



PEDIATRIC TRAUMA

Refer to PAM Triage Tool (Policy 7070 *Trauma Triage*) during assessment and treatment.

- I. BLS Treatment Protocol:
 - A. Treat immediate life threats. (See Policy 4000 *Life Threats*)
 - B. Control bleeding using:
 1. direct pressure
 2. tourniquets
 3. pressure bandages
 4. hemostatic gauze.
 - C. Spinal precautions as indicated.
 - D. Splint as appropriate.
 1. Splint in position of comfort
 2. A traction splint is indicated for mid-shaft femur fractures.
 - E. Cover eviscerations with moist, sterile dressings.
 - F. Cover open chest wounds with approved chest seal dressings. Evaluate frequently.
 - G. Prepare for transport/ transfer of care.
- II. ALS Treatment Protocol:
 - A. Treat life threats (See Policy 4000 *Life Threats*).
 - B. Transport.
 - C. Contact Base Station as indicated.

Note:

- If a 1- 2 - 3 hit PAM patient is being transported to a local hospital, make early notification.
- Most fractures on multi-systems trauma patients should be splinted to the backboard.
- Remember that the top causes of preventable trauma fatality include hypoxia, open chest wounds, and uncontrolled external hemorrhage.
- Try to adhere to the “time rule” when managing critical trauma:
- **If the intervention is not critical for managing an immediate life threat, then it should not be done on scene as time is always more important.**