

*PEDIA*TRIC

SCENARIO GUIDEBOOK





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MEDICAL SCENARIOS



ACCIDENTAL OVERDOSE

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Scene safety • Assess and secure airway • Recognition and treatment for unresponsive state • Recognition of transport necessity 	<p>Dispatch Information: A call was received from a frantic adult stating that her 2-year-old granddaughter was unresponsive on the bedroom floor. Patient is breathing, but not currently alert.</p>	
	<p>Chief Complaint: Unresponsive</p>	<p>Additional Resources Requested: Police and Fire Departments, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Arrive at address and notice an older gentleman waving at you from the porch • Home is clean, tidy and no animals are noted to be present. You are escorted to a basement bedroom • The patient is lying on the carpeted floor with an older woman at her side. Woman identifies self as patient's grandma • Patient was reportedly napping <p>Initial Impression: Patient is dressed appropriately for time of year. You notice a pill bottle under the bed.</p>		
<p>Vital Sign – Set 1 AVPU: Unresponsive B/P: 80/palpation HR: 70, regular Resp: 10, labored O₂ Sat: 90% (room air) Pain: GCS: 3 (1,1,1) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: No trauma noted Eyes: Sluggish and pinpoint Ears: Unremarkable Nose: Unremarkable Oral Cavity: Lips noted to have white substance on them. Half of a white pill is noted in the patient's mouth</p>	<p>HPI: Patient has been putting everything in their mouth lately</p> <p>S/S: Unresponsive</p> <p>Allergies: NKDA</p> <p>Medications: Daily Vitamin</p> <p>PmHx: RSV at 1 year of age</p>
<p>Vital Sign – (prior to Naloxone) AVPU: Unresponsive B/P: 82/64 HR: 78, regular Resp: 10, labored O₂ Sat: 94% (O₂ applied) Pain: GCS: 3 (1,1,1) BGL: 84 mg/dl</p>	<p>Chest: Equal chest rise and fall noted Clear equal in all lung fields</p> <p>Back: No external trauma noted</p> <p>Abdomen/Pelvis: Unremarkable</p>	<p>Last Meal: Pizza and chips for lunch</p> <p>Events Prior: Napping in bedroom. Was checked on an hour previous and was asleep in the bed</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 12kgs</p>
<p>Vital Sign – (after Naloxone) AVPU: Alert, Confused B/P: 100/60 HR: 110, regular Resp: 18, nonlabored O₂ Sat: 98% Pain: 0 GCS: 14 (4,4,6) BGL:</p>	<p>Extremity: No external trauma noted</p> <p>Other: Skin: Cool, pale and dry</p> <p>EKG: Sinus Rhythm</p>	<p>Notes: Grandmother advises that she was caring for a friend last week that had knee surgery. Her friend stayed in this room and was taking Lortab for post op pain relief</p> <p>Pill bottle found is for Lortab 7.5mL</p>
<p>Suggested Treatment: O₂, Suction if necessary, Monitor, IV/IO, Administration of Naloxone</p>	<p>After Naloxone administration:</p> <ul style="list-style-type: none"> • Patient can maintain own airway • Respirations return within normal limits • Patient remain tired, Pupils now PERL 	<p>Transport Consideration: Secure patient properly on cot Transport in seated position secondary to possible vomiting</p>

ACCIDENTAL OVERDOSE

Additional Things to Consider about the Scene:

- Possibly have grandma call friend and inquire about number of pills missing
- Family centered care

Additional Things to Consider during Treatment/Transport:

- If dealing with an unknown medication, contact the Poison Control Center
- When administering Naxolone, it is a slow push and titrated to desired effect
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility
- Contact patient's legal guardian, if possible

Additional Educational Resources to Consider:

- Poison Control Center
 - <https://www.poison.org>
- Palmetto Poison Center
 - https://www.sc.edu/study/colleges_schools/pharmacy/centers/palmetto_poison_center/index.php
 - 1700 College Street, Columbia, SC 29208
 - (800)-222-1222



Things to consider based on your EMS protocols, procedures and/or policies:

Naloxone Dose: _____

SEIZURE: FEBRILE

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of risk and/or presence of secondary trauma • Recognition of transport necessity 	<p>Dispatch Information: Responding to a 15-month-old male having a seizure. Patient's father called 911 after he brought child into his room when child would not settle down. Father stated that patient kept thrashing around and then realized he was having a seizure.</p>	
<p>Scene Description:</p> <ul style="list-style-type: none"> • December 21st at 0100 • Outside temperature is 25 degrees F with 1 inch of new snow on top of 2 inches of ice • Patient's father meets Fire and EMS in living room with child • Home noted to be clean <p>Initial Impression: Patient is in pajamas being held by father. Patient is sleepy and whimpers when moved.</p>	<p>Chief Complaint: Seizure</p>	<p>Additional Resources Requested: Police and Fire Department, ALS</p>
<p>Vital Sign – Set 1 AVPU: Alert B/P: 80/50 HR: 124, regular Resp: 30, non-labored O₂ Sat: 94% (room air) Pain: GCS: 11 (3, 4, 4) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: Unremarkable Eyes: Initially, Left – sluggish, Right - quick Ears: Unremarkable Nose: Unremarkable Oral Cavity: Unremarkable Patient able to clear and control own airway</p> <p>Chest: Equal chest rise and fall noted Lung sounds clear No external trauma noted</p> <p>Back: No trauma noted</p> <p>Abdomen/Pelvis: No guarding noted upon quadrant palpation No trauma noted Pelvis stable</p> <p>Extremity: No trauma noted to legs or arms PMS x 4 (presumed, since child moves limb away when pain applied)</p> <p>Other: Skin: pale, warm No step off's or tenderness noted to neck Pupils noted to be PERL 10 minutes into call</p> <p>HPI: See events prior below</p> <p>S/S: pale, GCS 11 initially; limp limbs, but will move to pain</p> <p>Allergies: NKDA</p> <p>Medications: None</p> <p>PmHx: Ear infection three weeks ago</p> <p>Last Meal: Dinner, 7hr ago</p> <p>Events Prior: Patient's mother is out of town, so father brought son into their room to sleep. Patient awoke his father when he was noted to be moaning</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 11kgs</p>	
<p>Vital Sign – Set 2 AVPU: Alert B/P: 96/52 HR: 138, regular Resp: 28, non-labored O₂ Sat: 98% (O₂ applied) Pain: GCS: 12 (3, 4, 5) BGL: 107 mg/dl</p>	<p>Notes: Body Temp: 99.4</p> <p>ECG: Sinus Tachycardia</p> <p>Father denies noting any recent fevers</p>	
<p>Vital Sign – Set 3 AVPU: Alert B/P: 90/70 HR: 120, regular Resp: 24, non-labored O₂ Sat: 98% (O₂ applied) Pain: GCS: 13 (4, 4, 5) BGL:</p>	<p>Transport Consideration: Securing patient properly on cot Guardian ride along</p>	
<p>Suggested Treatment: O₂, Monitor, Airway monitor/control</p>		

SEIZURE: FEBRILE

Additional Things to Consider about the Scene:

- Will family allow you to view where the seizure activity took place
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Is or was patient taking any medications for his recent ear infection
- Is incontinence noted
- Was a cooling agent and/or activity done by family prior to your arrival
- Oral cavity can have trauma secondary to biting of the tongue
- Weigh the pros and cons of starting an IV on this patient
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Temperature Measurement in Pediatrics
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819918/>

Normal temperature ranges

Measurement method	Normal temperature range
Rectal	36.6°C to 38°C (97.9°F to 100.4°F)
Ear	35.8°C to 38°C (96.4°F to 100.4°F)
Oral	35.5°C to 37.5°C (95.9°F to 99.5°F)
Axillary	34.7°C to 37.3°C (94.5°F to 99.1°F)

Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic obtained from medguidance

SEIZURE: EPILEPSY

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of risk and/or presence of secondary trauma • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>Responding to a 4-year-old female having a seizure at school. Patient is a known epileptic, well-controlled on medication. Patient was playing with friends on the playground when the other children alerted the teacher she was having a seizure.</p>	
	<p>Chief Complaint:</p> <p>Seizure</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Spring afternoon at local preschool/daycare, high of 88 degrees • Two adults carried the patient inside and are currently with her • You are waved to the door by the school's main office <p>Initial Impression: Patient is in regular street clothes noted to lying in caregiver's arms. Mouth is open, eyes rolled back in head and breathing is rapid and shallow. Patient is not currently seizing. All seizure activity ended about a minute ago.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Painful</p> <p>B/P: 98/62</p> <p>HR: 144, regular</p> <p>Resp: 36, non-labored</p> <p>O₂ Sat: 90% (room air)</p> <p>Pain:</p> <p>GCS: 5 (1, 1, 3)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Small "goose egg" spot to R temporal</p> <p>Eyes: Initially, Right pupil is dilated, non-reactive</p> <p>Ears: Unremarkable</p> <p>Nose: Unremarkable</p> <p>Oral Cavity: Unremarkable</p> <p>Patient able to clear and control own airway</p>	<p>HPI: See events prior below</p> <p>S/S: Initially; limp limbs, but will respond to pain</p> <p>Allergies: NKDA</p> <p>Medications: Multivitamin, Keppra 120mg BID</p> <p>PmHx: Seizures, Concussion at 3yo</p> <p>Last Meal: Snack, 45min ago</p> <p>Events Prior: Classmates said patient slipped on climbing structure and hit her head on the railing. Teacher witnessed the patient fall onto soft recycled tire material</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 17kgs</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Verbal Inappropriate</p> <p>B/P: 96/52</p> <p>HR: 138, regular</p> <p>Resp: 28, non-labored</p> <p>O₂ Sat: 98% (O₂ applied)</p> <p>Pain:</p> <p>GCS: 10 (3, 2, 5)</p> <p>BGL: 107 mg/dl</p>	<p>Chest:</p> <p>Equal chest rise and fall noted</p> <p>Lung sounds clear</p> <p>No external trauma noted</p> <p>Back:</p> <p>Small red mark noted to patient's mid-back on the right side</p> <p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation</p> <p>No trauma noted</p> <p>Pelvis stable</p>	<p>Notes:</p> <p>Body Temp: 97.1</p> <p>ECG: Sinus Tachycardia</p> <p>Parents will meet at local hospital. Patient moans and whimpers with any intervention. Muscles are weak, and patient is easily restrained and compliant during treatment</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Alert, Confused</p> <p>B/P: 90/70</p> <p>HR: 120, regular</p> <p>Resp: 24, non-labored</p> <p>O₂ Sat: 98% (O₂ applied)</p> <p>Pain:</p> <p>GCS: 13 (4, 4, 5)</p> <p>BGL:</p>	<p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>PMS x 4 (presumed, since child moves limb away when pain applied)</p> <p>Other:</p> <p>Skin: Pale, warm</p> <p>No step off's or tenderness noted to neck</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p>
<p>Suggested Treatment:</p> <p>O₂, Monitor, C-spine precautions</p>	<p>Pupils both return to PERL during transport</p>	

SEIZURE: EPILEPSY

Additional Things to Consider about the Scene:

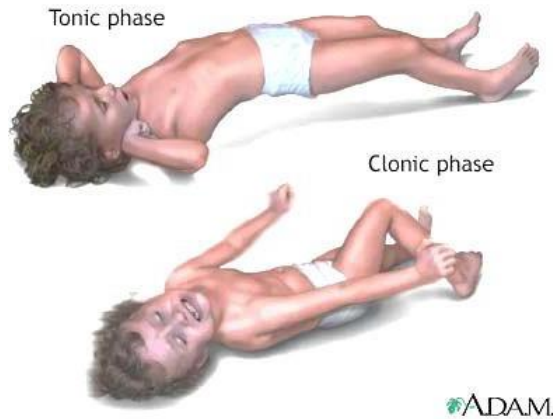
- Have there been any changes to her medications
- How far was the fall from the playground equipment to the ground
- Did patient fall on her head or land on another body part
- How exactly was the patient carried into the school from the playground
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Have there been any changes to her medications
- When was her last lab work completed
- Is incontinence noted
- Oral cavity can have trauma secondary to biting of the tongue
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Epilepsy Foundation
 - <https://www.epilepsy.com/living-epilepsy/parents-and-caregivers/about-kids>



Things to consider based on your EMS protocols, procedures and/or policies:

Sedative _____

Anticonvulsant _____

*Graphic obtained from findmeacure.com

DIABETIC: KETOACIDOSIS

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of risk and/or presence of secondary illness • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>Responding to a 15-year-old female patient complaining of nausea, vomiting and weakness while attending a summer school activity. Patient is a known diabetic and in the office of the school nurse. Patient’s blood glucose monitor is reading “high” on bedside glucometer.</p>	
	<p>Chief Complaint:</p> <p>Hyperglycemia</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Summer July morning, 88 degrees F outside and rising. Bright sunshine, slight breeze • You proceed/are shown to the school nurse office, where the patient is lying on her right side on an exam table • Patient is moaning, but opens her eyes and looks at you when you approach <p>Initial Impression: Patient is wearing shorts and t-shirt lying on exam table of nurse’s office.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert</p> <p>B/P: 108/68</p> <p>HR: 112, regular</p> <p>Resp: 24, nonlabored</p> <p>O₂ Sat: 98% (room air)</p> <p>Pain:</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Patient states she has a headache</p> <p>Eyes: PEERL</p> <p>Ears: Unremarkable</p> <p>Nose: Unremarkable</p> <p>Oral Cavity: Dry tongue, membranes</p> <p>Patient able to clear and control own airway</p> <p>Chest:</p> <p>Equal chest rise and fall noted</p> <p>Lung sounds clear</p> <p>No external trauma noted</p> <p>Back:</p> <p>No trauma noted</p> <p>Abdomen/Pelvis:</p> <p>Guarding noted upon quadrant palpation</p> <p>Patient says her entire abdomen hurts</p> <p>No trauma noted</p> <p>Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>PMS x 4</p> <p>Other:</p> <p>Skin: Flush, Warm, Dry</p> <p>Patient complains of blurred vision during transport</p>	
<p>Vital Sign – Set 2</p> <p>AVPU: Alert</p> <p>B/P: 106/62</p> <p>HR: 138, regular</p> <p>Resp: 28, nonlabored</p> <p>O₂ Sat: 98% (room air)</p> <p>Pain: 2</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL: “HIGH” dl/mg</p>	<p>HPI: Patient was not feeling well this morning and skipped breakfast. Patient could not focus in class, left for the restroom and vomited. Patient then went to school nurse. Patient does not monitor her diet nor does regular blood testing, but does take her insulin as scheduled</p> <p>S/S: Feels weak, Headache</p> <p>Allergies: Amoxicillin, penicillin</p> <p>Medications: Insulin BID, Multivitamin</p> <p>PmHx: Type I Diabetes,</p> <p>Last Meal: Dinner, last night</p> <p>Events Prior: See above</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 65kgs</p>	
<p>Vital Sign – Set 3</p> <p>AVPU: Alert</p> <p>B/P: 109/70</p> <p>HR: 110, regular</p> <p>Resp: 24, nonlabored</p> <p>O₂ Sat: 98% (room air)</p> <p>Pain:</p> <p>GCS: 15</p> <p>BGL:</p>	<p>Notes:</p> <p>Body Temp: 100.3</p> <p>ECG: Sinus Tachycardia</p> <p>Patient realizes during assessment with appropriate questioning that she drank a lot of water yesterday and has been urinating more often the last two days</p>	
<p>Suggested Treatment:</p> <p>O₂, Monitor, Airway Management, Fluids</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p>	

DIABETIC: KETOACIDOSIS

Additional Things to Consider about the Scene:

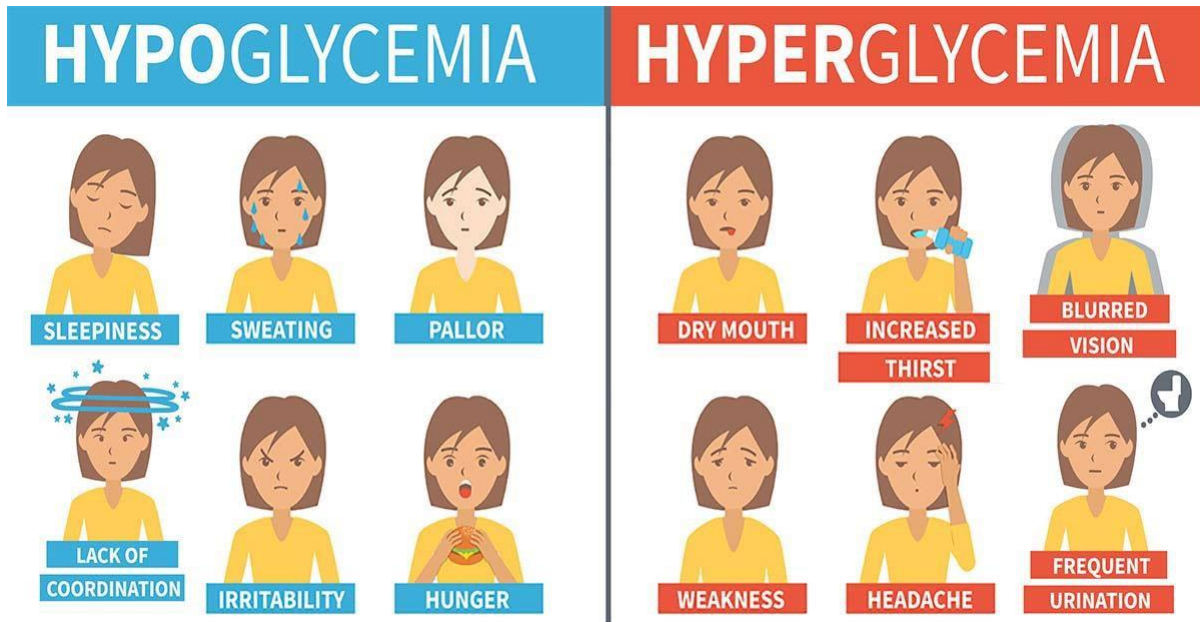
- Know the range limitations for 'lows' and 'highs' on the monitor you are using
- Is the patient in air conditioning or outside temperatures throughout the day
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Know the range limitations for 'lows' and 'highs' on the monitor you are using
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Diabetes Association
 - www.diabetes.org
- American Academy of Pediatrics: Healthy Children
 - www.healthychildren.org/English/health-issues/conditions/chronic/Pages/Diabetes.aspx



Things to consider based on your EMS protocols, procedures and/or policies:

Range on service glucometers _____

*Graphic obtained from Daily Health Post

ABDOMINAL PAIN

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of risk and/or presence of secondary illness or trauma • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are called to the local hotel where the caller states her 14-year-old daughter is experiencing abdominal discomfort. Caller states that have been in the car driving for the last 8 hours. When patient got out of the car, she stated she did not feel well and has not quit crying stating the pain is too much to bear.</p>	
	<p>Chief Complaint:</p> <p>Abdominal Pain</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • It is a hot July day with outside temperatures reaching 102 degrees F. Current time is 1930 • Patient is found laying in hotel bed in the fetal position, crying • There is a small trash can to also be noted in the bed with that patient <p>Initial Impression: Patient is in obvious pain and refuses to sit up or move upon EMS arrival. Patient is crying but slows to respond appropriately to questioning.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert</p> <p>B/P: 122/84</p> <p>HR: 116, regular</p> <p>Resp: 22, nonlabored</p> <p>O2 Sat: 98% (room air)</p> <p>Pain: 9</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable</p> <p>Eyes: PERL</p> <p>Ears: Unremarkable</p> <p>Nose: Unremarkable</p> <p>Oral Cavity: Unremarkable</p> <p>Patient able to clear and control own airway</p>	<p>HPI: Patient states she wasn't feeling well earlier, but thought she was just tired. About an hour ago she had a sudden onset of lower abdominal pain</p> <p>S/S: Nausea, Fever, Abdominal pain</p> <p>Allergies: NKDA</p> <p>Medications: Birth Control</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Alert</p> <p>B/P: 126/90</p> <p>HR: 122, regular</p> <p>Resp: 22, nonlabored</p> <p>O2 Sat: 98% (room air)</p> <p>Pain: 9 (7 with medication)</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL: 84 mg/dl (if assessed)</p>	<p>Chest:</p> <p>Equal chest rise and fall noted</p> <p>Lung sounds clear</p> <p>No external trauma noted</p> <p>Back:</p> <p>Has some radiating pain to lower back</p> <p>Abdomen/Pelvis:</p> <p>Guarding noted upon palpation, radiating pain noted from right lower quadrant</p> <p>No trauma noted</p> <p>Pelvis stable</p>	<p>PmHx: None</p> <p>Last Meal: Refused lunch</p> <p>Events Prior: Patient has been asleep in the car most of the day</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 49kgs</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Alert</p> <p>B/P: 118/78</p> <p>HR: 112, regular</p> <p>Resp: 20, nonlabored</p> <p>O2 Sat: 98% (room air)</p> <p>Pain: 9 (6 with medication)</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL:</p>	<p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>PMS x 4</p> <p>Other:</p> <p>Skin: Pale, warm</p> <p>No step off's or tenderness noted to neck</p>	<p>Notes:</p> <p>Body Temp: 101.6 F</p> <p>ECG: Sinus Tachycardia</p> <p>Patient denies being sexually active</p> <p>Patient's menstrual cycle is normal, and she is on day 17</p> <p>Patient states pain increases when walking</p>
<p>Suggested Treatment:</p> <p>O₂, Monitor, IV, Fluids, Pain control</p>	<p>Patient had a bowel movement about 1400</p>	<p>Transport Consideration:</p> <p>Securing child properly on cot</p>

