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PEDIATRIC CHEST 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.**

SPINE IMMOBILIZATION If indicated, refer to ALS Intro 554.00

OXYGEN

IV/IO ACCESS TKO with microdrip tubing and volume control chamber.
If signs of shock, 20 ml/kg fluid bolus until Broselow Tape systolic BP target. Reassess patient after each bolus.

DRESS & SPLINT As needed.

CONSIDERATIONS

- **Impaled Object** Immobilize and leave in place. Remove object only if it interferes with CPR, extrication, or ventilation
- **Flail Chest** Stabilize chest. Observe for tension pneumothorax. Consider assisted ventilation.
- **Open Chest Wound** Cover wound. Dress wound loosely (do not seal). Continuously re-evaluate patient for tension pneumothorax.
- **Tension Pneumothorax** Perform needle thoracostomy or remove any occlusive dressing on an open chest wound. Refer to the Traumatic Shock Protocol Policy 555.82
- **Cardiac Tamponade** If systolic BP below Broselow Tape target, give 20 ml/kg fluid boluses until systolic BP reaches target. Reassess the patient after each bolus. Refer to the Traumatic Shock Policy 555.82
- **Cardiac Contusion** Monitor for dysrhythmias. Refer to Cardiac Protocols (Policy 555.11, 555.12, 555.13, 555.14, and 555.15)

BASE PHYSICIAN ORDERS

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 repeat as needed.