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Executive Director

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Medical Director

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PEDIATRIC TRAUMATIC SHOCK

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

STANDING ORDERS

ABC's

SECURE AIRWAY

Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation while en route. Confirm placement, if intubated, with end-tidal CO₂ detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

SPINE IMMOBILIZATION

If indicated, refer to ALS Intro 554.00

CONTROL OBVIOUS BLEEDING

OXYGEN

IV/IO ACCESS

Start two large-bore cannulas with volume control chambers. Give 20 ml/kg fluid boluses. Repeat x 2. Reassess the patient after each bolus administration.

DRESS & SPLINT

As needed.

CONSIDER

MORPHINE

1.0 mg increments slow IV, to relieve pain. May give up to 20 mg MS without Base Physician order. Beware of respiratory depression or worsening of hypotension.

NEEDLE THORACOSTOMY

For tension pneumothorax, on affected side in second intercostal space in midclavicular line. Perform on other side if no response to treatment and tension pneumothorax physiology persists. Secure catheter to chest.

DRAW BLOOD SAMPLE

Test for glucose.

BASE PHYSICIAN ORDERS

MORPHINE:

Additional morphine per Base Physician order.