ABDOMINAL PAIN

Additional Things to Consider about the Scene:

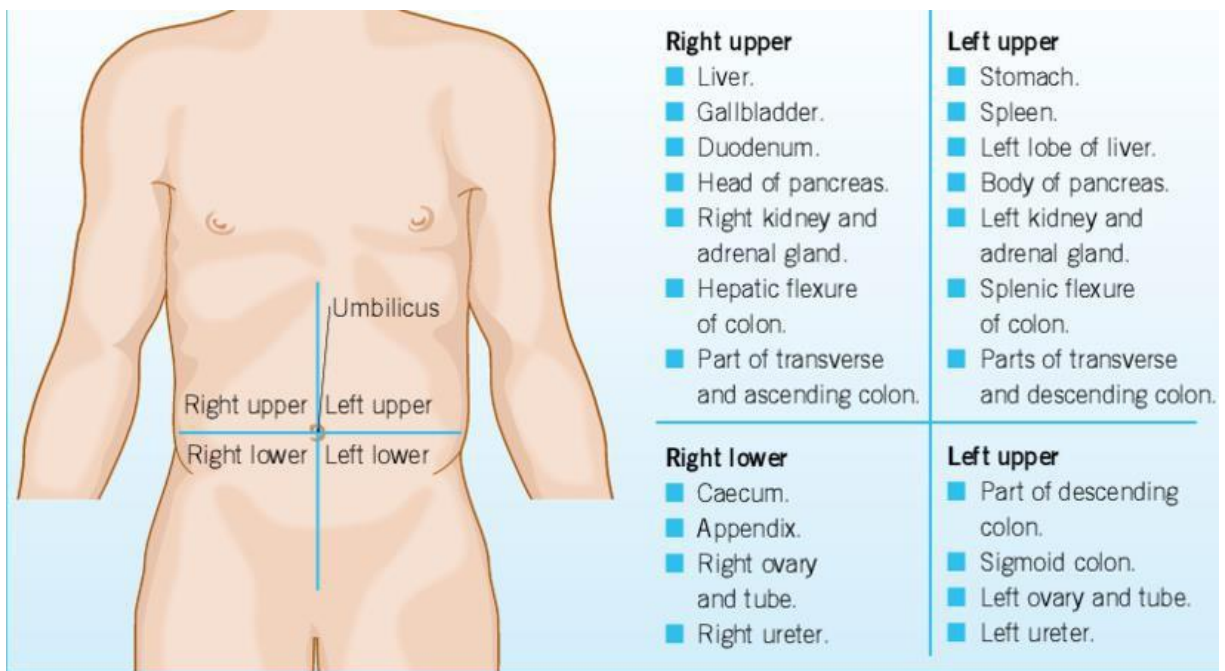
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Modesty of patient during exam
- Asking personal questions without guardian or others hearing answers
- Considerations; ectopic pregnancy, ovarian cyst, menstrual cramps, constipation, appendicitis
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Academy of Pediatrics: Healthy Children
 - www.healthychildren.org/English/health-issues/conditions/abdominal/Pages/default.aspx



Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic obtained from researchgate.net

CARDIAC

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Assessment of family history • Recognition of possible cardiac complication • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are called to the home of a 3-year-old having trouble breathing. Caller states her daughter was outside running around and became very tired and now cannot catch her breath. This is the first nice day outside since they had a colder winter and the patient was excited to play outdoors. Patient also is telling mother her chest hurts.</p>	
	<p>Chief Complaint:</p> <p>Difficulty Breathing</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Warm day in late March. First day above 50 degrees in months. The sun is shining, and it is around 1600 • Patient is found sitting on the back porch in her father’s lap. Patient is struggling to breath as you approach her • Patient looks at you but does not move, smile or speak <p>Initial Impression: Patient is dressed in shorts and a t-shirt. Patient is visible scared and will not let go of her father.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert</p> <p>B/P: 126/70</p> <p>HR: 132, regular</p> <p>Resp: 32, labored</p> <p>O2 Sat: 86% (room air)</p> <p>Pain:</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Bobbing while trying to catch breath</p> <p>Eyes: PERL</p> <p>Ears: Unremarkable</p> <p>Nose: Nasal flaring noted</p> <p>Oral Cavity: Dry, pursed lips, cyanosis noted</p> <p>Patient is trying hard to control her breathing</p> <p>Chest:</p> <p>Equal chest rise and fall noted, shallow</p> <p>Lung sounds diminished in all lobes</p> <p>No external trauma noted</p> <p>Patient states her chest is ‘tight’</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation</p> <p>No trauma noted</p> <p>Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>PMS x 4</p> <p>Other:</p> <p>Skin: Pale, Cool, Moist</p> <p>No step off’s or tenderness noted to neck</p> <p>Patient releases from her dad and feels better sitting straight up. She can speak in 4-5-word sentences, with oxygen administration</p>	
<p>Vital Sign – Set 2</p> <p>AVPU: Alert</p> <p>B/P: 122/80</p> <p>HR: 126, regular</p> <p>Resp: 28, labored</p> <p>O2 Sat: 84% (room air) 94% O₂</p> <p>Pain: 4</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL: 92 mg/dl</p> <p>Patient begins to calm down with oxygen administration</p>	<p>HPI: Patient has not been ill but after her 3-year-old check-up, the pediatrician thought it necessary to involve a cardiologist to evaluate a persistent heart murmur and anxiety</p> <p>S/S: Cyanosis, Difficulty breathing, Dizziness, Chest pain</p> <p>Allergies: NKDA</p> <p>Medications: Aspirin, Ativan</p> <p>PmHx: Currently being evaluated for cardiac condition, anxiety</p> <p>Last Meal: Lunch at 1130</p> <p>Events Prior: Playing outside</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 12kgs</p>	
<p>Vital Sign – Set 3</p> <p>AVPU: Alert</p> <p>B/P: 118/76</p> <p>HR: 118, regular</p> <p>Resp: 24, slightly labored</p> <p>O2 Sat: 95% (O₂)</p> <p>Pain: 3</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL:</p>	<p>Notes:</p> <p>Body Temp:</p> <p>ECG:</p> <p>Mother states that last week they say a specialist at the Children’s Hospital to discuss possible cardiac conditions</p> <p>Patient has these episodes and gets very anxious</p>	
<p>Suggested Treatment:</p> <p>O₂, Monitor, Airway Management</p>	<p>Transport Consideration:</p> <p>Securing child properly on cot</p>	

CARDIAC

Additional Things to Consider about the Scene:

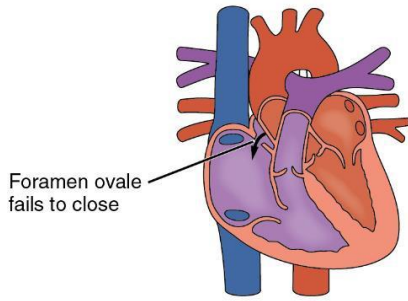
- Family centered care

Additional Things to Consider during Treatment/Transport:

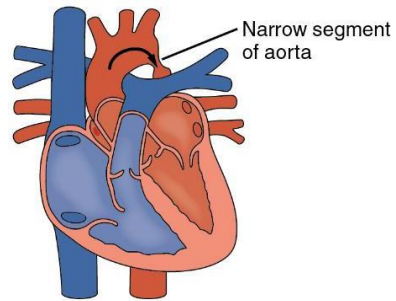
- Contacting specialty hospital/physician for treatment guidelines
- Any documentation from the physician about current condition
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

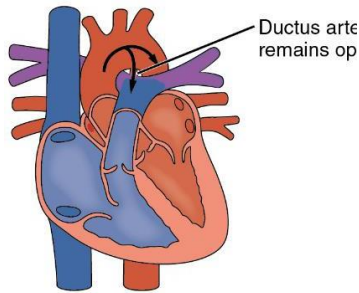
- American Academy of Pediatrics: Healthy Children
 - www.healthychildren.org/English/health-issues/conditions/heart/Pages/default.aspx
- American Heart Association: Cardiovascular Conditions of Childhood
 - www.heart.org/HEARTORG/Conditions/More/CardiovascularConditionsOfChildhood/Cardiovascular-Conditions-of-Childhood_UCM_314135_SubHomePage.jsp



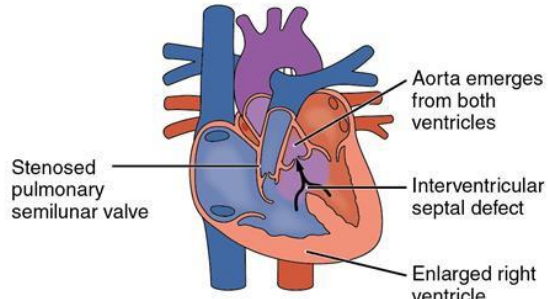
(a) Patent foramen ovale



(b) Coarctation of the aorta



(c) Patent ductus arteriosus



(d) Tetralogy of Fallot

Things to consider based on your EMS protocols, procedures and/or policies:

SEPSIS

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of risk for sepsis secondary to recent infection • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are called to a home where the caller is stating his 2-year-old daughter is lethargic and not acting like normal. Patient came home from daycare yesterday and went straight to bed without dinner. His wife had to wake the child this morning after she did not come downstairs for breakfast.</p>	
<p>Scene Description:</p> <ul style="list-style-type: none"> • It is a cool fall Saturday morning at 0900 • Patient is found in her mother's lap on the couch. Patient does not move or look up as you enter the home • Home is tidy and both parents are present. Mother hands you a prescription antibiotic bottle that is empty • Patient was being treated for a urinary tract infection secondary to bubble baths and potty training <p>Initial Impression: Patient is wearing pajamas and does not follow movement of individuals.</p>	<p>Chief Complaint:</p> <p>Lethargic</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Vital Sign – Set 1</p> <p>AVPU: Alert B/P: 80/60 HR: 110, regular Resp: 28, labored O₂ Sat: 96% (room air) Pain: Constantly moaning GCS: 15 (3, 4, 5) BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable Eyes: PERL, keeps eyes closed during exam Ears: Unremarkable Nose: Unremarkable Oral Cavity: Dry Patient able to clear and control own airway</p> <p>Chest:</p> <p>Equal chest rise and fall noted, shallow Lung sounds clear No external trauma noted</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>Guarding in all quadrants upon palpation No trauma noted Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms PMS x 4</p> <p>Other:</p> <p>Skin: Pale and clammy No step off's or tenderness noted to neck</p> <p>Patient has had a decrease in urinating and no bowel movement for 2 days</p> <p>HPI: Patient cannot seem to shake any illnesses since starting daycare 3 weeks ago</p> <p>S/S: Decreased appetite, Lethargy, Fatigue, Nausea, Increased pain</p> <p>Allergies: NKDA</p> <p>Medications: Tylenol</p> <p>PmHx: Recent UTI</p> <p>Last Meal: Lunch yesterday</p> <p>Events Prior: Patient has been sleeping constantly and unable to keep any food down</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 10kgs</p>	
<p>Vital Sign – Set 2</p> <p>AVPU: Alert B/P: 84/58 HR: 116, regular Resp: 30, labored O₂ Sat: 97% (O₂) 94% (room air) Pain: Screams when touched GCS: 15 (4, 5, 6) BGL: 70 mg/dl</p>	<p>Notes:</p> <p>Body Temp: 103.5 F</p> <p>ECG: Sinus Tachycardia</p> <p>Mother states that physician advised no more bubble baths and that patient would need help while cleaning after using the restroom</p>	
<p>Vital Sign – Set 3</p> <p>AVPU: Alert B/P: 76/52 HR: 114, regular Resp: 28, labored O₂ Sat: 97% (O₂) 94% (room air) Pain: GCS: 15 (4, 5, 6) BGL:</p>	<p>Transport Consideration:</p> <p>Securing child properly on cot Guardian riding</p>	
<p>Suggested Treatment:</p> <p>O₂, Monitor, IV, Fluids</p>		

SEPSIS

Additional Things to Consider about the Scene:

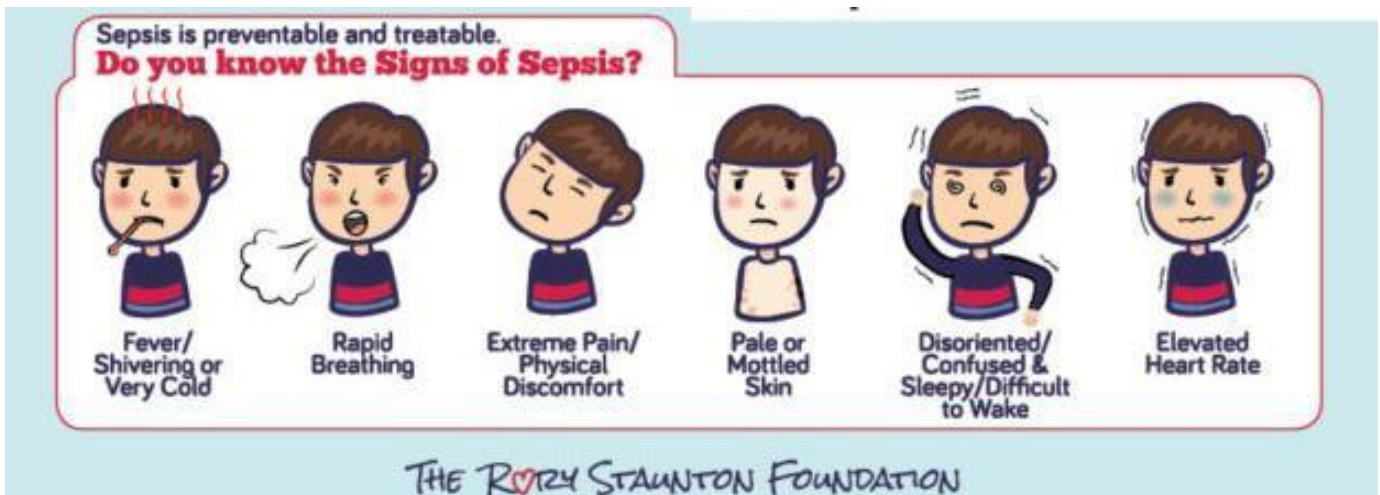
- Family centered care

Additional Things to Consider during Treatment/Transport:

- What other infections or illnesses has the patient experienced recently
- What over-the-counter medication(s) have been used, if any
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Academy of Pediatrics: Healthy Children
 - www.healthychildren.org/English/health-issues/conditions/infections/Pages/Sepsis-in-Infants-Children.aspx
- The Rory Staunton Foundation: For Sepsis Prevention
 - rorystauntonfoundationforsepsis.org/



Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic obtained from The Rory Staunton Foundation

SEPSIS: PICC LINE INFECTION

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Recognition of risk and/or presence of sepsis • Recognition of sepsis treatment/pediatric fluid resuscitation guidelines • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are responding to a 15-year-old female who is unresponsive at home. Patient has been sick for a few days per mother, and suddenly became unresponsive after being confused for the last hour.</p>	
	<p>Chief Complaint:</p> <p>Unresponsive</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Fall evening, 64 degrees F outside. No rain/storms around, slight chill to the air. Pleasant • Female shows you inside and to a bedroom. Two other children are being ushered from the room by another adult • Patient's mother is holding her and rocking her slowly while crying and patting her face gently • Slight grimace of patient's face noted with patting. <p>Initial Impression: Patient is in pajamas and limp in mother's arms.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Painful</p> <p>B/P: 78/40</p> <p>HR: 134, regular</p> <p>Resp: 30, shallow</p> <p>O₂ Sat: 91% (room air)</p> <p>Pain:</p> <p>GCS: 8 (2, 2, 4)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable</p> <p>Eyes: PEERL, will resist light shone in eyes with weak movement of head/neck</p> <p>Ears: Unremarkable</p> <p>Nose: Unremarkable</p> <p>Oral Cavity: Note to be slightly pale, moist</p>	<p>HPI: Patient is four days post-chemo and has been ill. Patient has been awake some of the day but returned to be after becoming tired and confused. Mother came to get her dinner and found her unresponsive.</p> <p>S/S: Pale, Flaccid, No movement</p> <p>Allergies: NKDA</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Painful</p> <p>B/P: 76/52</p> <p>HR: 132, regular</p> <p>Resp: 28, shallow</p> <p>O₂ Sat: 98% (O₂) (91% No O₂)</p> <p>Pain:</p> <p>GCS: 8 (2, 2, 4)</p> <p>BGL: 198 dl/mg</p>	<p>Chest:</p> <p>Equal chest rise and fall noted, shallow</p> <p>Lung sounds clear in uppers, diminished in lowers</p> <p>No external trauma noted</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation</p> <p>No trauma noted</p> <p>Pelvis stable</p>	<p>Medications: Chemo medications, Steroids, Probiotics, Multivitamins</p> <p>PmHx: Leukemia for last two years</p> <p>Last Meal: Lunch, 7hr ago</p> <p>Current on Immunizations? No</p> <p>Patient Weight: 45 kgs</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Painful (V if fluids given)</p> <p>B/P: 80/60, if fluids (otherwise, hypotensive)</p> <p>HR: 120, regular</p> <p>Resp: 24, non-labored</p> <p>O₂ Sat: 98% (O₂ applied)</p> <p>GCS: With fluids: 10 (3, 3, 4), otherwise still 8 (2, 2, 4)</p>	<p>Extremity:</p> <p>PMS x 4 (presumed, since child moves limb away when pain applied)</p> <p>Left arm noted to look red around site of PICC Line; if colored bandage moved, will see crusty yellow at site of entrance to body. Mother states it is 'not as long as normal'</p>	<p>Notes:</p> <p>Body Temp: 104.5</p> <p>ECG: Sinus Tachycardia</p> <p>Patient will open eyes to sound once fluids are started and 250-400mL of fluids are given. (20cc/kg bolus)</p> <p>Nearest children's hospital is where the patient is treated for her cancer</p>
<p>Suggested Treatment:</p> <p>O₂, Monitor, Fluids, Airway monitor/control</p>	<p>Other:</p> <p>Skin: Pale, Hot, Flushed</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p> <p>Guardian riding along</p>

SEPSIS: PICC LINE INFECTION

Additional Things to Consider about the Scene:

