# PEDIATRIC EXTREMITY 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 | |
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| **ABC's** | |
| **SECURE AIRWAY:** | As appropriate. Confirm tube placement, if intubated, with end-tidal $CO_2$ detector and esophageal detector device. **Monitor intubated patients with continuous waveform capnography if available.** |
| **SPINE IMMOBILIZATION:** | If indicated, refer to ALS Intro 554.00 |
| **OXYGEN:** | |
| **DRESS & SPLINT:** | ● Splint dislocations in position found.<br>● Check neurovascular status prior to and after each extremity manipulation.<br>● Control bleeding with direct pressure.<br>● Cover exposed bone with saline soaked gauze.<br>● Angulated long bone fractures may be realigned with gentle axial traction for splinting.<br>● In cases involving major multi-system trauma, consider "splinting the whole body" by strapping the patient to a back board, rather than splinting each individually extremity. |
| **IV/IO ACCESS:** | TKO with microdrip tubing and volume control chamber.<br><br>If signs of shock, give 20 ml/kg fluid bolus until Broselow Tape systolic BP target. Reassess patient after each bolus. |
| **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. May give 0.2 mg/kg IM. |
| **CONSIDERATIONS** | |
| **Amputations** | If partial amputation, splint in anatomic position and elevate the extremity. Wrap completely amputated parts in dry sterile gauze, then place in a sealed, dry container. Place container in ice, if possible. |
| **BASE PHYSICIAN ORDERS** | |
| **MORPHINE:** | Additional Morphine per Base Physician order |