GENERAL INJURY AND TRAUMA - PEDIATRIC

ALS STANDING ORDERS:

AUTO ACCIDENT WITH AIRBAG DEPLOYMENT:

1. For eye irritation, brush off and powder around upper face and irrigate with water.
2. Pulse oximetry, if oxygen saturation less than 95% provide:
   - ► Oxygen by mask (high flow) or nasal cannula (6 L/m) as tolerated.
3. For respiratory distress with wheezes, administer albuterol:
   - ► Albuterol, continuous nebulization of 5 mg/ 6 mL as tolerated.
4. Base contact required (CCERC base preferred) if meets Trauma Triage Criteria (OCEMS Policy # 310.30)
5. If does not meet Trauma Triage Criteria, transport to nearest available ERC (ALS escort if Albuterol required).

EXTERNAL BLEEDING / HEMORRHAGE:

1. Apply direct pressure to bleeding site to control blood loss -
   - If direct pressure successful in controlling extremity bleeding site, apply pressure dressing.
   - For continued bleeding after application of direct pressure, consider use of hemostatic dressing with direct pressure.
   - Use tourniquet application when upper or lower extremity bleeding is not controlled with direct pressure or hemostatic dressing with pressure dressing.
2. IV/IO access if hypotensive or per paramedic judgement (initiate transport as soon as possible):
   - ► Administer 20 mL/kg normal saline (maximum 250 mL) IV/IO bolus and make BH contact.
   - ► If remains hypotensive, may repeat same dose twice for total of three boluses as a standing order.
3. Make Base Hospital contact (CCERC base preferred) for all hypotensive hemorrhage cases for Trauma Center triage consideration.

EYE INJURY:

1. Cover injured eye without applying pressure to globe if required to keep child from rubbing or touching eye.
2. Elevate head 30 degrees or more if spinal motion restriction not required.
3. Morphine sulfate or Fentanyl as needed for severe pain. Contact Base (CCERC base preferred) if less than or equal to 2 years-old:
   - ► *Morphine sulfate 0.1 mg/kg IV/IM (maximum single dose of 5 mg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)*
     OR
   - ► *Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg)*
4. For nausea or vomiting in a child 4 years or older, give *Ondansetron (Zofran™)*:
   - ► *Ondansetron (Zofran™) 4 mg ODT tablet to dissolve orally.*

5. Transport to nearest available ERC (ALS escort if medications administered).

ISOLATED EXTREMITY INJURY (FRACTURES OR DEEP LACERATIONS) NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Splint or immobilize fractured extremities (note breaks of skin or open wounds in fracture areas).
2. For fractures, note presence or absence of peripheral pulses and sensation.
3. Cover deep lacerations with sterile dressings if bleeding control not required.
4. *Morphine sulfate* or *Fentanyl* as needed for severe pain, Contact Base (CCERC base preferred) if less than or equal to 2 years-old:
   - ► *Morphine sulfate 0.1 mg/kg IV/IM (maximum single dose of 5 mg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)*
     OR
   - ► *Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg)*
5. Transport to nearest ERC (ALS escort if morphine or fentanyl administered).

IMPALED OBJECTS NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Stabilize impaled object (in place) when possible unless causes delay in extrication or transport.
2. DO NOT remove impaled objects in face or neck unless breathing is compromised.
3. *Morphine sulfate* or *Fentanyl* as needed for severe pain, Contact Base (CCERC base preferred) if less than or equal to 2 years-old:
   - ► *Morphine sulfate 0.1 mg/kg IV/IM (maximum single dose of 5 mg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)*
     OR
   - ► *Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg)*
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl administered).

SUSPECTED TRAUMATIC BRAIN INJURY (TBI)

1. Monitor all patients with continuous Pulse Oximetry.
   - ► *Provide supplemental oxygen via nasal canula at 6 L/min flow rate or high flow oxygen by face mask and maintain P.O. > 90%.*

   If unable to maintain P.O. > 90% with oxygen alone, reposition airway as appropriate (consider c-spine precautions). If P.O. now > 90%, continue monitoring.

   If P.O. still < 90%, deliver positive pressure ventilation with bag-valve-mask in conjunction with airway adjuncts. If P.O. now > 90%, continue monitoring.

2. Monitor all patients with continuous End Tidal CO_2.

   ▶ *Maintain $ETCO_2$ between 35 and 45 mmHg if possible, especially for ventilated patients.*

3. Monitor systolic blood pressure for all patients every 5 minutes.

   For patients aged 0 – 9 years:

   ▶ *Blood pressure below 70 + (age X 2) mmHg, administer 20 mL/kg Normal Saline IV/IO (maximum 250 mL), and repeat X 3 as standing order if needed to maintain systolic BP > 70 + (age X 2) mmHg.*

   For patients aged 10 years and older:

   ▶ *Blood pressure below 90 mmHg, administer 20 mL/kg Normal Saline IV/IO (maximum 250 mL), and repeat X 3 as standing order if needed to maintain systolic BP > 90 mmHg.*

4. Assess GCS in all patients. For patients age ≤ 2 years, use P-GCS.

5. Transport to trauma center, Level 1 or Level 2 pediatric trauma center if possible.