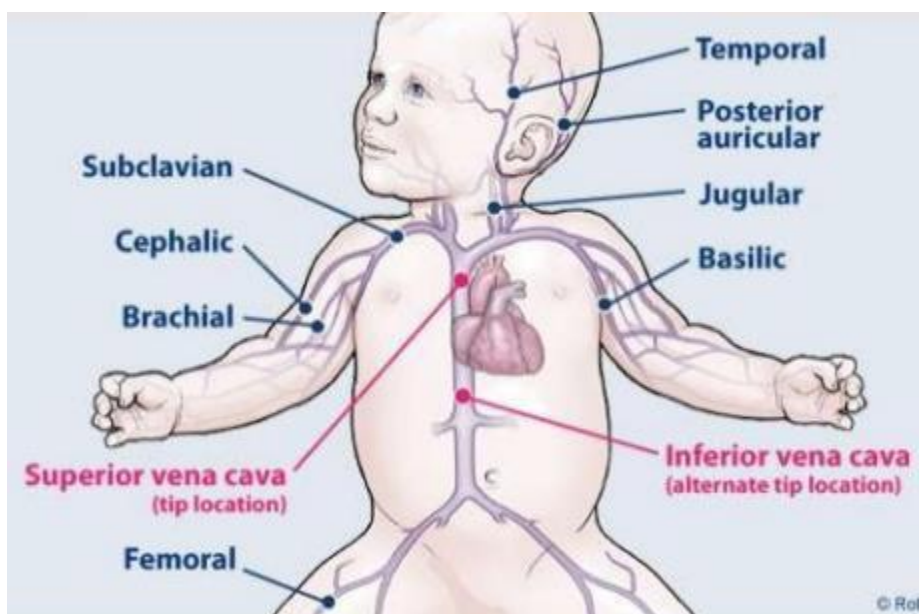
- Cleaning solutions or maintenance schedule for the PICC line
- Additional health care needs or equipment to take during transport
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Review the patient care plan from patient's specialist on treatment modalities
- Directly contact the patient's specialist for best desired treatment
- Alternative route for medication/fluid administration
- Stabilize PICC line, however do not use, reinsert or pull completely out
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility; specialty hospital in resources allow

Additional Educational Resources to Consider:

Pediatric PICC Line Sites



Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic obtained from slideshare.net

SUDDEN INFANT DEATH SYNDROME

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Scene preservation • Acknowledgement of situation • Communication with guardians - verbiage 	<p>Dispatch Information:</p> <p>You are dispatched to a home for an unresponsive infant. Caller states her 5-month-old daughter had been put to sleep in her own crib and was found unresponsive. Mother is hysterical on the phone and unable to follow dispatch instructions for CPR. Mother does state the infant is cold to the touch.</p>	
	<p>Chief Complaint:</p> <p>Unresponsive Infant</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • It is a cool fall morning around 0600 • You arrive on scene and PD advises the scene is safe for you to enter • Patient is found in a crib on her back next to the mother's bed. There are no blankets or additional items in the crib • Patient is wearing a onesie 		
<p>Initial Impression: Patient is cold to the touch with rigor mortis present in jaw and upper extremities. Code black.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Unresponsive</p> <p>B/P:</p> <p>HR: 0</p> <p>Resp: 0</p> <p>O₂ Sat:</p> <p>Pain:</p> <p>GCS: 3 (1,1,1)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable</p> <p>Eyes: Constricted and pinpoint</p> <p>Ears: Unremarkable</p> <p>Nose: Unremarkable</p> <p>Oral Cavity: Cyanosis noted to lips and jaw is stick, rigor present</p> <p>Chest:</p> <p>Absent lung sounds upon auscultation in all lobes</p> <p>No external trauma noted</p> <p>Back:</p> <p>Mottling noted</p> <p>Abdomen/Pelvis:</p> <p>No trauma noted</p> <p>Pelvis stable</p> <p>HPI: Patient is breastfeeding and has no complications with intake or output. Normal diapers yesterday and no illnesses to report</p> <p>S/S:</p> <p>Allergies: None</p> <p>Medications: None</p>	
<p>Vital Sign – Set 2</p> <p>AVPU:</p> <p>B/P:</p> <p>HR:</p> <p>Resp:</p> <p>O₂ Sat:</p> <p>Pain:</p> <p>GCS:</p> <p>BGL:</p>	<p>PmHx: Full term birth with no complications during pregnancy</p> <p>Last Meal: Patient ate before bed around 2200 the night before</p> <p>Events Prior:</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 7.3kg</p>	
<p>Vital Sign – Set 3</p> <p>AVPU:</p> <p>B/P:</p> <p>HR:</p> <p>Resp:</p> <p>O₂ Sat:</p> <p>Pain:</p> <p>GCS:</p> <p>BGL:</p>	<p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>Upper extremities noted to have rigor</p> <p>Other:</p> <p>Skin: Pale and cold to the touch</p> <p>Notes:</p> <p>PD remains present as EMS unzips onesie to assess patient</p> <p>EMS triages code black within 8 minutes of arriving on scene</p> <p>PD accepts responsibility for patient</p>	
<p>Suggested Treatment:</p> <p>Supportive care for family</p>	<p>Transport Consideration:</p>	

SUDDEN INFANT DEATH SYNDROME

Additional Things to Consider about the Scene:

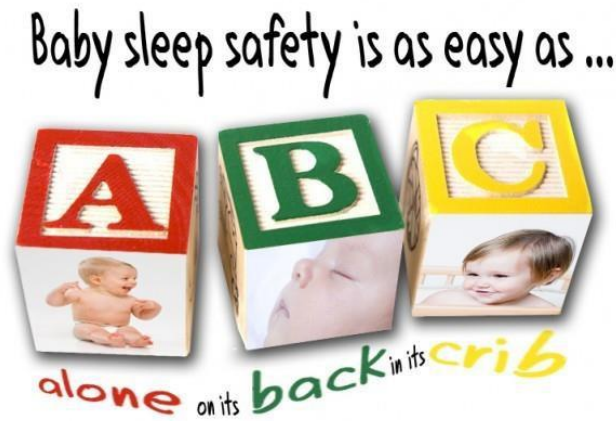
- Assessing where the patient is found and/or sleeping area is important for documentation
- Noting guardians' reaction and documentation of their account of event
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Preservation of scene as this is a death investigation until the coroner states otherwise
- If needed, notify medical control early
- Availability and contact with either service chaplain and/or faith-based leader for family
- Working with PD on who will give the death notification to family
- Being aware of verbiage to use and respectful acts towards family during notification
- Anticipate anger and/or other reactions from family
- Stay calm. Family will ask hard questions and you may not have the answers they want to hear

Additional Educational Resources to Consider:

- South Carolina State Child Fatality Advisory Committee
 - <https://scfacsc.org/about/>



Things to consider based on your EMS protocols, procedures and/or policies:

Is there a local Safe Sleep Instructor in your area? _____

*Graphic obtained from kokomoperspective.com

CODE BLUE

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of obstruction • Recognition of respiratory distress and/or failure • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are called to a local restaurant when the caller states a 3-year-old male is having difficulty breathing and speaking. Patient was eating dinner with his family when everyone started screaming and one male starting patting patient on the back. Patient is coughing now, but unable to speak</p>	
<p>Scene Description:</p> <ul style="list-style-type: none"> • A spring day in April. 72 degrees F outside. Around 1800. You had a 3-minute response time as you were down the road • You arrive to the restaurant and are escorted back to a room decorated in birthday balloons and presents • Adults are moving other children and point you to a corner when a child and man are standing <p>Initial Impression: Patient is standing with male behind him. Patient's face is red, and he looks at you momentarily and then back to the floor. Patient is noted to be wearing an "I am 3" t-shirt. Patient stops coughing as you approach him.</p>	<p>Chief Complaint:</p> <p>Difficulty Breathing; Possible Choking</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Vital Sign – Set 1 (Distress)</p> <p>AVPU: Alert</p> <p>B/P: Unable to obtain</p> <p>HR: 100, weak</p> <p>Resp: 32, labored</p> <p>O₂ Sat: 88% (room air)</p> <p>Pain:</p> <p>GCS: 12 (4, 2, 6)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Bobbing with each breath</p> <p>Eyes: PERL</p> <p>Ears: Unremarkable</p> <p>Nose: Nasal flaring noted</p> <p>Oral Cavity: Small object seen in back of throat</p> <p>Lips are noted to have cyanosis present</p> <p>Chest:</p> <p>Poor chest rise and fall noted, almost absent</p> <p>Inspiratory stridor noted, retractions present</p> <p>No external trauma noted</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation</p> <p>No trauma noted</p> <p>Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>PMS x 4</p> <p>Other:</p> <p>Skin: Pale, Warm, Moist</p> <p>No step off's or tenderness noted to neck</p> <p>HPI: Patient was eating some pizza and started coughing</p> <p>S/S: Tachypnea, Stridor, Retractions, Inability to cough</p> <p>Allergies: NKDA</p> <p>Medications: Multivitamin</p> <p>PmHx: None</p> <p>Last Meal: Currently eating</p> <p>Events Prior: Kept running around while eating</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 14kgs</p>	
<p>Vital Sign – Set 2 (Failure)</p> <p>AVPU: Unresponsive</p> <p>B/P: Unable to obtain</p> <p>HR: 80, weak</p> <p>Resp: 42, labored, shallow</p> <p>O₂ Sat: Unable to obtain</p> <p>Pain:</p> <p>GCS: 3 (1, 1, 1)</p> <p>BGL: 94 mg/dl</p>	<p>Notes:</p> <p>Body Temp:</p> <p>ECG: Sinus Tachycardia to Bradycardia</p> <p>Patient triage code blue. CPR is started</p> <p>You have pediatric Magill forceps available</p>	
<p>Vital Sign – Set 3 (Code Blue)</p> <p>AVPU: Unresponsive</p> <p>B/P: Unable to obtain</p> <p>HR: 50, weak</p> <p>Resp: 0</p> <p>O₂ Sat: Unable to obtain</p> <p>Pain:</p> <p>GCS: 3 (1, 1, 1)</p> <p>BGL:</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p>	
<p>Suggested Treatment:</p> <p>O₂, Monitor, Airway Management, IV, Medications</p>		

CODE BLUE

Additional Things to Consider about the Scene:

- Additional crew members for CPR
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Modesty of the patient when performing CPR
- 3 most common causes of upper airway obstruction; infection, airway swelling and foreign body airway obstruction
- Management of FBAO; Evaluate, Identify, Intervene
- Do not perform a blind finger sweep. This can lodge an object further into the trachea
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Pediatric Advanced Life Support (PALS)
 - <https://acls-algorithms.com/pediatric-advanced-life-support/>

Conscious

<1 year: Give 5 back slaps
then 5 chest thrusts
>1 year: Abdominal thrusts

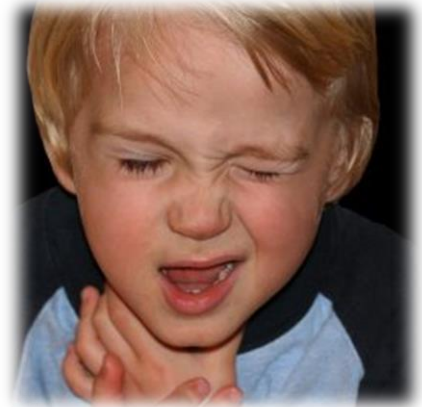


Unconscious

Start CPR



Universal Sign of Choking



Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic 1 obtained from Healthwise *Graphic 2 obtained from goodtoknow *Graphic 3 obtained from Potomac Pediatrics

CODE BLUE

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of additional resources early in call • Use of resources/tools • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are dispatched to the local elementary school. The caller advised that there was a basketball tournament being played and an 11-year-old player collapsed while running down the court. The caller advises that another person has been sent to get the AED. Caller relays dispatch CPR instructions to other bystanders treating the patient.</p>	
	<p>Chief Complaint:</p> <p>Unresponsive, CPR in progress</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • It is a Saturday in early November. It is 42 degrees F outside and cloudy • You are escorted by other bystanders to the hallway opposite the gymnasium door you entered • You see an off-duty firefighter/EMT doing compressions. An AED is attached and counting down to the next shock <p>Initial Impression: Patient is lying supine on the ground with his chest exposed and AED patches correctly placed.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Unresponsive B/P: Unable to obtain HR: 0 Resp: 0 O₂ Sat: Unable to obtain Pain: GCS: 3 (1, 1, 1) BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable Eyes: Sluggish, left nonreactive Ears: Unremarkable Nose: Unremarkable Oral Cavity: Dry</p> <p>Chest:</p> <p>Equal chest rise and fall noted with BVM No external trauma noted</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>No trauma noted Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms All extremities are flaccid</p> <p>Other:</p> <p>Skin: Pale, Cool, Dry No step off's noted to neck</p> <p>After airway is secured, lung sounds are noted to be present and equal in all lobes. Chest rise is adequate with ventilations</p>	<p>HPI: Patient was playing basketball and showed no signs of distress or fatigue. Coach states that patient has not been sick recently</p> <p>S/S: Unresponsive, apneic, pulseless</p> <p>Allergies: Unknown</p> <p>Medications: Unknown</p> <p>PmHx: Unknown</p> <p>Last Meal: Snack before the game</p> <p>Events Prior: Patient played the first quarter and the 5 minutes of the second quarter. Patient collapsed without warning while running</p> <p>Current on Immunizations? Unknown</p> <p>Patient Weight: 40kgs</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Unresponsive B/P: Unable to obtain HR: 0 Resp: 0 O₂ Sat: Intubated, Capnography applied Pain: GCS: 3 (1, 1, 1) BGL: 72 mg/dl</p>		<p>Notes:</p> <p>Body Temp: 98.0 F</p> <p>ECG: Asystole</p> <p>CPR is being properly performed</p> <p>Coach attempting to contact patient's legal guardian. Aunt and uncle on scene</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Unresponsive B/P: Unable to obtain HR: 0 Resp: 0 O₂ Sat: Intubated Pain: GCS: 3 (1, 1, 1) BGL:</p>		
<p>Suggested Treatment:</p> <p>O₂, Airway Management, Monitor, IV/IO access, Medications, CPR, Defibrillation</p>		<p>Transport Consideration:</p> <p>Securing child properly on cot</p>

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Additional Things to Consider about the Scene:

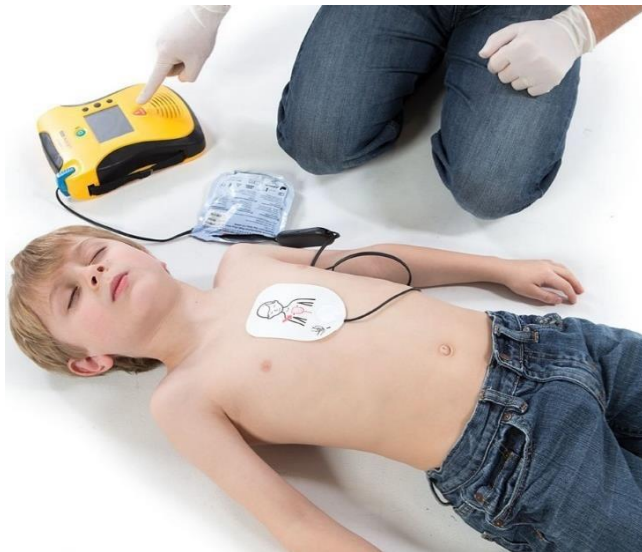
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Exact down time, use of an AED, bystander effective CPR
- Modesty of patient and respect for family and bystanders when performing CPR
- Most common causes of Sudden Cardiac Arrest in children are structural cardiac abnormalities
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Academy of Pediatrics: Healthy Children
 - www.healthychildren.org/English/health-issues/conditions/heart/Pages/default.aspx
 - www.healthychildren.org/English/news/Pages/Understanding-Pediatric-Sudden-Cardiac-Arrest.aspx



Things to consider based on your EMS protocols, procedures and/or policies:

Are there known community AED locations _____

*Graphic obtained from defibshop.co.uk

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RESPIRATORY SCENARIOS



ASTHMA

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Treatment of asthma, primary and secondary levels of treatment • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are responding to a 10-year-old female with difficulty breathing. Caller states that two breathing treatments have been given with no improvement. Caller says this was a sudden onset and the patient does have a history of asthma.</p>	
<p>Scene Description:</p> <ul style="list-style-type: none"> • The patient is sitting on front porch with adults and a few other children of same age around • It is an August evening with ambient temperature noted to be 82 degrees Fahrenheit. Dusty and dry outside <p>Initial Impression: Patient is sitting with arms tight to her body pushing against concrete step. Patient is leaning forward at the hips. Mouth is open, skin on face noted to be pale and damp with sweat. Patient looks up at you as you approach.</p>	<p>Chief Complaint:</p> <p>Difficulty Breathing</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Vital Sign – Set 1</p> <p>AVPU: Alert B/P: 110/52 HR: 134, regular Resp: 48, labored O₂ Sat: 88% (room air) Pain: 0 GSC: 15 BGL: (see below if requested)</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: No trauma noted Eyes: PERL Ears: Unremarkable Nose: Unremarkable Oral Cavity: Dry, pale Patient able to clear and control own airway</p> <p>HPI: Trouble breathing for last 20 min</p> <p>S/S: Pale, tripodding, tachypneic</p> <p>Allergies: NKDA</p> <p>Medications: Multivitamin, Albuterol inhaler; daily, rescue inhaler; PRN</p> <p>PmHx: Asthma</p> <p>Last Meal: Dinner, approx. 1hr ago</p> <p>Events Prior: Patient forgot to take inhaler dose this morning. Patient was playing with her siblings when she started gasping for air</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 35kgs</p>	
<p>Vital Sign – Set 2</p> <p>AVPU: Alert B/P: 99/62 HR: 128, regular Resp: 44, labored O₂ Sat: 94% (Neb/O₂ applied); 86% (no Neb/O₂ applied) Pain: 0 GSC: 15 BGL: 87 mg/dl</p>	<p>Chest:</p> <p>Equal chest rise and fall noted Audible wheezing upper lung fields Minimal air movement in lower fields Shallow breathing with retractions and accessory muscle usage noted</p> <p>Back:</p> <p>No external trauma noted</p> <p>Abdomen/Pelvis:</p> <p>All quadrants soft and non-tender Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms PMS x 4</p> <p>Other:</p> <p>Skin: warm, pale, and damp</p> <p>Notes:</p> <p>Body Temp: 98.6 F</p> <p>EKG: Sinus Tachycardia, no ectopy</p> <p>If no oxygen applied, SpO₂ does not improve</p> <p>If no nebulizer or steroids are given, patient continues to worsen during transport to hospital</p>	
<p>Vital Sign – Set 3</p> <p>AVPU: Alert B/P: 98/70 HR: 130, regular Resp: 40, labored O₂ Sat: 98% (O₂/Neb applied); 80% (no Neb/O₂ applied) Pain: 0 GSC: 15 BGL:</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot Parent or guardian ride along</p>	
<p>Suggested Treatment:</p> <p>Nebulizer, O₂, Steroids, Magnesium, Monitor</p>		

ASTHMA

Additional Things to Consider about the Scene:

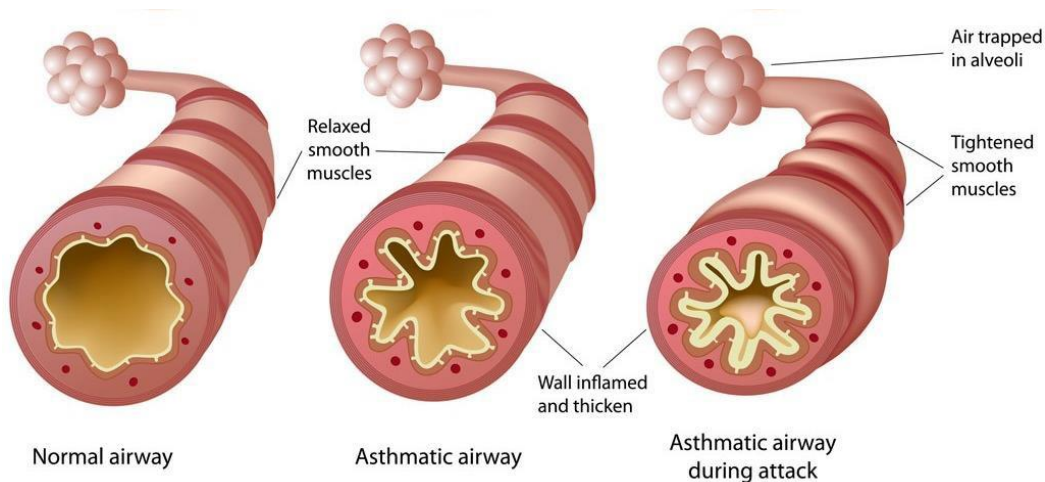
- Is the Albuterol at home in date
- What kind of system does the patient use for treatments
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Remove patient from any irritants present
- Any recent illnesses or new foods
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Academy of Pediatrics: Healthy Children
 - <https://www.healthychildren.org/English/health-issues/conditions/allergies-asthma/Pages/Asthma-Fables-and-Facts.aspx>
- Easy Auscultation: Lung Sounds Training Sessions
 - <https://www.easyauscultation.com/lung-sounds>



