

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Pediatric Head Trauma

Overview: Head injury is the most common cause of death in pediatric trauma victims. Larger head size and lack of neck muscle strength provide increased momentum and increase injury. Significant blood loss can occur through scalp lacerations, and such bleeding should be controlled immediately. Children have good compensatory mechanisms up to a point. When that point is reached they deteriorate very quickly. This protocol is intended to provide the EMS Provider with guidelines to treat a Pediatric trauma patient as soon as possible .

INFORMATION NEEDED

- Patient age
- Mechanism of injury
- Signs and symptoms
- Current weight (length based tape or equivalent preferred)

OBJECTIVE FINDINGS

- General appearance
- Mental status (AVPU), skin signs, perfusion status
- Respiratory rate, rhythm and pattern and work of breathing (patient positioning such as head bobbing or tripodding)
- Signs of trauma and increase intracranial pressure (e.g. ↑ BP, bradycardia, irregular respirations and bulging fontanel in infants).

TREATMENT

- Routine Trauma Care
- Maintain supine position
- Assess Pediatric Coma Score (see Appendix)

PCS < 8 (Severe)

- Administer 100% O2
- Maintain C-spine control
- Support ventilation with BVM; assist to maintain adequate ventilations especially for suspected increased intracranial pressure.
- Reassess Pediatric Coma Score
- EARLY notification of Medical Control to mobilize resources

TREATMENT (cont)

PCS 8 – 12 (Moderate)

- Administer 100% O2
- Maintain C-spine control
- Support ventilation with BVM; assist to maintain adequate ventilations especially for suspected increased intracranial pressure.
- Reassess Pediatric Coma Scale
- Observe
- RAPID transport
- EARLY notification of Medical Control to mobilize resources

PCS 13 – 15 (Mild)

- Administer 100% O2
- Immobilize as indicated
- Reassess Pediatric Coma Scale
- Observe
- RAPID Transport

Documentation of adherence to protocol:

- Assessment documented
- Administration of oxygen; interventions performed
- C-spine assessment and precaution documented
- Perfusion assessment documented
- Bleeding control and care documented

Medical Control Contact Criteria

- Contact medical control for questions regarding patient care
- EARLY notification of Medical Control to mobilize resources

PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Maintain C-spine control; assist to maintain adequate ventilations especially for suspected increased intracranial pressure.
- Use length based resuscitation tape to estimate child's weight.
- Suspect child maltreatment when physical findings are inconsistent with the history
- Remember reporting requirements for suspected child abuse.
- In a motor vehicle accident with a pediatric patient who is properly secured in a car seat, if the seat is not damaged and the patient can be managed, transport the patient immobilized in the car seat.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic

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TREATMENT

- Routine Trauma Care
- Maintain supine position
- Assess Pediatric Coma Score (see Appendix)

PCS < 8 (Severe)

- Administer 100% O2
- Maintain C-spine control
- Support ventilation with BVM or intubate; assist to maintain adequate ventilations especially for suspected increased intracranial pressure.
- Establish vascular access IV/IO NS; administer 20ml/ kg fluid boluses to maintain peripheral pulses
- Reassess Pediatric Coma Score
- EARLY notification of Medical Control to mobilize resources

TREATMENT (cont)

PCS 8 – 12 (Moderate)

- Administer 100% O2
- Maintain C-spine control
- Support ventilation with BVM or intubate; assist to maintain adequate ventilations especially for suspected increased intracranial pressure.
- Establish vascular access IV/IO NS; administer 20ml/ kg fluid boluses to maintain peripheral pulses
- Reassess Pediatric Coma Scale
- Observe
- RAPID transport
- EARLY notification of Medical Control to mobilize resources

PCS 13 – 15 (Mild)

- Administer 100% O2
- Immobilize as indicated
- Reassess Pediatric Coma Scale
- Observe
- RAPID Transport

Documentation of adherence to protocol:

- Assessment documented
- Administration of oxygen; interventions performed
- C-spine assessment and precaution documented
- Perfusion assessment documented
- Bleeding control and care documented
- IV access; Fluid bolus and reassessment

Medical Control Contact Criteria

- Contact medical control for questions regarding patient care
- EARLY notification of Medical Control to mobilize resources

PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Maintain C-spine control; assist to maintain adequate ventilations especially for suspected increased intracranial pressure.
- Use length based resuscitation tape to estimate child's weight.
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