelines**

Keep in mind that with electrical burns AC current causes V-fib and DC current causes Asystole. In lightning strikes try to get accurate time frame Asystole is not a good indicator in deciding survivability. With chemical burns make sure to decontaminate patient and avoid contaminating your unit and/or the ER.

### **Flight consideration**

If the patient has an isolated burn and no underlying or potentially underlying trauma they can be flown directly to the burn center. The burn center is not a trauma center and patients who either have or potentially have underlying trauma must be cleared by a trauma center.

### **(PT-3) Pediatric Closed Head Injury**

- 1) Trauma assessment
- 2) O<sub>2</sub>, IV and cardiac monitor
  - a) Aggressive oxygenation helps reduce secondary brain injury
- 3) Spinal immobilization as indicated
- 4) Maintain a pressure of 90 systolic using fluid boluses of 10-20ml/kg
- 5) For restraining patient refer to restraint protocol
- 6) For sedation **contact medical** control and request one of the following to either help with combative patient or to assist with intubation;
  - a) Diazepam 0.1-0.3mg/kg IV push at 2mg/min
  - b) May repeat initial dose total cumulative dose is 5mg for 5 years or younger, 10mg for children older than 5.
  - c) Can consider Lorazepam 0.1mg/kg IV over 2 minutes (2mg/min)
  - d) Can repeat the initial dose up to 4mg cumulative dose