Things to consider based on your EMS protocols, procedures and/or policies:

Bronchodilator _____

Steroid _____

*Graphic obtained from simplybiology.com

CROUP

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of importance for position of comfort • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are called to an apartment complex for a 4-year-old female having trouble breathing. Patient was asleep and woke her mother up saying she was coughing. Patient also has a fever and mother does not have any medication to give her at home.</p>	
	<p>Chief Complaint:</p> <p>Difficulty Breathing</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • It is January, 18 degrees F outside and 0230 • A young child is seen waving you down in the middle of the roadway and directs you to the apartment • You enter the apartment to find a female holding a child on the bathroom floor. The shower is running <p>Initial Impression: Patient is in apparent distress and only looks at you for a second as you enter the room. The child is limp and wearing a pullup and t-shirt. Patient is noted to have a deep bark-like cough with no mucous production.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert</p> <p>B/P: 110/60</p> <p>HR: 130, regular</p> <p>Resp: 18, labored</p> <p>O₂ Sat: 92% (room air)</p> <p>Pain:</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable</p> <p>Eyes: PERL</p> <p>Ears: Unremarkable</p> <p>Nose: Nasal flaring noted</p> <p>Oral Cavity: Lips are dry and cracked</p> <p>Chest:</p> <p>Equal chest rise and fall noted, shallow</p> <p>Inspiratory stridor and slight retractions noted</p> <p>No external trauma noted</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation</p> <p>No trauma noted</p> <p>Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>PMS x 4</p> <p>Other:</p> <p>Skin: Pink, Hot, Dry</p> <p>No step off's or tenderness noted to neck</p>	
<p>Vital Sign – Set 2</p> <p>AVPU: Alert</p> <p>B/P: 116/70</p> <p>HR: 128, regular</p> <p>Resp: 16, labored</p> <p>O₂ Sat: 96% (O₂), 92% (room air)</p> <p>Pain: 2</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL: 72 mg/dl (if obtained)</p>	<p>HPI: Sudden onset of coughing</p> <p>S/S: Labored breathing, Hoarse and deep cough, fever</p> <p>Allergies: NKDA</p> <p>Medications: Multivitamin</p> <p>PmHx: None</p> <p>Last Meal: Dinner at 1830</p> <p>Events Prior: Patient was sleeping in her room. She has had a cold for the last several days</p> <p>Current on Immunizations? No</p> <p>Patient Weight: 21kgs</p>	
<p>Vital Sign – Set 3</p> <p>AVPU: Alert</p> <p>B/P: 116/66</p> <p>HR: 132, regular</p> <p>Resp: 18, labored</p> <p>O₂ Sat: 96% (O₂), 90% (room air)</p> <p>Pain: 2</p> <p>GCS: 15 (4, 5, 6)</p> <p>BGL:</p>	<p>Notes:</p> <p>Body Temp: 101.4 F</p> <p>ECG: Sinus Tachycardia</p> <p>As you take the child outside, you note a relaxation and decreased coughing</p> <p>Patient can speak in 3 to 4-word sentences</p>	
<p>Suggested Treatment:</p> <p>O₂, Monitor, Airway management, Positioning</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p> <p>Position of comfort</p>	

CROUP

Additional Things to Consider about the Scene:

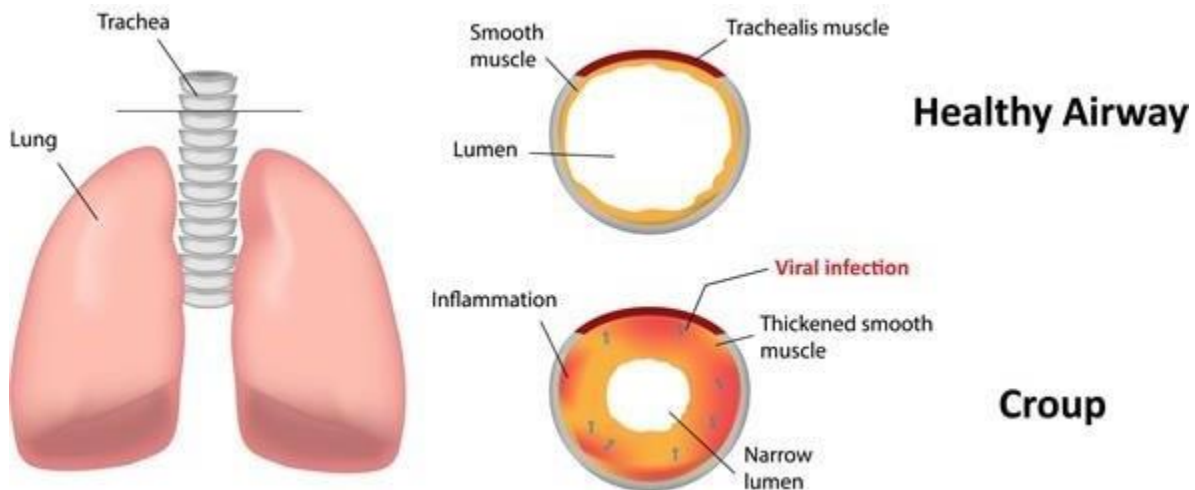
- Are any other family members sick
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Keeping the patient calm is imperative as the airway is already compromised
- Is the child scheduled to see a pediatrician for an immunization update
- When transporting, do not have the heater on full blast nor pointed directly on patient
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Academy of Pediatrics: Healthy Children
 - <https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/Croup-Treatment.aspx>
- Easy Auscultation: Lung Sounds Training Sessions
 - <https://www.easyauscultation.com/lung-sounds>



Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic obtained from news-medical.net

BRONCHITIS

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of importance for position of comfort • Recognition of transport necessity 	<p>Dispatch Information: You are dispatched to the local elementary school. The school nurse states she has a 9-year-old male having trouble breathing and keeps coughing. Patient has had a cold for the last 2-3 days and today is his first day back. School nurse advises they are unable to reach the patient's parents.</p>	
	<p>Chief Complaint: Shortness of Breath, Increased fatigue</p>	<p>Additional Resources Requested: Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Early December, mid-morning around 1030 • School security personnel escort you to the school nurse's office • Patient is noted to be on the exam table, nurse at his side with 4 other children with cold-like symptoms in the office <p>Initial Impression: Patient is noted to struggling for air and restless. Patient has taken off his sweater and undershirt is noted to be sweaty. Wheezing can be heard upon moving closer to the patient.</p>		
<p>Vital Sign – Set 1 AVPU: Alert B/P: 122/70 HR: 130, regular Resp: 28, shallow O₂ Sat: 88% (room air) Pain: GCS: 15 (4,5,6) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: Unremarkable Eyes: PERL Ears: Right ear is red in color Nose: Snot noted to be dripping from nose Oral Cavity: Unremarkable Cough noted with phlegm production</p>	<p>HPI: Patient cannot 'shake' this cold</p> <p>S/S: Headache, Sore throat, Tired, Shortness of breath, Fever</p> <p>Allergies: NKDA</p> <p>Medications: Cough medicine for the last 2 days</p>
<p>Vital Sign – Set 2 AVPU: Alert B/P: 122/80 HR: 134, regular Resp: 30, shallow O₂ Sat: 94% (O₂), 86% (room air) Pain: 0 GCS: 15 (4, 5, 6) BGL: 94 mg/dl</p>	<p>Chest: Equal chest rise and fall noted, shallow Wheezing noted in upper lobes Retractions present No external trauma noted</p> <p>Back: Unremarkable</p> <p>Abdomen/Pelvis: No guarding noted upon quadrant palpation No trauma noted Pelvis stable</p>	<p>PmHx: Recent cold</p> <p>Last Meal: Donut around 0800</p> <p>Events Prior: Patient was in math class when he started feeling anxious and could not catch his breath</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 40kgs</p>
<p>Vital Sign – Set 3 AVPU: Alert B/P: 120/78 HR: 132, regular Resp: 30, shallow O₂ Sat: 96% (O₂/neb), 86% (room air) Pain: 0 GCS: 15 (4, 5, 6) BGL:</p>	<p>Extremity: No trauma noted to legs or arms PMS x 4</p> <p>Other: Skin: Pale, Warm, Moist No step off's or tenderness noted to neck</p>	<p>Notes: Body Temp: 101.0 F</p> <p>ECG: Sinus Tachycardia</p> <p>Patient only able to speak in 4-5-word sentences. States nothing is helping him catch his breath</p> <p>Patient states he is getting tired</p>
<p>Suggested Treatment: O₂, Monitor, Airway Management, IV, Fluids</p>	<p>Transport Consideration: Securing patient properly on cot</p>	

BRONCHITIS

Additional Things to Consider about the Scene:

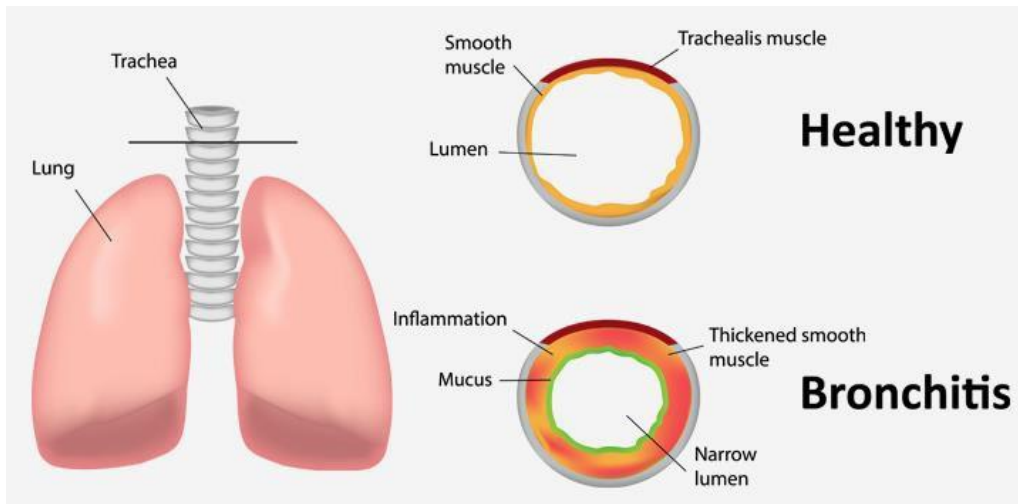
- Any recent illnesses or outbreaks within the school community
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Encourage patient to expectorate phlegm if coughed up, produced
- Continuous monitoring and notation of lung sound changes
- Obtain contact information to guardians listed in school paperwork
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- The Nemours Foundation
 - <https://kidshealth.org/en/teens/bronchitis.html>
- Easy Auscultation: Lung Sounds Training Sessions
 - <https://www.easyauscultation.com/lung-sounds>



Things to consider based on your EMS protocols, procedures and/or policies:

Bronchodilator

*Graphic obtained from news-medical.net

EPIGLOTTITIS

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of stridor and possible epiglottitis • Recognition of importance for position of comfort • Transport necessity 	<p>Dispatch Information:</p> <p>You are responding to a 6-year-old female with difficulty swallowing. Patient is also having some trouble breathing. She has been sick for a few days, but this is a sudden onset and she is drooling a lot.</p>	
	<p>Chief Complaint:</p> <p>Difficulty Swallowing, difficulty breathing</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Assess and secure airway • Upon arrival, a man waves from the front porch, then steps inside the open door • The living room is tidy. A female is noted to be sitting next to the patient • Male identifies as patient's father, and female as patient's mother <p>Initial Impression: Patient is sitting with hands clutching edge of sofa cushions. Patient's eyes lift to meet the crew, and she looks scared. Significant amount of drool noted to be dripping from patient's mouth and into a towel on her lap.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert B/P: 108/70 HR: 124, regular Resp: 30, shallow O₂ Sat: 98% (room air) Pain: 0 GCS: 15 BGL: (see below if requested)</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: No trauma noted Eyes: PERL Ears: Unremarkable Nose: Unremarkable Oral Cavity: Pink, mouth slightly open, significant amount of saliva dripping</p>	<p>HPI: Has been sick with sore throat, cough last few days. Suddenly unable to swallow in last 30min, got worse with drooling</p> <p>S/S: large amount of saliva out of mouth, shallow breathing, stridor audible</p> <p>Allergies: Penicillin</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Alert B/P: 99/62 HR: 126, regular Resp: 32, shallow O₂ Sat: 97% (room air); 98% (nebulizer applied) Pain: 0 GCS: 15 BGL: 78 mg/dl</p>	<p>Chest:</p> <p>Equal chest rise and fall noted Clear lung fields Stridor noted with respirations Shallow breathing, nonlabored</p> <p>Back:</p> <p>No external trauma noted</p> <p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation No trauma noted Pelvis stable</p>	<p>Medications: None</p> <p>PmHx: None</p> <p>Last Meal: Lunch, approx. 3 hours ago</p> <p>Events Prior: Was reading</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 29kgs</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Alert B/P: 104/70 HR: 122, regular Resp: 32, shallow O₂ Sat: 98% (room air/O₂/neb) Pain: 0 GCS: 15 BGL:</p>	<p>Extremity:</p> <p>No trauma noted to legs or arms PMS x 4</p> <p>Other:</p> <p>Skin: Warm No step off's or tenderness noted to neck</p>	<p>Notes:</p> <p>Body Temp: 101.2F</p> <p>ECG: Sinus Tachycardia, no ectopy</p> <p>Patient tolerates the nebulizer for nebulized epinephrine (or racemic epinephrine) treatment</p>
<p>Suggested Treatment:</p> <p>O₂, Monitor, IV, Airway Management</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p>	

EPIGLOTTITIS

Additional Things to Consider about the Scene:

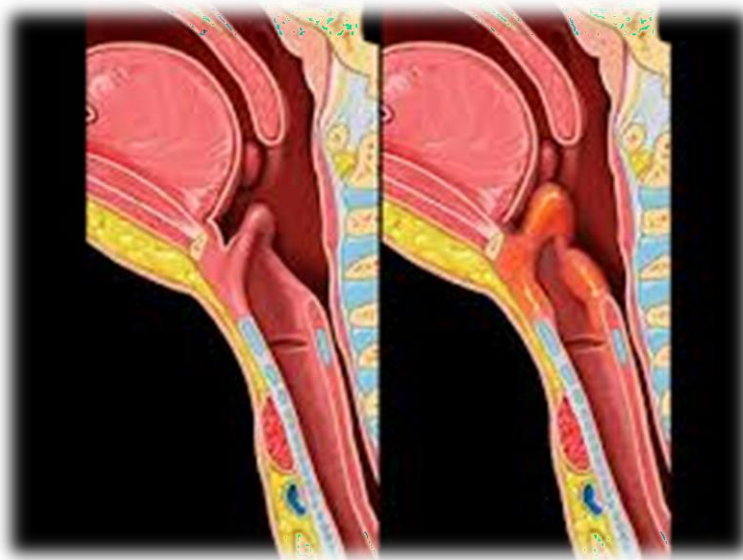
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Information on recent illness
- Acute epiglottitis usually leads to generalized toxemia
- There is no seasonal predilection to epiglottitis
- Tracheal intubation of a patient with epiglottitis must be regarded as a potentially difficult procedure
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Academy of Pediatrics: Healthy Children
 - www.healthychildren.org/English/health-issues/conditions/ear-nose-throat/Pages/Epiglottitis.aspx



Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic obtained from YouTube

TRACHEOSTOMY

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and maintain airway • Recognition of need to suction trach • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are responding to a 2-year-old male with difficulty breathing. Patient has a tracheostomy since motor vehicle accident that happened six months ago. He has also had a fever for the last several days. Patient is on his own ventilator that parent is willing to operate during transport.</p>	
	<p>Chief Complaint:</p> <p>Difficulty breathing, Fever</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • As you arrive, you note a wheelchair ramp to the front porch, leading from the driveway • Patient has a trach and is on a home ventilator. Hallways are wide enough for a cot to be maneuvered • Patient’s mother says she had to increase patient’s FiO₂ on the ventilator from his normal 30% to 80% to keep his SpO₂ normal. <p>Initial Impression: Patient is sitting in an at-home hospital bed, semi-fowler’s position. You hear noisy breathing and the patient has a wet cough with weak effort. He looks at you when you enter the room.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert B/P: 88/56 HR: 124, regular Resp: 40, shallow O₂ Sat: 98% (FiO₂ 80%) Pain: 0 GSC: 12 (able to make sounds) BGL: (see below if requested)</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: No trauma noted Eyes: PERL, Spontaneous movement Ears: Unremarkable Nose: Some nasal drainage, yellow/cloudy; Neck: Trach in place, secured around the neck Oral Cavity: Pink, slightly dry; mom recently applied chapstick-type protectant to lips</p>	<p>HPI: Fever for three days, increasing congestion. More lethargic than normal. Normally off except for at night, but today 100% usage</p> <p>S/S: Fever, skin hot and flushed, tachycardic, lethargic, decreased SpO₂</p> <p>Allergies: Penicillin (hives)</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Alert p/58 HR: 122, regular Resp: 44, shallow O₂ Sat: 98% (FiO₂ 80%) Pain: 0 GSC: 12 (able to make sounds) BGL: 90 mg/dl</p>	<p>Chest:</p> <p>Equal chest rise and fall noted Coarse lung sounds Shallow breathing, nonlabored Frequent weak coughs, wet</p> <p>Back:</p> <p>No external trauma noted</p>	<p>Medications: Tylenol, ibuprofen for fever; probiotics, multivitamin, DHA</p> <p>PmHx: MVC resulting TBI; pneumonia</p> <p>Last Meal: via GI tube, 2 hour ago</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 12.7kg</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Alert B/P: 87/56 HR: 126, regular Resp: 40, shallow (no change with any treatments) O₂ Sat: 98% (FiO₂ 80%) Pain: 0 GSC: 12 (able to make sounds) BGL:</p>	<p>Abdomen/Pelvis:</p> <p>All quadrants soft and non-tender Pelvis stable GI tube in place, looks clean</p> <p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>Other:</p> <p>Skin: hot to touch, flushed No recent trauma known</p>	<p>Notes:</p> <p>Body Temp: 103.2 F</p> <p>EKG: Sinus Tachycardia, no ectopy</p> <p>Patient uses cloth diapers, which mom recently changed; fewer number of wet diapers than normal.</p> <p>Patient’s mom can accompany patient & operate the transport ventilator</p>
<p>Suggested Treatment:</p> <p>Suction, O₂, Steroids, position of comfort, monitor</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot, Parent ride along/ventilator use</p>	

TRACHEOSTOMY

Additional Things to Consider about the Scene:

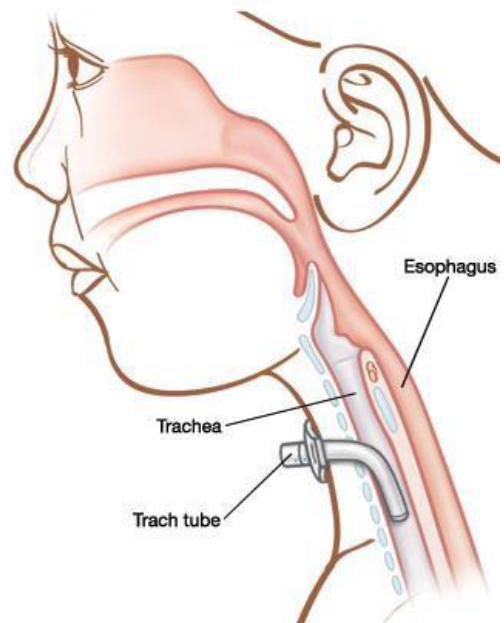
- Maintain as sterile environment as you can
- Family centered care

