

Pediatric Multiple Trauma



History

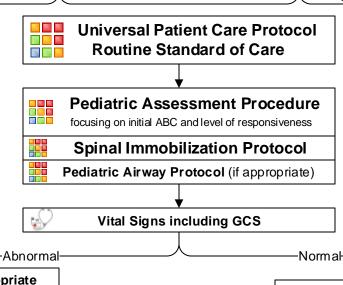
- Time and mechanism of injury
- Height of any fall
- Damage to structure or vehicle
- Location in structure or vehicle
- Others injured or dead
- Speed and details of MVC
- Restraints / Protective equipment
 Carseat
 Helmet (Condition, use, etc)
 Pads
- Ejection
- SAMPLE
- Medications

Signs and Symptoms

- Pain, swelling
- Deformity, lesions, bleeding
- Altered mental status
- Unconscious
- Hypotension or shock
- Arrest

Differential (Life Threatening)

- Chest Tension pneumothorax
- Flail chest
- Pericardial tamponade
- Open chest wound
- Hemothorax
- Intra-abdominal bleeding
- Pelvis / Femur fracture
- Spine fracture / Cord injury
- Head injury (see Head Trauma)
- Extremity fracture / dislocation
- HEENT (Airway obstruction)
- Hypothermia



Rapid Transport to appropriate destination

Limit Scene Time to 10 minutes
Provide Early Notification

IV Protocol



20ml/kg Fluid Bolus



Splint Suspected Fractures
Control External Hemorrhage



Chest Decompression
(If Indicated)

Consider:

Pediatric Head Injury Protocol

Complete Pediatric Assessment



Splint Suspected Fractures Control External Hemorrhage

Rapid Transport to appropriate destination

Limit Scene Time to 10 minutes
Provide Early Notification



Continually Reassess

Pearls

- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- Transport Destination is chosen based on the System Trauma Plan with pre-arrival notification.
- Mechanism is the most reliable indicator of serious injury. Examine all restraints / protective equipment for damage.
- Do not overlook the possibility for child abuse.
- Scene times should not be delayed for procedures. These should be performed in flight when possible.
- Bag valve mask is an acceptable method of managing the airway if pulse oximetry can be maintained above 90%.