Pediatric Multiple Trauma

SURVIVAL FLIGHT

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**

Universal Patient Care Protocol
Routine Standard of Care

Pediatric Assessment Procedure
focusing on initial ABC and level of responsiveness

Spinal Immobilization Protocol

Pediatric Airway Protocol (if appropriate)

Vital Signs including GCS

Abnormal

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

Normal

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

Pediatric & OB Protocols

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%.