Additional Things to Consider during Treatment/Transport:

- The guardian will be your most abundant resource
- D-O-P-E = **D**islodged, **O**bstipated, **P**neumothorax, **E**quipment
- Alerting receiving hospital about additional medical needs; ventilator, replacement trach
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Nationwide Children's
 - www.nationwidechildrens.org/tracheostomy-care-how-to-suction-your-childs-trach-tube



Things to consider based on your EMS protocols, procedures and/or policies:

*Graphic 1 obtained from amdnext.com *Graphic 2 obtained from Fairview.org

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TRAUMA SCENARIOS



CHILD ABUSE

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Stay nonjudgmental and calm • Recognition of suspected abuse, injury pattern • Recognition of transport necessity to appropriate facility 	<p>Dispatch Information: You are dispatched to a 2-year-old lethargic male patient at a local daycare. Guardian dropped off the patient approximately 20 minutes ago and stated that the patient was more tired this morning than normal. Staff states that the patient is now vomiting and keeps falling asleep.</p>	
	<p>Chief Complaint: Lethargic patient, vomiting</p>	<p>Additional Resources Requested: Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • It is a warm, summer morning at 0815 • Patient is found in the front office being held by a staff member. Another member is trying to make contact with family • Patient is noted to be in his long sleeve pajamas. Staff state these are the clothes that he came in this morning • Small amounts of vomitus is noted on patients hands, shirt and on the staff member holding him <p>Initial Impression: Patient makes no eye contact with EMS upon arrival and lays limp without movement during your assessment. Bruising is noted on the patients left ear and he moans when you touch the left side of his head</p>		
<p>Vital Sign – Set 1 AVPU: Verbal B/P: 90/60 HR: 130, regular Resp: 24, shallow O₂ Sat: 96% (room air) Pain: GCS: 10 (3,3,4) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: Hematoma noted to the left temporal Eyes: Left pupil is sluggish, Right is dilated Ears: Bruising noted to left ear Nose: Unremarkable Oral Cavity: Child is missing teeth Patient able to clear and control own airway</p>	
<p>Vital Sign – Set 2 AVPU: Verbal B/P: 94/82 HR: 126, regular Resp: 24, shallow O₂ Sat: 98% (O₂) and 96% (room air) Pain: GCS: 10 (3,3,4) BGL: 80 mg/dl (if assessed)</p>	<p>Chest: Equal chest rise and fall noted, shallow Lung sounds clear Bruises of different colors noted to left side</p> <p>Back: Red marks are noted on left lower back</p> <p>Abdomen/Pelvis: Guarding noted in left lower quadrant Slight distention noted to upper quadrants Pelvis stable</p>	
<p>Vital Sign – Set 3 AVPU: Verbal B/P: 96/76 HR: 132, regular Resp: 24, shallow O₂ Sat: 98% (O₂) Pain: GCS: 10 (3,3,4) BGL:</p>	<p>Extremity: Bruising noted to upper extremities PMS x 4 (presumed, since child moves limb away when pain applied)</p> <p>Other: Skin: Pale, warm Patient moans when neck is palpated</p>	
<p>Suggested Treatment: O₂, Monitor, IV access</p>	<p>HPI: Patient refused to wake for breakfast. 5 minutes after, he started projectile vomiting</p> <p>S/S: Vomited approx. 50cc's</p> <p>Allergies: None on file</p> <p>Medications: None on file</p> <p>PmHx: An unexplained seizure approx. 4 weeks ago</p> <p>Last Meal: Patient refused breakfast</p> <p>Events Prior: Patient has laid on the floor since being brought to school. Guardian denied any illnesses</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 9kgs</p> <p>Notes: ECG: Sinus Tachycardia</p> <p>Staff notes that patient has been having increased wet diapers and scares easily the last few weeks</p> <p>Staff state that no injury reports had been filed recently at school</p>	
	<p>Transport Consideration: Securing patient properly on cot Appropriate trauma facility</p>	

CHILD ABUSE

Additional Things to Consider about the Scene:

- Has staff noted any behavioral changes
- Is the incident described possible with injury patterns and/or evidence visualized on scene
- Family centered care; in this case, the daycare facility staff members

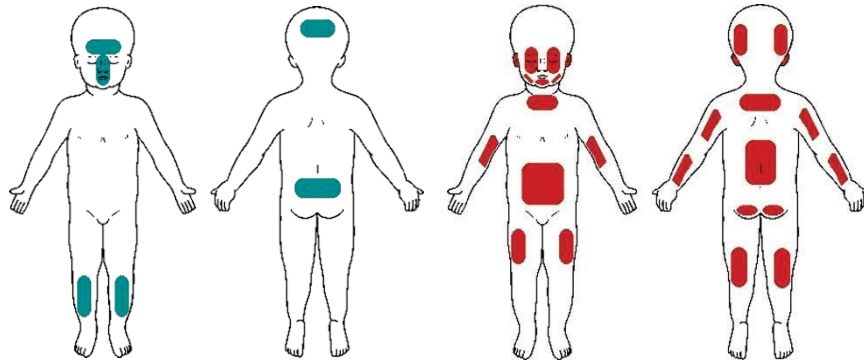
Additional Things to Consider during Treatment/Transport:

- Remove patient from dangerous or unhealthy situation and transport to hospital
- Trending of vital signs is important when considering suspected head trauma
- Documentation of statements by individuals on scene needs to be properly quoted
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility
- State law in Kansas states that as a prehospital care provider, you are a mandatory reporter of suspected child abuse. Follow local policy and procedure for reporting

Additional Educational Resources to Consider:

- South Carolina Department of Social Services
- Online child abuse recognition education provided by Children's Hospital Colorado
 - <http://www.identifychildabuse.org/>

**Accidental
Bruising
Patterns**



**Abusive
Bruising
Patterns**

Things to consider based on your EMS protocols, procedures and/or policies:

Nearest trauma center (see page 60-61) _____

*Graphic obtained from Pediatric EM Morsels

MOTOR VEHICLE CRASH

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Remove patient from dangers • Assess and secure airway • Recognition of Cushing’s Triad • Recognition of transport necessity to most appropriate facility 	<p>Dispatch Information: You are responding to a rollover accident with a known fatality of the driver and a 4-year-old ejected patient. Vehicle was traveling at highway speeds when it lost control and rolled 3 times after going off the road. A nurse is on scene maintain c-spine and is triaging code red.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Chief Complaint: MVC, Ejection</td> <td style="width: 50%;">Additional Resources Requested: Police and Fire Department, ALS</td> </tr> </table>	Chief Complaint: MVC, Ejection	Additional Resources Requested: Police and Fire Department, ALS
Chief Complaint: MVC, Ejection	Additional Resources Requested: Police and Fire Department, ALS		
<p>Scene Description:</p> <ul style="list-style-type: none"> • Summer afternoon around 1500. A thunderstorm came through last night and area received 2 inches of rain • The patient is found approximately 10 feet from the vehicle. Extensive damage is noted to SUV • Patient is face up in a muddy field with bystanders at his side 			
<p>Initial Impression: Multi-system trauma patient. Patient ejected and found approximately 10 feet from vehicle.</p>			
<p>Vital Sign – Set 1 AVPU: Painful appropriate B/P: 130/80 HR: 70, regular Resp: 14, shallow O₂ Sat: 94% (room air) Pain: GCS: 9 (2, 2, 5) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: Abrasion noted to right temporal Eyes: Sluggish Ears: Unremarkable Nose: Blood noted to right nostril Oral Cavity: Unremarkable Patient currently breathing on his own</p>	<p>HPI: Bystanders state that the patient came out of an open window on the 2nd rollover of the vehicle</p> <p>S/S: Decreased LOC, Incontinence noted, shallow breathing</p> <p>Allergies: Unknown</p> <p>Medications: Unknown</p> <p>PmHx: Unknown</p> <p>Last Meal: Unknown</p> <p>Events Prior: Patient’s vehicle was traveling at highway speed and for unknown reasons left the roadway</p> <p>Current on Immunizations? Unknown</p> <p>Patient Weight: 18kgs</p>	
<p>Vital Sign – Set 2 AVPU: Painful appropriate B/P: 134/80 HR: 68, regular Resp: 12, shallow O₂ Sat: 94% (O₂) 90% (room air) Pain: GCS: 9 (2, 2, 5) BGL: 80 mg/dl (if assessed)</p>	<p>Chest: Equal chest rise and fall noted, shallow Lung sounds clear, slightly diminished in right upper lobe Laceration noted to right thoracic, no blood</p> <p>Back: Redness noted to right lower back</p> <p>Abdomen/Pelvis: No rebound tenderness noted Pelvis stable</p>		
<p>Vital Sign – Set 3 AVPU: Painful appropriate B/P: 140/90 HR: 52, regular Resp: 12, shallow O₂ Sat: 96% (Interventions) 88% (Room air or just O₂) Pain: GCS: 9 (2, 2, 5) BGL:</p>	<p>Extremity: Small lacerations noted to all extremities Bleeding is controlled. No deformities noted PMS x 4 (presumed, since child moves limb away when pain applied)</p> <p>Other: Skin: Pale, warm No step off’s or tenderness noted to neck</p> <p>Patient whimpers as you palpate extremities during your assessment</p>	<p>Notes: Body Temp: 98.5 F</p> <p>ECG: Sinus and Sinus Bradycardia</p> <p>Patient vomits as you begin transport</p> <p>Reassessment of lung sounds reveal right side is now absent (during transport)</p>	
<p>Suggested Treatment: O₂, Monitor, C-spine, IV, Airway management</p>		<p>Transport Consideration: Securing patient properly on cot</p>	

MOTOR VEHICLE CRASH

Additional Things to Consider about the Scene:

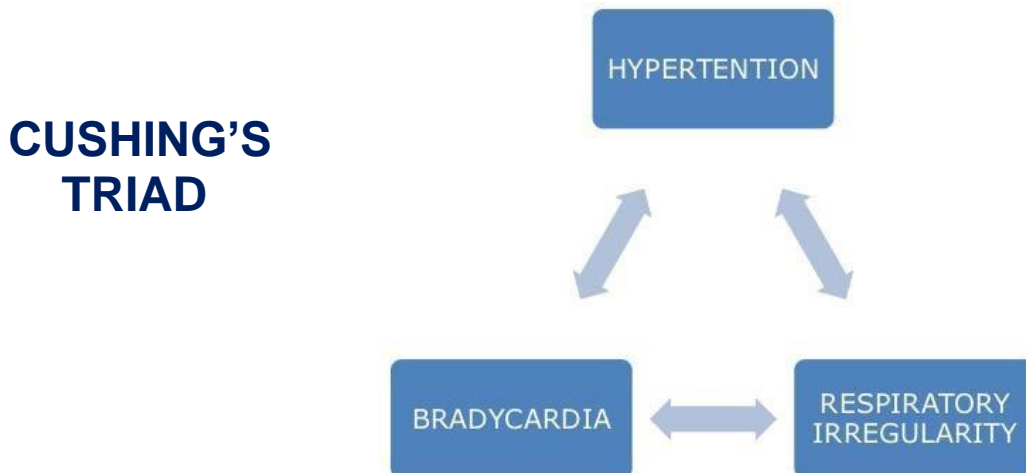
- Provider and bystander safety; vehicle stability if working below or around vehicle
- Safe removal of patient from field to ambulance
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Preparation of and for airway management
- Preparation of and for seizure activity
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Pediatric Trauma Society: Clinical Resources
 - <http://pediatrictraumasociety.org/resources/clinical-resources.cgi>
- Cushing's Triad
 - <http://www.emergencymedicalparamedic.com/what-is-cushings-triad/>



Things to consider based on your EMS protocols, procedures and/or policies:

__ Nearest trauma center (see page 60-61) _____

*Graphic obtained from slideshare.net

NEAR DROWNING

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Treatment of hypothermia • Recognition of risk and/or presence of secondary trauma • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are responding to a possible drowning at the local swimming pool. Swim lessons are being conducted, however the patient is a 4-year-old male, not participating in any class. Patient was reported underwater for 2-3 minutes.</p>	
	<p>Chief Complaint:</p> <p>Difficulty Breathing</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Community Pool going from 2 foot to 10 foot in water depth and has been open for one week • It is a May evening with ambient temperature noted to be 64 degrees Fahrenheit • As you arrive you note multiple parents and children crying and waving you into the gated area • Lifeguard on scene is kneeling with patient. Patient in sitting upright position against the chain link fence <p>Initial Impression: Patient is in regular street clothes noted to be wet sitting upright, coughing and whimpering</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert</p> <p>B/P: 88/52</p> <p>HR: 124, regular</p> <p>Resp: 28, unlabored</p> <p>O₂ Sat: 92% (room air)</p> <p>Pain:</p> <p>GCS: 14</p> <p>BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: No trauma noted</p> <p>Eyes: PERL</p> <p>Ears: Unremarkable</p> <p>Nose: Clear fluid noted</p> <p>Oral Cavity: Vomitus noted</p> <p>Patient able to clear and control own airway</p>	
<p>Vital Sign – Set 2</p> <p>AVPU: Alert</p> <p>B/P: 90/62</p> <p>HR: 108, regular</p> <p>Resp: 24, nonlabored</p> <p>O₂ Sat: 98% (O₂ applied)</p> <p>Pain: 0</p> <p>GCS: 15</p> <p>BGL: 87 mg/dl</p>	<p>Chest:</p> <p>Equal chest rise and fall noted</p> <p>Crackles noted in lower lobes</p> <p>Upper lung lobes clear</p> <p>No external trauma noted</p> <p>Back:</p> <p>No external trauma noted</p>	
<p>Vital Sign – Set 3</p> <p>AVPU: Alert</p> <p>B/P: 90/70</p> <p>HR: 112, regular</p> <p>Resp: 24, nonlabored</p> <p>O₂ Sat: 98% (O₂ applied)</p> <p>Pain: 0</p> <p>GCS: 15</p> <p>BGL:</p>	<p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation</p> <p>All quadrants soft and slight distension noted to upper left quadrant</p> <p>Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms</p> <p>PMS x 4</p>	
<p>Suggested Treatment:</p> <p>O₂, Suction, Monitor,</p>	<p>Other:</p> <p>Skin: Cool, pale and damp</p> <p>No step off's or tenderness noted to neck</p>	
	<p>HPI: See events prior below</p> <p>S/S: Vomit, coughing, anxious</p> <p>Allergies: NKDA</p> <p>Medications: Multivitamin</p> <p>PmHx: Unremarkable</p> <p>Last Meal: Eating snack 5 min before</p> <p>Events Prior: Patient was playing near pool when pregnant mother saw him leaning over to retrieve a toy</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 16kgs</p>	
	<p>Notes:</p> <p>Body Temp: 97.1</p> <p>EKG: Sinus Tachycardia</p> <p>Patient vomits approx. 100cc's during packaging for transport</p>	
	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p> <p>Parent or guardian ride along</p>	

NEAR DROWNING

Additional Things to Consider about the Scene:

- Water temperature
- Chemicals of the pool and last treatment
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Drying and warming of the patient
- Patient modesty if/when removing clothing
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Consumer Product Safety Commission
 - <https://www.cpsc.gov/safety-education/neighborhood-safety-network/toolkits/drowning-prevention>
- South Carolina Safe Kids
- Local recreation boards



Things to consider based on your EMS protocols, procedures and/or policies:

Nearest trauma center (see page 60-61) _____

*Graphic obtained from International Drowning Research Alliance (IDRA)

BURN; SMOKE INHALATION

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Assess for risk of secondary trauma • Recognition of transport necessity and destination 	<p>Dispatch Information:</p> <p>The fire department has requested you to respond to a scene of an extinguished house fire. Patient is a 16-year-old male that was asleep in the basement when he heard the smoke detectors going off. He awoke to find a fire on the upper level of his home.</p>	
	<p>Chief Complaint:</p> <p>Trouble breathing; possible smoke inhalation</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Arrive on scene to find patient being attended to by the fire department • Patient was reported to have gone back into the home numerous time trying to remove animals • Home is a complete loss according to fire department <p>Initial Impression: Patient is having a hard time catching his breath and can only speak in short sentences. Patient is noted to have a continuous cough that produces a soot.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert B/P: 130/80 HR: 125, regular Resp: 26, labored, shallow O₂ Sat: 92% (room air) Pain: 7 GCS: 15 BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable Eyes: PERL Ears: Unremarkable Nose: Singed nasal airs Oral Cavity: Lips noted to be red and swollen Patient able to clear and control own airway</p>	<p>HPI: See Events Prior</p> <p>S/S: Cough; producing soot, nauseated</p> <p>Allergies: NKDA</p> <p>Medications: None</p> <p>PmHx: Broken leg two years ago</p> <p>Last Meal: Lunch 12 hours ago</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Alert B/P: 126/84 HR: 115, regular Resp: 28, labored, shallow O₂ Sat: 96% (O₂) 92% (room air) Pain: 7 GCS: 15 BGL: 105 mg/dl</p>	<p>Chest:</p> <p>Equal chest rise and fall noted, shallow Lung sounds diminished in all lobes No external trauma noted</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>No guarding noted upon quadrant palpation No trauma noted Pelvis stable</p>	<p>Events Prior: Sleeping when awoken by house on fire. Patient spent approx. 15 minutes getting animals before fire department removed him from scene</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 54kgs</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Alert B/P: 132/90 HR: 118, regular Resp: 28, labored, shallow O₂ Sat: 98% (nebulizer) 96% (O₂) Pain: 7 GCS: 15 BGL:</p>	<p>Extremity:</p> <p>First degree burns noted to hands PMS x 4</p> <p>Other:</p> <p>Skin: Pale, warm No step offs or tenderness noted to neck</p> <p>Patient complains of throat scratching and hurting</p>	<p>Notes:</p> <p>Body Temp:</p> <p>ECG: Sinus Tachycardia</p> <p>Patient requests a drink of water numerous times during contact</p> <p>Patient has increased nausea during transport</p>
<p>Suggested Treatment:</p> <p>O₂, Monitor, IV, Pain and Airway Management</p>		<p>Transport Consideration:</p> <p>Secure patient properly on cot Position of comfort for breathing</p>

BURN; SMOKE INHALATION

Additional Things to Consider about the Scene:

- Safe access and egress from fire scene
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Remove patient from burn source and/or stop the burning process
- Oxygen should be delivered via Nonrebreather at 15 liters
- O₂ saturations may ***not*** be reliable.
 - The sensor could be measuring both carbon and oxygen as 'good' O₂
- Prepare to secure airway for patient if he is unable to maintain own airway
 - Prepare for increased swelling and unidentifiable landmarks
- Keep patient compartment warm in ambulance, assessing for signs of shock
- Do not fluid overload the patient. Follow protocols for proper fluid administration
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport patient in position of comfort, ease of breathing
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- American Burn Association
 - <http://ameriburn.org/education/>



Things to consider based on your EMS protocols, procedures and/or policies:

