Pediatric Trauma

The priorities in pediatric trauma management are to prevent further injury, provide rapid transport, notify the receiving facility, and initiate definitive treatment. **Minimize scene time .**

Management
MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **Pediatric Assessment and Treatment Protocol**.
2. If the airway or breathing management is needed see **Pediatric Respiratory Distress, Failure or Arrest Protocol.**
3. If breathing is adequate, provide high flow oxygen as necessary. Use a non-rebreather mask or blow-by as tolerated.
4. Control bleeding and splint injuries appropriately.
5. Assess for potential spine injury. Provide for spinal precautions as indicated. See **Spinal Injury Assessment Protocol**.

EMT/SPECIALIST/PARAMEDIC

6. Initiate transport per MCA transport protocol.

SPECIALIST/PARAMEDIC

7. Obtain vascular access using an age-appropriate large-bore catheter and administer NS KVO. If extenuating circumstances delay transport, obtain vascular access on the scene, but do not delay transport to obtain vascular access.
8. If there is evidence of shock see **Pediatric Shock Protocol.**

PARAMEDIC

9. If tension pneumothorax is suspected see **Pleural Decompression Procedure**.
10. Refer to **Pain Management Procedure.**