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 Executive Director

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 Medical Director

EFFECTIVE DATE: 7/01/2011  
 SUPERSEDES: \_\_\_\_\_  
 REVISED: \_\_\_\_\_  
 REVIEW DATE: 7/2016  
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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 a patient treatment standard for EMTs and Paramedics within their scope of practice
- III. PROTOCOL:

<b>STANDING ORDERS</b>	
<b>ABC's</b>	
<b>SECURE AIRWAY/INTUBATE</b>	Using the simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation. Refer to General Procedures Protocol 554.00.
<b>SPINE IMMOBILIZATION</b>	If indicated, refer to General Protocols 554.00
<b>OXYGEN</b>	Oxygen delivery as appropriate
<b>IV/IO ACCESS</b>	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.
<b>DRESS &amp; SPLINT</b>	As needed.
<b>CONSIDERATIONS</b>	<p><b>Impaled Object</b> - Immobilize and leave in place. Remove object only if it interferes with CPR, extrication, or ventilation</p> <p><b>Flail Chest</b> - Stabilize chest. Observe for tension pneumothorax. Consider assisted ventilation.</p> <p><b>Open Chest Wound</b> - Cover wound. Dress wound loosely (do not seal). Continuously re-evaluate patient for tension pneumothorax.</p> <p><b>Tension Pneumothorax</b> - Perform needle thoracostomy or remove any occlusive dressing on an open chest wound. Refer to the Traumatic Shock Protocol 555.82</p> <p><b>Cardiac Tamponade</b> - 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</p> <p><b>Cardiac Contusion</b> - Monitor for dysrhythmias. Refer to Cardiac Protocols (Policy 555.11, 555.12, 555.13, 555.14, and 555.15)</p>
<b>BASE PHYSICIAN ORDERS</b>	
<b>PAIN MANAGEMENT</b>	Refer to Pain Management Protocol 555.43