_Calculation method for Total Body Surface Area (TBSA) _____

_Calculation method for Fluid Resuscitation _____

_Nearest verified Burn Center _____

*Graphic obtained from clinicalgate.com

BURN; ACCIDENTAL SCALDING

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of splash patterns and additional burns • Recognition of transport necessity to appropriate facility 	<p>Dispatch Information: You are dispatched to a local retirement center when the caller states her 3-year-old grandson pulled a cup of coffee off the table and onto his face and arm. Caller states that the little boy is crying and scared but will not let go of her, so she can see the injured area.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Chief Complaint: Burn injury</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Additional Resources Requested: Police and Fire Department, ALS</p> </td> </tr> </table>	<p>Chief Complaint: Burn injury</p>	<p>Additional Resources Requested: Police and Fire Department, ALS</p>
<p>Chief Complaint: Burn injury</p>	<p>Additional Resources Requested: Police and Fire Department, ALS</p>		
<p>Scene Description:</p> <ul style="list-style-type: none"> • Escorted by security to an independent living area of the retirement community • Female is holding patient on her lap and he has his head hidden from you as you enter the tidy living room • Grandmother states she made a cup of coffee and set it on the table to get patient's breakfast. 16oz cup was full • Cup noted on floor with coffee stained carpet <p>Initial Impression: Possible 1st and 2nd degree burns noted to visible area of patient's head, face and arm. Patient able to speak but will only talk to grandmother. No distress noted as he is crying.</p>			
<p>Vital Sign – Set 1 AVPU: Alert B/P: 90/60 HR: 132, regular Resp: 24, nonlabored O₂ Sat: 97% (room air) Pain: 8 GCS: 15 (4, 5, 6) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: Left temporal area is red and small blisters noted Eyes: PERL Ears: Left ear is red Nose: Unremarkable Oral Cavity: Unremarkable Patient able to clear and control own airway. Left side of face is red, small blisters noted</p> <p>Chest: Equal chest rise and fall noted Lung sounds clear Left side of thorax is red when exposed</p> <p>Back: Unremarkable</p> <p>Abdomen/Pelvis: No guarding noted upon quadrant palpation No trauma noted Pelvis stable</p> <p>Extremity: Left hand, upper and lower arm is red PMS x 4</p> <p>Other: Skin: Warm, Pink, Dry No step off's or tenderness noted to neck</p>	<p>HPI: Grandmother was 3 feet away when patient pulled cup down</p> <p>S/S: Redness to left hand, lower and upper arm. Redness and blisters noted to left side of head and face</p> <p>Allergies: None</p> <p>Medications: Multivitamin</p> <p>PmHx: None</p> <p>Last Meal: Cracker 20 minutes ago</p> <p>Events Prior: Patient was preparing to eat breakfast at kitchen table</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 14kgs</p>	
<p>Vital Sign – Set 2 AVPU: Alert B/P: 92/70 HR: 136, regular Resp: 24, nonlabored O₂ Sat: 97% (room air) Pain: 8 GCS: 15 (4, 5, 6) BGL: 82 mg/dl (if assessed)</p>		<p>Notes: Body Temp: 99.0 ECG: Sinus Tachycardia</p> <p>Shirt is removed to reveal 1st degree burns to left thorax. Shirt is wet and smells like coffee</p> <p>Patient is noted to be left handed and grandmother confirms</p>	
<p>Vital Sign – Set 3 AVPU: Alert B/P: 88/64 (with medication) HR: 130, regular Resp: 22, nonlabored O₂ Sat: 97% (room air) Pain: 7 (with medication) GCS: 15 (4, 5, 6) BGL:</p>		<p>Transport Consideration: Securing patient properly on cot Position of comfort</p>	
<p>Suggested Treatment: O₂, Monitor, IV, Pain control</p>			

BURN; ACCIDENTAL SCALDING

Additional Things to Consider about the Scene:

- Keep in mind splash patterns and secondary trauma sources
- Is the incident described possible with injury patterns and/or evidence visualized on scene
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Pain Control; both positional in maintaining as sterile environment as possible and medications
- When measuring TBSA, remember that first degree burns **DO NOT** go into the calculation
- Keep patient compartment warm in ambulance, assessing for signs of shock
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:



TBSA Burn Age-Based Distribution									
Area	Birth- 1 yr	1-4 yrs	5-9 yrs	10-14 yrs	15-18 yrs	Adult	2°	3°	Total
Head	19	17	13	11	9	7			
Neck	2	2	2	2	2	2			
Ant Trunk	13	13	13	13	13	13			
Post Trunk	13	13	13	13	13	13			
R. Buttock	2.5	2.5	2.5	2.5	2.5	2.5			
L. Buttock	2.5	2.5	2.5	2.5	2.5	2.5			
Genitalia	1	1	1	1	1	1			
R. U. Arm	4	4	4	4	4	4			
L. U. Arm	4	4	4	4	4	4			
L.L. Arm	3	3	3	3	3	3			
R. L. Arm	3	3	3	3	3	3			
R. Hand	2.5	2.5	2.5	2.5	2.5	2.5			
L. Hand	2.5	2.5	2.5	2.5	2.5	2.5			
R. Thigh	5.5	6.5	8	8.5	9	9.5			
L. Thigh	5.5	6.5	8	8.5	9	9.5			
R. Leg	5	5	5.5	6	6.5	7			
L. Leg	5	5	5.5	6	6.5	7			
R. Foot	3.5	3.5	3.5	3.5	3.5	3.5			
L. Foot	3.5	3.5	3.5	3.5	3.5	3.5			
Total second degree ____% + Total third degree ____% = TBSA burn ____%									

Things to consider based on your EMS protocols, procedures and/or policies:

__ Calculation method for Total Body Surface Area (TBSA) _____

__ Calculation method for Fluid Resuscitation _____

__ Nearest verified Burn Center _____

*Graphic obtained from Via Christi Regional Burn Center, Wichita, Kansas

MV VS PEDESTRIAN

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Control bleeding • Treatment of hypothermia • Assess/stabilize trauma • Treat pain • Recognize transport necessity 	<p>Dispatch Information: Responding to a 4-year-old child hit by a car. Child's older sibling pulled victim to the side of road after he was hit, then ran to nearest house to call 911. Vehicle sped off after striking child, reportedly at high rate of speed.</p>	
	<p>Chief Complaint: MVC; vehicle vs pedestrian</p>	<p>Additional Resources Requested: Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Spring Saturday afternoon, child is located on curb across from a local neighborhood park • Patient is sitting upright and looks up as you approach. Patient's older sibling and grandmother are with him <p>Initial Impression: Patient is in regular street clothes noted to be sitting on curb, crying and holding head and left leg, left arm cradled to chest. Left leg noted to be bent at odd angle from thigh.</p>		
<p>Vital Sign – Set 1 AVPU: Alert B/P: 108/72 HR: 112, regular Resp: 30, shallow O₂ Sat: 96% (room air) Pain: 8 on faces scale GCS: 15</p>	<p>Physical Exam</p> <p>HEENT: Head: Large Scrape to forehead, over left eye Eyes: PEERL Ears: Scrape to left ear Nose: Dried blood noted around/under nostrils</p>	<p>S/S: Anxiety, tachycardic, pain; deformed L shoulder, L thigh</p> <p>Allergies: NKDA</p> <p>Medications: Multivitamin, Zyrtec</p> <p>PmHx: None</p>
<p>Vital Sign – Set 2 AVPU: Alert B/P: 112/74 HR: 116, regular Resp: 30, nonlabored O₂ Sat: 96% (room air); 98% (O₂ applied) Pain: 4(with analgesia); 10 (no analgesia) GCS: 15 BGL: 97 mg/dl</p>	<p>Oral Cavity: Patient says missing a tooth; dried blood noted, no continued bleeding Patient able to clear and control own airway</p> <p>Chest: Equal chest rise and fall noted, clear lungs Scrapes to left side of chest and left shoulder</p> <p>Back: Patient denies pain with palpation Scrape seen to both sides, mid-back</p> <p>Abdomen/Pelvis: No guarding noted upon quadrant palpation Pelvis stable, but patient screams when tested/palpated</p>	<p>Last Meal: Eating snack 5 min before</p> <p>Events Prior: Patient was walking to park with sibling and grandmother, when he ran to catch up with brother. Grandmother reports the truck driver was looking down and traveling very fast. Patient bounced away from truck, landed and laid still for a minute and then started to cry and move</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 18kgs</p>
<p>Vital Sign – Set 3 AVPU: Alert B/P: 110/70 HR: 112, regular Resp: 30, nonlabored O₂ Sat: 96% (room air); 98% (O₂ applied) Pain: 5(with analgesia); 10 (no analgesia) GCS: 15</p>	<p>Extremity: PMS x 4 Left leg noted to be deformed at thigh Left clavicle noted to be deformed</p> <p>Complains of left shoulder, right leg and right hip pain</p>	<p>Notes: Body Temp: 97.1</p> <p>EKG: Sinus Tachycardia</p> <p>Patient's mother will meet at hospital (she is an RN there)</p> <p>Patient screams with movement and splinting of extremities; also, when pelvis is tested for stability</p>
<p>Suggested Treatment: Splinting, protect c-spine, monitor airway</p>	<p>Other: Skin: warm No step off's or tenderness noted to neck</p>	<p>Transport Consideration: Securing patient properly on cot Parent or guardian ride along</p>

MV VS PEDESTRIAN

Additional Things to Consider about the Scene:

- Completely removing patient from roadway
- Removing patient off hot asphalt or gravel/sand
- Family centered care

Additional Things to Consider during Treatment/Transport:

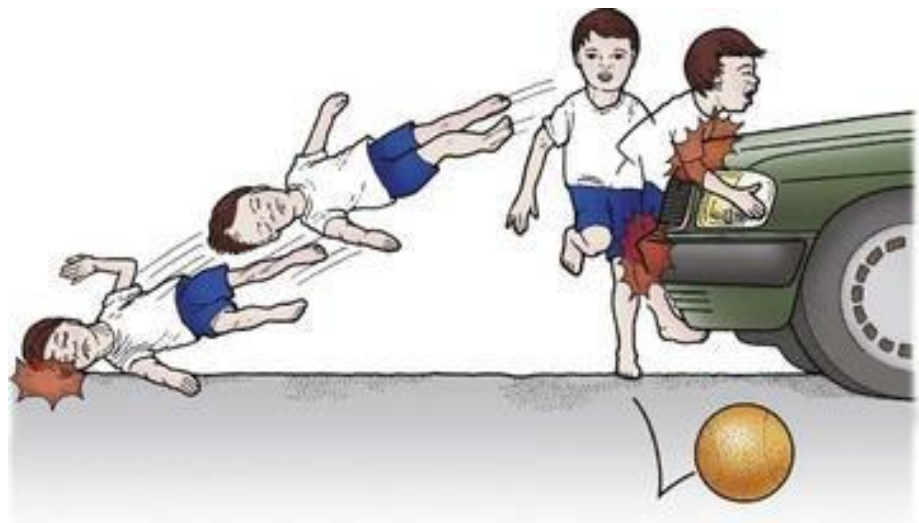
- Modesty of the patient when removing clothing for assessment
- Keeping the patient warm and assessing for signs of shock
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Pediatric Trauma Society: Clinical Resources
 - <http://pediatrictraumasociety.org/resources/clinical-resources.cgi>
- Waddell's Triad of Trauma
 - <http://www.emergencymedicalparamedic.com/what-is-waddell%E2%80%99s-triad-of-trauma/>

Waddell's Triad

- Femur Fracture
- Intraabdominal or Intrathoracic injury
- Head Injury



Things to consider based on your EMS protocols, procedures and/or policies:

Nearest trauma center (see page 60-61) _____

*Graphic obtained from clincalgate.com

ABDOMINAL INJURIES

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Recognition of secondary trauma and/or shock • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>You are dispatched to a local bike path. Caller states he and his friends were riding their bikes when their 10-year-old friend crashed into a tree. They are trying to get the patient to the nearest roadway, but he is having a hard time walking because of the pain. The patient's parents are out of town and told the kids to call an ambulance.</p>	
	<p>Chief Complaint:</p> <p>Trauma, Bicycle accident</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Cool, spring day. 62 degrees F and sunny. Approximately 1530 • A group of young boys are waving at you as you enter the park area. All are visually shaken as you exit ambulance • Patient is noted to be laying in the fetal position next to a mangled bicycle, damaged helmet is also lying next to bicycle • One boy is speaking with the patient's parents on the phone 		
<p>Initial Impression: Multisystem trauma patient. Patient looks to have removed most of his protective clothing/gear.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Alert B/P: 118/60 HR: 132, regular Resp: 26, nonlabored O₂ Sat: 97% (room air) Pain: 8 GCS: 15 (4, 5, 6) BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: No trauma noted, reports headache Eyes: PERL Ears: Unremarkable Nose: Unremarkable Oral Cavity: Unremarkable Patient able to clear and control own airway</p>	<p>HPI: Group has been riding on the paths since around 1000. All have on protective gear including helmets</p> <p>S/S: Abdominal pain, nausea, headache, blurred vision, dizzy</p> <p>Allergies: Shell fish</p> <p>Medications: None</p>
<p>Vital Sign – Set 2</p> <p>AVPU: Alert B/P: 116/80 HR: 140, regular Resp: 26, nonlabored O₂ Sat: 98% (O₂) Pain: 8 GCS: 15 (4, 5, 6) BGL: 92 mg/dl (if assessed)</p>	<p>Chest:</p> <p>Equal chest rise and fall noted Lung sounds clear No external trauma noted</p> <p>Back:</p> <p>Unremarkable</p> <p>Abdomen/Pelvis:</p> <p>Guarding noted in all quadrants Circular mark noted in left upper quadrant Pelvis stable</p>	<p>PmHx: None</p> <p>Last Meal: Lunch around noon</p> <p>Events Prior: Patient was going fast to make a jump when his foot slipped, and he hit a tree with his front tire</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 46kgs</p>
<p>Vital Sign – Set 3</p> <p>AVPU: Alert B/P: 120/80 HR: 134, regular Resp: 24, nonlabored O₂ Sat: 98% (O₂) Pain: 8 GCS: 15 (4, 5, 6) BGL:</p>	<p>Extremity:</p> <p>Small scrapes noted to upper extremities PMS x 4</p> <p>Other:</p> <p>Skin: Pale, warm No step off's or tenderness noted to neck</p> <p>Patient has increased abdominal pain upon reassessment during transport</p>	<p>Notes:</p> <p>Body Temp: 99.2 F</p> <p>ECG: Sinus Tachycardia</p> <p>Patient complains of increased nausea when he lays flat, wants to remain in fetal position</p> <p>Patient comments multiple times that he is thirsty</p>
<p>Suggested Treatment:</p> <p>O₂, Monitor, Pain Management, C-spine</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p>	

ABDOMINAL INJURIES

Additional Things to Consider about the Scene:

- Is the incident described possible with injury patterns and/or evidence visualized on scene
- Are the handlebars bent on bicycle; damage to bike; damage to helmet
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Early and late signs of shock; internal blood loss
- Modesty of patient when removed clothing during assessment
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Pediatric Trauma Society: Clinical Resources
 - <http://pediatrictraumasociety.org/resources/clinical-resources.cgi>

Blunt abdominal trauma is the third most common cause of pediatric trauma-related deaths. The spleen and liver are the most frequently injured organs, followed by the kidney, small bowel, and pancreas.



Things to consider based on your EMS protocols, procedures and/or policies:

Nearest trauma center (see page 60-61) _____

*Graphic 1 obtained from sciencedirect.com *Graphic 2 obtained from clinicalgate.com

GUN SHOT WOUND

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Scene Safety • Assess and secure airway • Recognition of entrance and exit wounds, bleeding control • Recognition of transport necessity 	<p>Dispatch Information: You have been dispatched to a farm home. Caller advises that a 14-year-old male showed up saying he and his friends were dove hunting when he felt a 'punch' in his chest and immediately started having difficulty breathing. Patient has walked nearly ¼ mile to the farmer's home asking for help.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Chief Complaint: Gun Shot Wound, Difficulty Breathing</td> <td style="width: 50%;">Additional Resources Requested: Police and Fire Department, ALS</td> </tr> </table>	Chief Complaint: Gun Shot Wound, Difficulty Breathing	Additional Resources Requested: Police and Fire Department, ALS
Chief Complaint: Gun Shot Wound, Difficulty Breathing	Additional Resources Requested: Police and Fire Department, ALS		
<p>Scene Description:</p> <ul style="list-style-type: none"> • September afternoon around 1300. Clear, sunny and 65 degrees F outside • Arrive to home to find farmer and patient sitting out front. Farmer advises he has secured patient's gun • Patient appears restless and immediately starts walking towards the ambulance <p>Initial Impression: Patient's shirt is unbuttoned, and a small hole noted below the sternum. A small amount of blood is oozing from the hole. Patient can speak in full sentences and then gasps for air.</p>			
<p>Vital Sign – Set 1 AVPU: Alert B/P: 130/70 HR: 142, regular Resp: 24, slightly labored O₂ Sat: 96% (room air) Pain: 7 GCS: 15 (4, 5, 6) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: Unremarkable Eyes: PERL Ears: Unremarkable Nose: Unremarkable Oral Cavity: Unremarkable Patient able to clear and control own airway</p>	<p>HPI:</p> <p>S/S: Entrance wound noted about an inch below the sternum. No exit wound found during assessment. Short of air, difficulty speaking</p> <p>Allergies: NKDA</p> <p>Medications: None</p> <p>PmHx: Asthma as a child</p> <p>Last Meal: Breakfast around 0800</p> <p>Events Prior: Dove hunting with small group. Patient is unaware of who or how he was shot</p> <p>Current on Immunizations? Yes</p> <p>Patient Weight: 46kgs</p>	
<p>Vital Sign – Set 2 AVPU: Alert B/P: 128/80 HR: 140, regular Resp: 24, nonlabored O₂ Sat: 98% (O₂) 95% (room air) Pain: 7 GCS: 15 (4, 5, 6) BGL: 102 mg/dl (if assessed)</p>	<p>Chest: Equal chest rise and fall noted Lung sounds clear Wound noted just below sternum</p> <p>Back: Unremarkable</p> <p>Abdomen/Pelvis: No guarding noted upon quadrant palpation No trauma noted Pelvis stable</p>	<p>Notes: Body Temp: 99.0 F</p> <p>ECG: Sinus Tachycardia</p> <p>Patient calms during transport and once he finds a position of comfort, can breathe much easier. Nervous about friends getting in trouble</p>	
<p>Vital Sign – Set 3 AVPU: Alert B/P: 130/76 HR: 136, regular Resp: 24 nonlabored O₂ Sat: 98% (O₂) 94% (room air) Pain: 7 GCS: 15 (4, 5, 6) BGL:</p>	<p>Extremity: No trauma noted to legs or arms PMS x 4</p> <p>Other: Skin: Pale, Warm, Moist</p> <p>No step off's or tenderness noted to neck</p>	<p>Transport Consideration: Securing patient properly on cot</p>	
<p>Suggested Treatment: O₂, Monitor,</p>	<p>Patient states all his pain is in his thoracic cavity (points to where the wound is located)</p>		

GUN SHOT WOUND

Additional Things to Consider about the Scene:

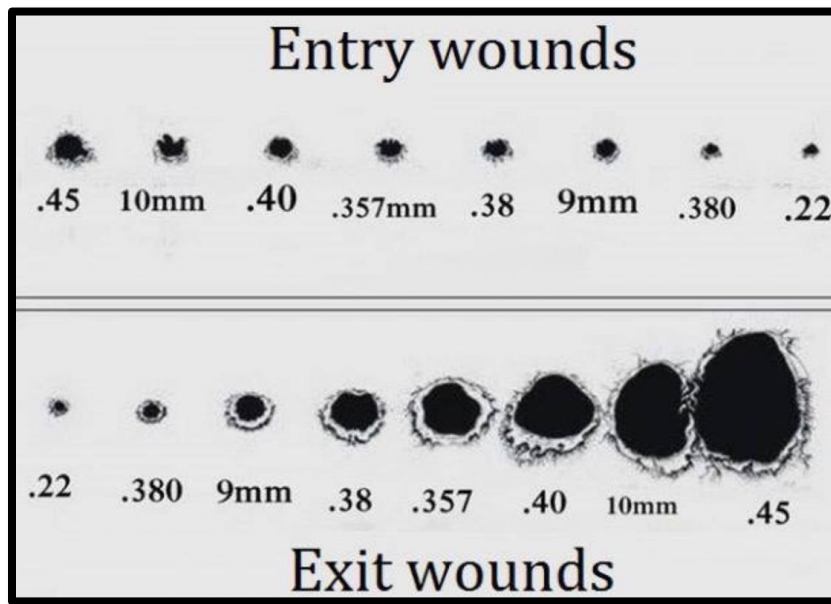
- Family centered care

Additional Things to Consider during Treatment/Transport:

- Modesty of patient while removing clothing during assessment/examination
- Pattern of injury based on; Nonpenetrating, Penetrating, Perforating, Avulsive
- Pattern of injury based on weapon used; handgun vs rifle vs shotgun
- Keeping clothing intact for local police agency in case of crime scene investigation needs
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Kansas Wildlife, Park and Tourism: Hunter Education
 - <http://ksoutdoors.com/Services/Education/Hunter>
- Stop the Bleed
 - <https://www.bleedingcontrol.org/>



