

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

EFFECTIVE DATE 01/01/2004
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 01/2009
PAGE: 1 of 1

PEDIATRIC HEAD – NECK – FACIAL TRAUMA

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

NOTE: Medicate brain injury patients with Lidocaine 1.5 mg/kg IV prior to intubating, when time allows.

C-SPINE IMMOBILIZATION: If indicated, refer to ALS Intro 554.00

OXYGEN: Hyperventilate only if neurologic status is deteriorating.

POSITION: Elevate the heads of brain injured patients, if patient exhibits no signs of shock.

IV/IO ACCESS: TKO with microdrip tubing and volume control chamber.

DRESS & SPLINT As needed.

MORPHINE: 1 - 2 mg IV slow push (if systolic BP above Broselow Tape target), then 1.0 mg increments slow IV, to relieve pain. May give up to 20 mg MS without Base Physician order.

CONSIDERATIONS

- **Avulsed Tooth** Place tooth in milk, normal saline, saline soaked gauze or a commercial "tooth saver."
- **Eye Injuries** Cover with a non-contact dressing, such as a paper cup. Do not apply direct pressure to eye and do not attempt to replace partially torn globe.
- **Impaled Object** Immobilize and leave in place. Remove object only if it interferes with CPR, extrication or ventilation.

BASE PHYSICIAN ORDERS

MORPHINE: Additional morphine per Base Physician order