

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
Executive Director

SIGNATURE ON FILE IN EMS OFFICE  
Medical Director

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**PEDIATRIC ABDOMINAL 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**

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 CO<sub>2</sub> 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, give 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 object interferes with CPR, extrication, or ventilation.
- **Eviscerating Trauma** Cover eviscerated bowels and organs with saline soaked gauze. Do not attempt to replace bowels or organs into the abdominal cavity.
- **Genital Injuries** Cover genitalia with saline soaked gauze. If necessary apply direct pressure to control bleeding. Treat amputation the same as extremity amputation, refer to Extremity Trauma Policy 555.87.

**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.