Things to consider based on your EMS protocols, procedures and/or policies:

Nearest trauma center (see page 60-61) _____

*Graphic obtained from texasguntalk.com

HANGING

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Assess and secure airway • Cervical spine precautions • Recognition of hypoxic state • Recognition of transport necessity 	<p>Dispatch Information:</p> <p>Dispatch is sending you to an unknown medical call. Caller advised that she got into an argument with her 14-year-old son and now he will not answer the phone. She last spoke with him an hour ago. Patient has had increased stress and battled depression the last 3 years. Neighbors have been unable to contact the patient for the last 15 minutes.</p>	
	<p>Chief Complaint:</p> <p>Suicide Attempt</p>	<p>Additional Resources Requested:</p> <p>Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Police on scene triaging code red. Police made access to the home and found patient hanging in garage • Police advise that patient had thick rope around his neck that they cut off • You note a small desk nearby and a knocked over chair that PD advises was that way when they entered <p>Initial Impression: Possible suicide attempt via hanging. Pill bottles are also present in the area prescribed to patient and all are empty. You recognize patient from a call a few weeks ago for a behavioral issue at the local middle school.</p>		
<p>Vital Sign – Set 1</p> <p>AVPU: Unresponsive B/P: Unable to obtain HR: 60, regular Resp: 8, labored and shallow O₂ Sat: 90% (room air) Pain: GCS: 3 (1, 1, 1) BGL:</p>	<p>Physical Exam</p> <p>HEENT:</p> <p>Head: Unremarkable Eyes: Bulging and sluggish Ears: Unremarkable Nose: Unremarkable Oral Cavity: Tongue is swollen, jaw clamped Patient is gasping for air</p> <p>Chest:</p> <p>Equal chest rise and fall noted, shallow Lung sounds clear No external trauma noted</p> <p>Back:</p> <p>No external trauma noted</p> <p>Abdomen/Pelvis:</p> <p>No trauma noted Pelvis stable</p> <p>Extremity:</p> <p>No trauma noted to legs or arms All extremities are flaccid</p> <p>Other:</p> <p>Skin: Cool, Pale, Dry Marking around the neck line, red in color</p> <p>Appears patient has vomited on self</p>	
<p>Vital Sign – Set 2</p> <p>AVPU: Unresponsive B/P: 72/50 HR: 56, regular Resp: 8, labored and shallow O₂ Sat: 94% (O₂) Pain: GCS: 3 (1, 1, 1) BGL: 64 mg/dl (if assessed)</p>	<p>HPI: Patient was recently expelled from school following another fight</p> <p>S/S: Cyanosis to lips/face, pill bottles around patient’s feet, markings to patient’s neck, vomit on shirt</p> <p>Allergies: Depakote</p> <p>Medications: Prozac, Lexapro, Ativan</p> <p>PmHx: Depression, suicide attempts; 2 last month</p> <p>Last Meal: Unknown</p> <p>Events Prior: Patient had a fight with his parents via telephone</p> <p>Current on Immunizations? Unknown</p> <p>Patient Weight: 48kgs</p>	
<p>Vital Sign – Set 3</p> <p>AVPU: Unresponsive B/P: 70/50 HR: 54, regular Resp: 8, labored and shallow O₂ Sat: 94% (O₂) Pain: GCS: 3 (1, 1, 1) BGL:</p>	<p>Notes:</p> <p>Body Temp:</p> <p>ECG: Sinus Bradycardia</p> <p>Patient makes no purposeful movements during transport. You are unable to ‘unlock’ jaw</p>	
<p>Suggested Treatment:</p> <p>O₂, Monitor, IV, Medications, Airway Management, Suction</p>	<p>Transport Consideration:</p> <p>Securing patient properly on cot</p>	

HANGING

Additional Things to Consider about the Scene:

- Any note or messages left by patient
- Family centered care

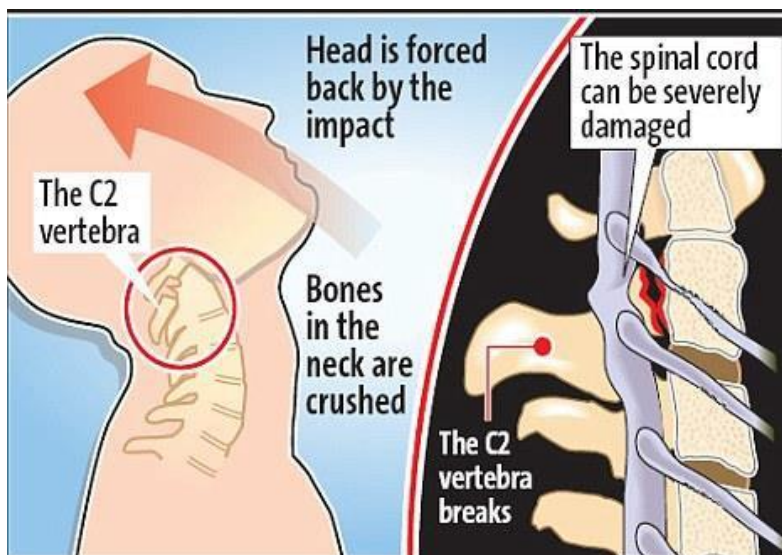
Additional Things to Consider during Treatment/Transport:

- Modesty of patient
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

- Local treatment facility, Counseling Center and/or Mental Health Center
- American Academy of Pediatrics: Healthy Children
 - <https://www.healthychildren.org/English/news/Pages/Youths-Treated-for-Nonsuicidal-Self-Harm-at-Increased-Risk-of-Suicide-Within-a-Year.aspx>

*HANGMAN'S FRACTURE

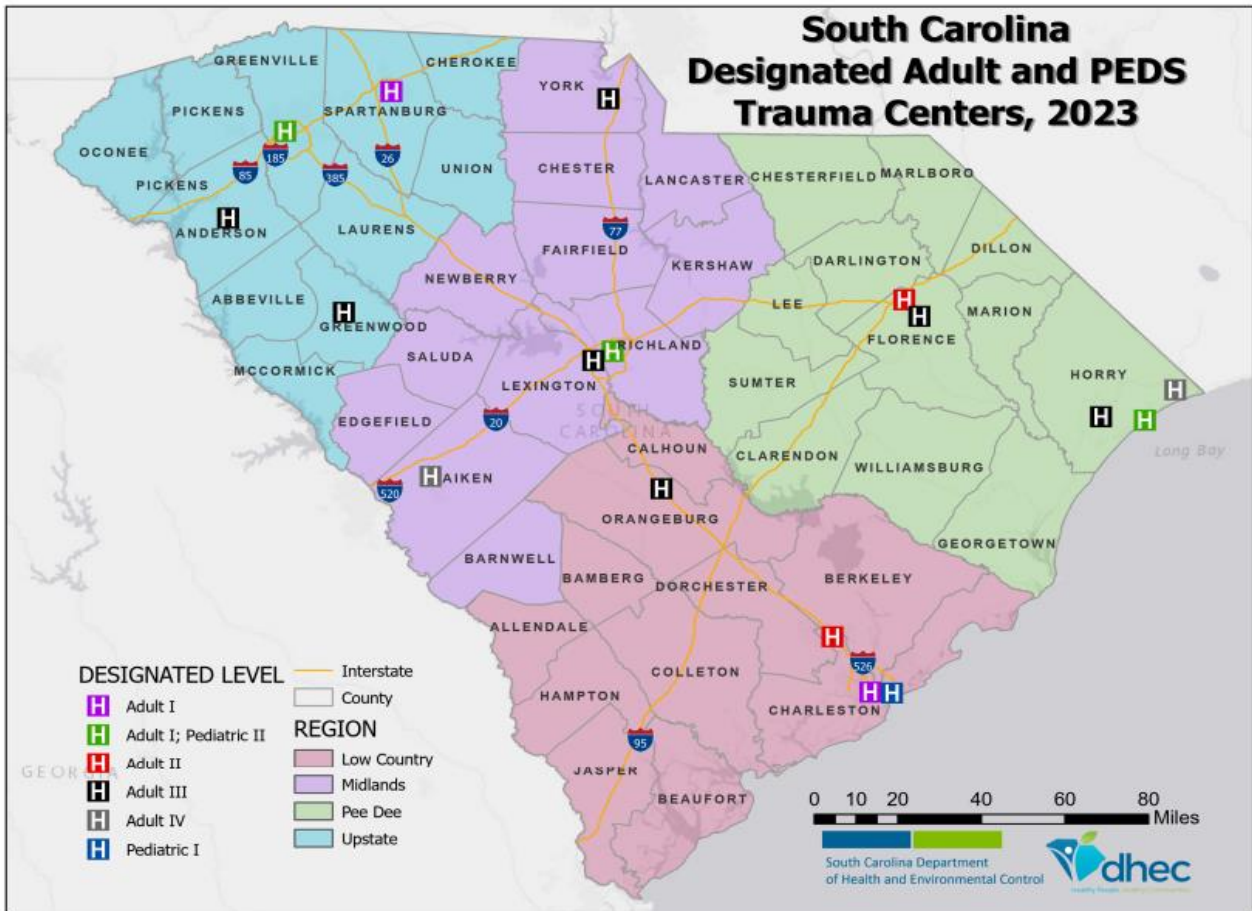


Things to consider based on your EMS protocols, procedures and/or policies:

Nearest trauma center (see page 60-61) _____

*Graphic obtained from Daily Mail

SC TRAUMA CENTERS



Adult Level I

- Grand Strand Medical Center
- Prisma Health Greenville Memorial
- MUSC Charleston
- Prisma Health Richland
- Spartanburg Medical Center

Adult Level II

- Trident Medical Center
- McLeod Regional Medical

Adult Level III

- AnMED Health Medical Center
- Conway Medical Center
- Lexington Medical Center
- MUSC Florence
- Regional Medical Center
- Piedmont Medical Center
- Self Regional Medical Center

Adult Level IV

- McCleod Health Seacoast

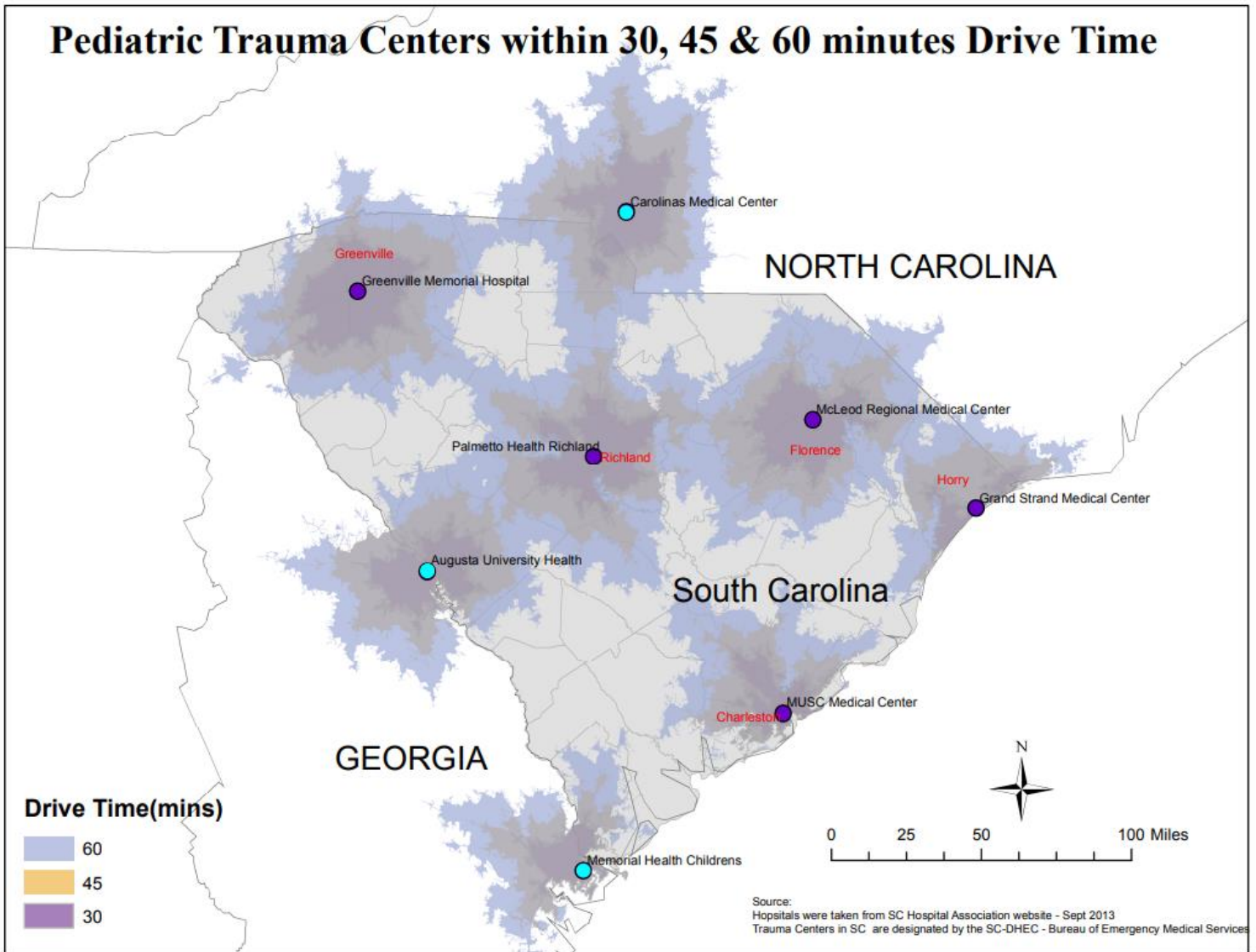
Pediatric Level I

- MUSC Charleston

Pediatric Level II

- Prisma Health Richland
- Prisma Health Greenville
- Grand Strand Medical Center

Pediatric Trauma Centers within 30, 45 & 60 minutes Drive Time



COMMUNICATION SCENARIO



LANGUAGE BARRIER

<p>Goals/Objectives:</p> <ul style="list-style-type: none"> • Communicating with patients of diverse cultures • Communicating with patients that are non-verbal • Communicating with patients that have special needs 	<p>Dispatch Information: You are dispatched to a local apartment complex. Dispatch advises that they do not know what is going on as there is a language barrier. Crying is heard in the background and all the information you have is a 'child needs help.'</p>	
	<p>Chief Complaint: Unknown call for EMS</p>	<p>Additional Resources Requested: Police and Fire Department, ALS</p>
<p>Scene Description:</p> <ul style="list-style-type: none"> • Arrive at address and notice a gentleman waving at you from the porch • PD has cleared the scene and advised there is a young male patient unresponsive on the floor • Home is clean with multiple people gathered in the living room around the young child • A woman approaches you and hands you an unopened bottle of Dilantin <p>Initial Impression: No one can give you any further information. You ask dispatch if there is a way to get in touch with a local translator. Male on scene keeps repeating 'hospital.'</p>		
<p>Vital Sign – Set 1 AVPU: Unresponsive B/P: 100/72 HR: 124, regular Resp: 28, nonlabored O₂ Sat: 96% (room air) Pain: GCS: 3 (1, 1, 1) BGL:</p>	<p>Physical Exam</p> <p>HEENT: Head: Unremarkable Eyes: Sluggish Ears: Unremarkable Nose: Unremarkable Oral Cavity: Blood noted. Tongue looks to have been bitten Patient able to clear and control own airway</p> <p>Chest: Equal chest rise and fall noted Lung sounds clear No external trauma noted</p> <p>Back: No external trauma noted</p> <p>Abdomen/Pelvis: No guarding noted upon quadrant palpation No trauma noted Pelvis stable</p> <p>Extremity: No trauma noted to legs or arms</p> <p>Other: Skin: Pale, warm with tenting noted No step off's or tenderness noted to neck</p>	
<p>Vital Sign – Set 2 AVPU: Painful B/P: 102/80 HR: 120, regular Resp: 26, nonlabored O₂ Sat: 94% room air (98% if O₂ applied) Pain: GCS: 7 (1,2,4) BGL: 84mg/dl (if assessed)</p>	<p>HPI:</p> <p>S/S: Vomit noted on ground and dry blood noted around the lips</p> <p>Allergies: Unknown</p> <p>Medications: Unknown other than the prescribed Dilantin</p> <p>PmHx: Unknown</p> <p>Last Meal: Unknown</p> <p>Events Prior: Unknown</p> <p>Current on Immunizations?</p> <p>Patient Weight: Estimate of 22kgs</p>	
<p>Vital Sign – Set 3 AVPU: Verbal, Inappropriate B/P: 106/84 HR: 122, regular Resp: 22, nonlabored O₂ Sat: 98% on O₂ Pain: GCS: 10 (2, 3, 5) BGL:</p>	<p>Notes: Body Temp: 99.2F</p> <p>ECG: Sinus Tachycardia</p> <p>Patient begins to moan during transport. Patient remains sleepy during transport.</p>	
<p>Suggested Treatment: O₂, Monitor, IV access, Fluids for dehydration</p>	<p>Transport Consideration: Securing patient properly on cot</p>	

LANGUAGE BARRIER

Additional Things to Consider about the Scene:

- Ask anyone, including younger children, if they can speak English
- Use any communication tool available to you to communicate with family
- Family centered care, as much as possible

Additional Things to Consider during Treatment/Transport:

- Ask for any doctor notes or hospital paperwork
- Demonstrate, as much as possible, what you will be doing prior to any intervention
- Make contact with the physician's office that is noted on prescription bottle
- Alert receiving facility early for the need of an interpreter
- Keep back of ambulance lighting/temperature appropriate for patient comfort, low stimulation
- Transport to the nearest appropriate facility

Additional Educational Resources to Consider:

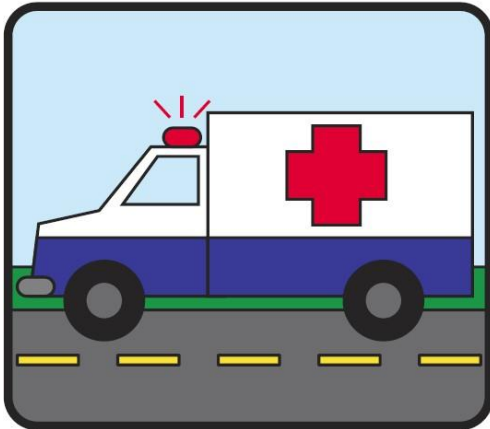
- EMSC EMS Communication Cards (see pages 64-68)
- Cross-Cultural Communication for EMS
 - <https://ambulance.org/2015/06/25/cross-cultural-communication-for-ems/>
- Translation apps for smart devices
- Language Lines with 24-hour access



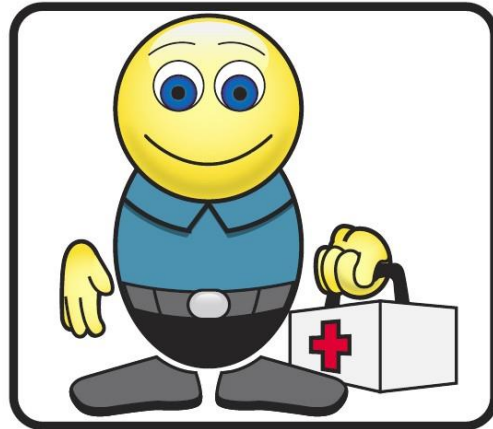
Things to consider based on your EMS protocols, procedures and/or policies:

