



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
TRAUMA FULL ARREST - PEDIATRIC

#: BH-P-20
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Org. Date: 10/01/17
Revised Date: 07/20/2023

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered to base hospital contact. Use ALS Standing Orders as guideline for treatments/procedures not initiated prior to Base Hospital/CCERC contact.
2. Treat non-trauma related cardiac arrest by following BH-P-40/SO-P-40 Cardiopulmonary Arrest — Pediatric.
3. If no signs of life, consider OCEMS Policy # 330.50 Withholding Prehospital CPR for the Obviously Dead (particularly for blunt trauma arrest victims):
 - Assess respiratory status
 - Assess cardiac rhythm status for perfusion/pulses
 - Assess neurologic response to stimulation (voice and touch) and pupil light reflex
 - If there is uncertainty regarding the above findings supporting withholding CPR, obtain cardiac rhythm strips in two leads to confirm asystole.
4. Trauma arrest patients for whom resuscitation and transport is pursued should be triaged as follows:
 - Unmanageable airway — Base Hospital Triage to closest open Trauma Center
 - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant patients) — triage to closest appropriate Trauma Center
5. Transport of victims to Trauma Centers should be rapid with treatment during transport when possible.

ALS STANDING ORDER

1. Initiate or maintain uninterrupted CPR.
2. Initiate or maintain spinal motion restriction as appropriate.
3. Make early base contact for destination determination when transport indicated.
4. Maintain open airway, assess for upper airway obstruction:
 - ▶ Assist ventilation/oxygenation with BVM and high flow supplemental oxygen.
5. Monitor cardiac rhythm:
 - ▶ For bradycardia, ensure airway is open and provide high flow oxygen by mask, nasal cannula or blow-by as is indicated and tolerated.
6. IV/IO access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
 - ▶ Infuse **20 mL/kg Normal Saline (maximum 250mL) IV/IO** fluid bolus and make BH contact. May repeat same dose twice for total of three boluses as standing order.
7. If chest injury and suspected tension pneumothorax:
 - ▶ Place Needle Thoracostomy to side of chest with absent breath sounds.
 - ▶ Place bilateral Needle Thoracostomy when bilateral chest trauma observed.
8. Transport to Trauma Center as directed by Base Hospital (CCERC base preferred).
9. If trauma is clearly the cause of cardiopulmonary arrest (gunshot wound to the chest, pedestrian hit by a car at high speed, etc) administration of epinephrine is not indicated.

Approved:

Carl Schultz, MD

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BASE GUIDELINES

ALS STANDING ORDER

TREATMENT GUIDELINES:

- Trauma arrest patients for who resuscitation and transport is pursued should be triaged as follows:
 - Unmanageable airway - Base Hospital triage to closest appropriate Trauma Center
 - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant women) -Base Hospital triage to closest appropriate Trauma Center.
- Transport of trauma victims should be rapid with treatment enroute when possible.

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Carl Schultz, MD

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