COMMUNICATION CARDS

Ambulance



Paramedic



Happy



Sad



Yes



No

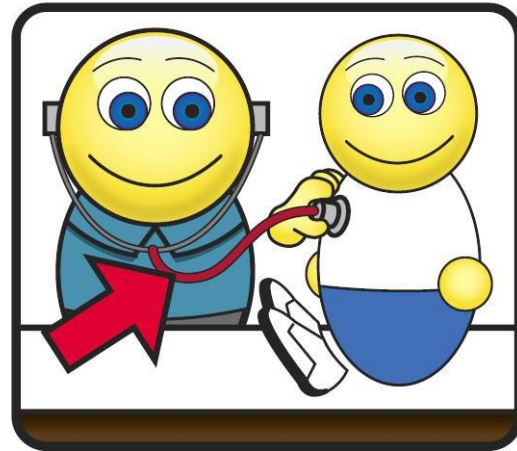


COMMUNICATION CARDS

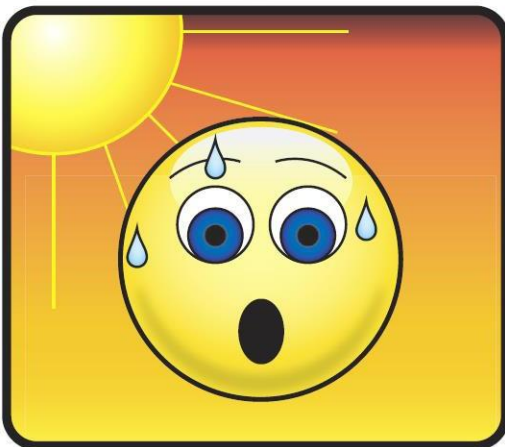
Examination



Stethoscope



Hot



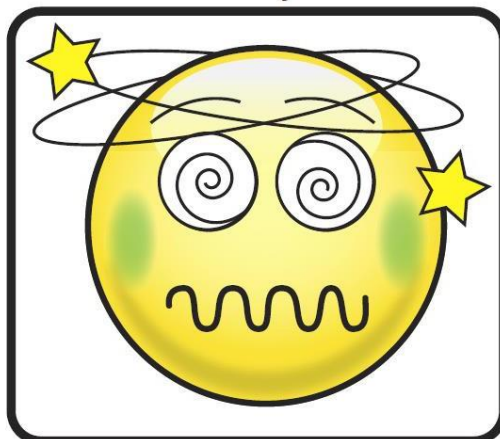
Cold



Sick

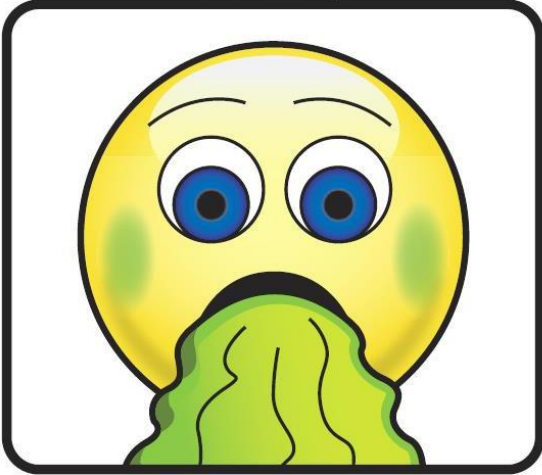


Dizzy



COMMUNICATION CARDS

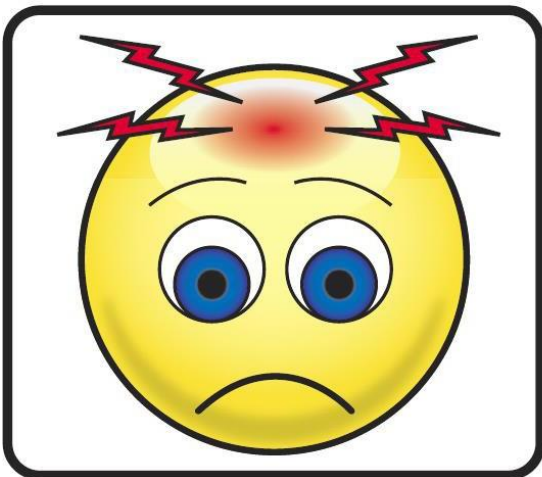
Throw Up



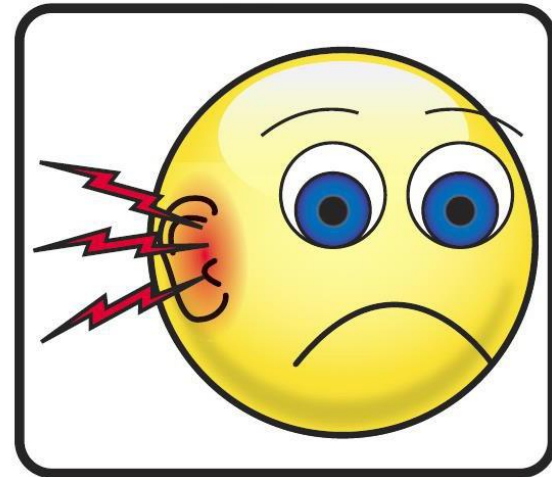
Diarrhea



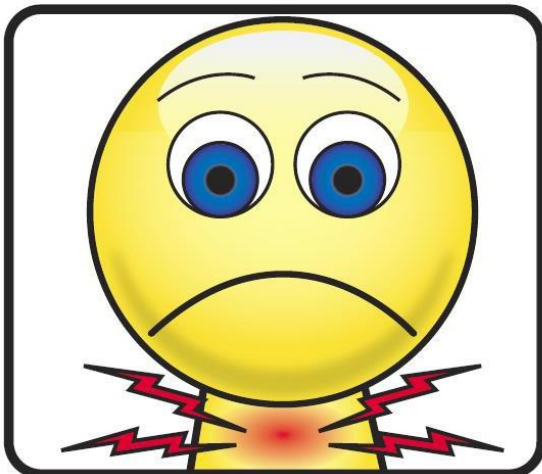
Head Hurts



Ear Hurts



Throat Hurts

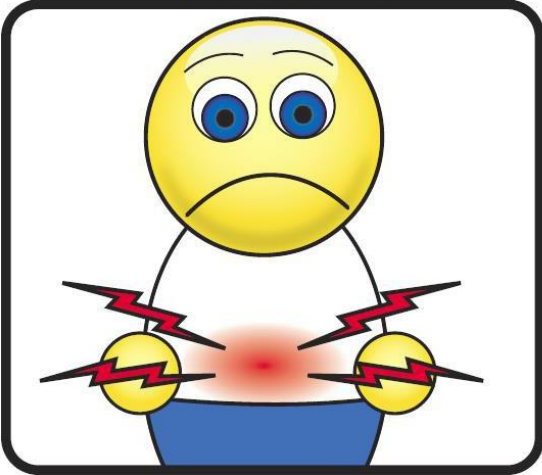


Cough

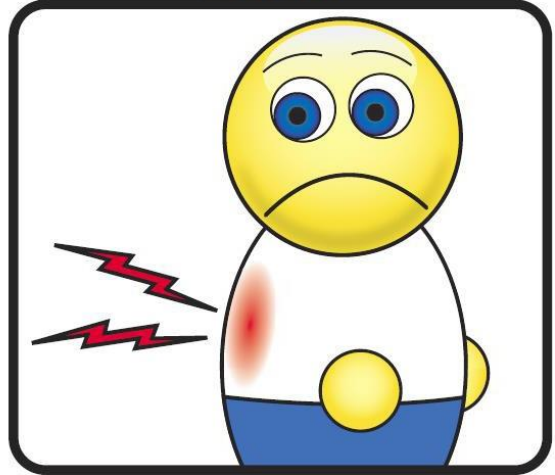


COMMUNICATION CARDS

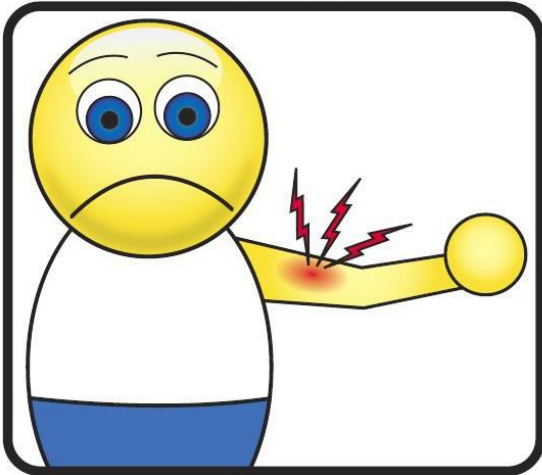
Stomach Hurts



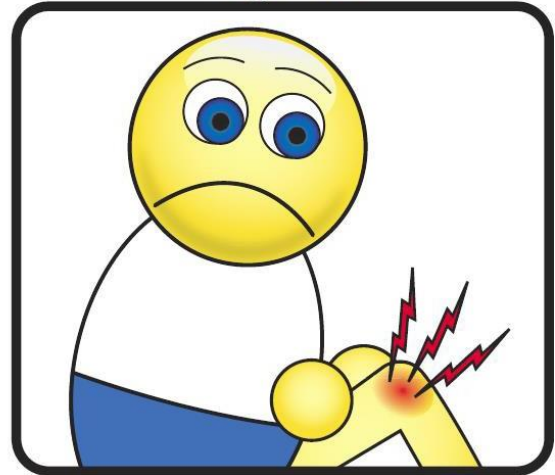
Back Hurts



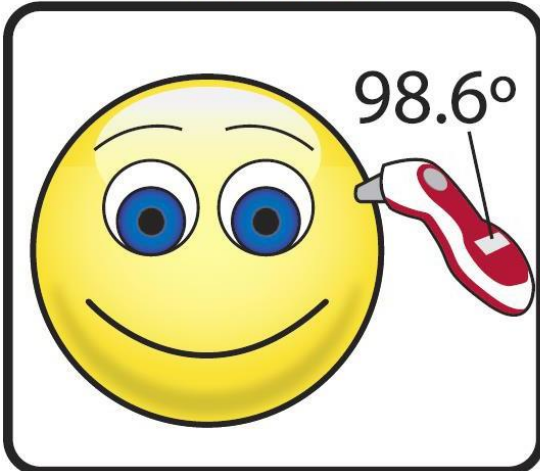
Arm Hurts



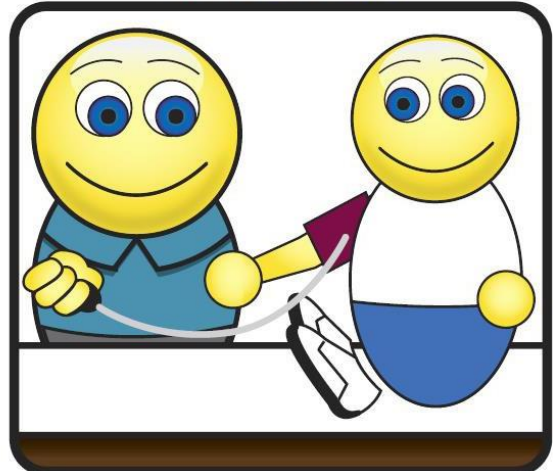
Leg Hurts



Thermometer

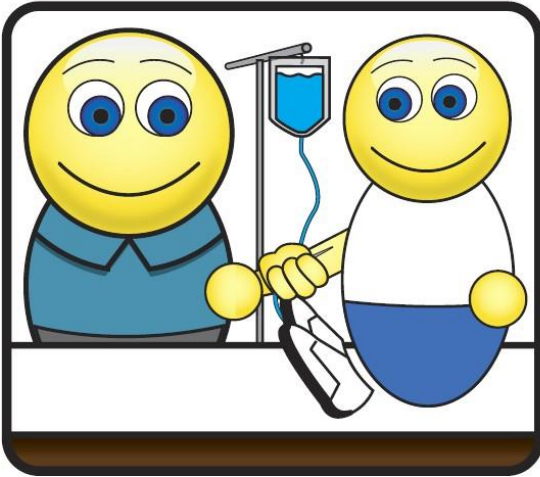


Blood Pressure

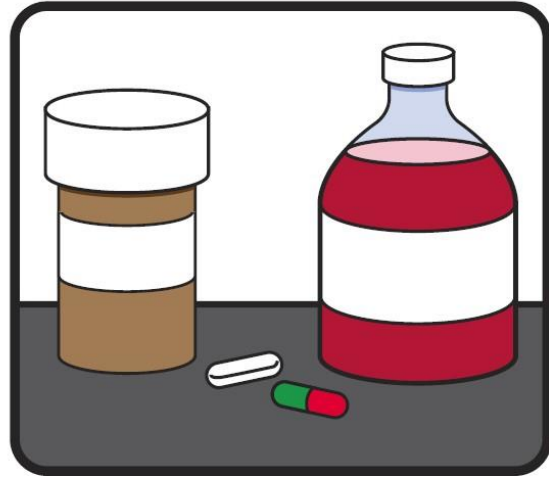


COMMUNICATION CARDS

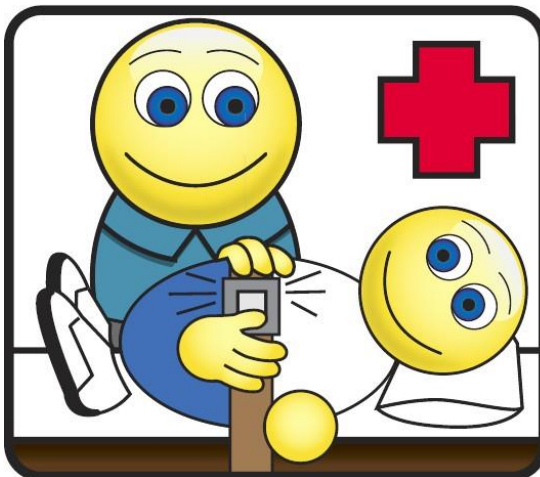
IV Fluid



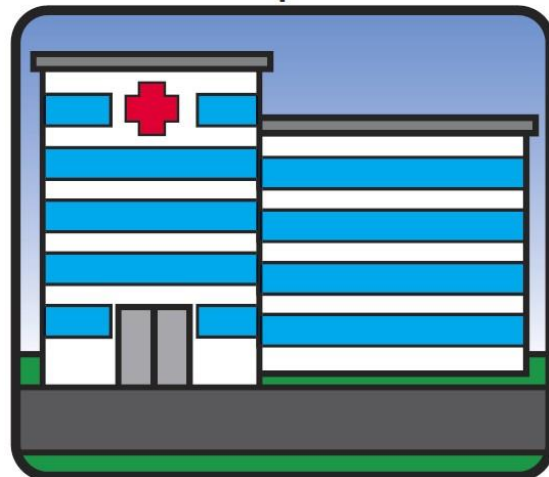
Medicine



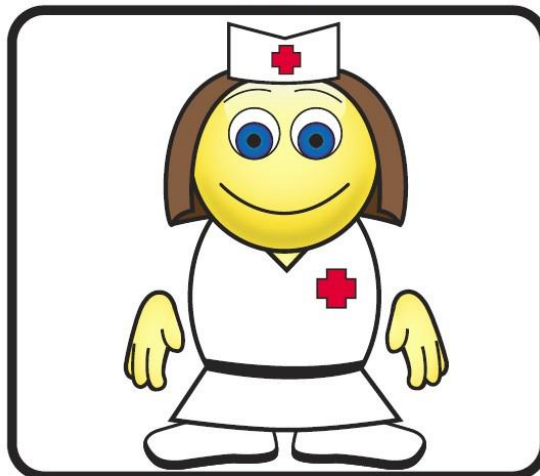
Cot



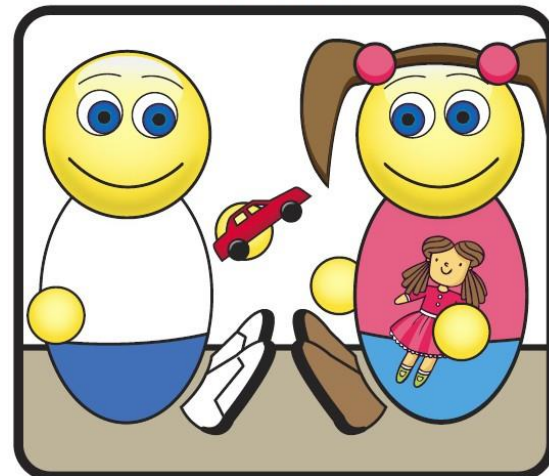
Hospital



Nurse



All Better



PEDIATRIC SAFE TRANSPORT



** Devices shown in this section are **not** being endorsed and are only used for visual/training purposes. Please follow your local EMS services' transport policies and guidelines. **



Safe Transport of Children by EMS: Interim Guidance *March 8, 2017*

Establishing guidelines for safely transporting children in ambulances has been an endeavor undertaken by various individuals and organizations in recent years. Despite these efforts, this multi-faceted problem has not been easy to solve. While there have been resources developed, such as the *Working Group Best-Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances* (NHTSA 2012), there remain unanswered questions, primarily due to the lack of ambulance crash testing research specific to children.

The National Association of EMS State Officials (NASEMSO) is committed to advocating for the creation of evidence-based standards for safely transporting children by ambulance. Such standards would ensure a safer environment for the patients who rely on the EMS provider to act on their behalf. Developing standards will require large investments of both time and funding to conduct the required crash testing. If research were started today, it would require at least three years and hundreds of thousands of dollars to complete.

While NASEMSO collaborates with other organizations to bring these standards to reality, it recognizes the gap between that goal and the reality of the decisions that EMS providers face today will continue to be an issue of concern. The purpose of this interim guidance is to reduce that gap as much and as soon as possible, until evidence can be collected, analyzed, and used to develop standards specifically for children. Ultimately, pediatric restraint devices should be tested by the manufacturer to meet a new, yet-to-be developed standard.

NASEMSO recommends that this new standard include a pass/fail injury criteria comparable to that identified in FMVSS-213, which applies to child restraints in passenger vehicles. All testing should use the ambulance-specific crash pulses described in SAE J3044, SAE J2956, and SAE J2917 respectively. Litters used in testing should meet the SAE J3027 Integrity, Retention and Patient Restraint Specifications. Manufacturers should indicate to prospective purchasers whether their device(s) have met these requirements for the weight range indicated for the device.

It is the position of NASEMSO that:

- 1) Evidence-based standards for safely transporting children in ambulances should be developed and published by nationally recognized standards development organizations, such as the Society for Automotive Engineers (SAE);
- 2) Safe ambulance transport should be considered as a standard of care for the EMS system equivalent to maintaining an open airway, adequate ventilation and the maintenance of cardiovascular circulation; and
- 3) There are immediate actions that can be taken to improve pediatric safety in ambulances including, but not limited to:
 - a. All EMS agencies that transport children should develop specific policies and procedures that address, at minimum the following elements:
 - i. Methods, training (initial and continual), and equipment to secure children during transport in a way that reduces both forward motion and possible ejection. The primary focus should be to secure the torso, and provide support for the head, neck, and spine of the child, as indicated by the patient's condition;¹

- ii. Considerations for the varied situations that a child who needs transport to a hospital or other point of care may present to the EMS professional. These include, but may not be limited to a child who is:
 - uninjured/not ill,
 - ill/injured, but requiring no intensive interventions or monitoring,
 - requiring intensive interventions or monitoring,
 - requiring spinal immobilization or supine transport, and
 - multiple patients;²
 - iii. Prohibits children from being transported unrestrained, e.g. held in arms or lap;³
 - iv. Provision for securing all equipment during a transport where a child is an occupant of the vehicle, with mounting systems tested in accordance with the requirements of SAE J3043;
 - v. Only use child restraint devices in the position for which they are designed and tested; and
- b. EMS agencies should have appropriately-sized child restraint system(s) readily available on all ambulances that may transport children. Additionally, personnel should be initially and recurrently evaluated and trained on the correct use of those restraint systems;
- i. The device(s) should cover, at minimum, a weight range of between five (5) and 99 pounds (2.3 - 45 kg), ideally supporting the safest transport possible for all persons of any age or size;
 - ii. Only the manufacturer's recommendations for the weight/size of the patient should be considered when selecting the appropriate device for the specific child being transported; and
- c. State EMS officials should act to put interim steps in place while evidence-based standards are developed and implemented, including, but not limited to:
- i. Encourage and support EMS transport agencies to implement cost effective solutions to mitigate risk while transporting children in ambulances; and
 - ii. Work with other state EMS officials to create uniform approaches and policy language, including, but not limited to a network of information relating to ambulance crash-related injuries; and
- 4) NASEMSO does not recommend or endorse any particular product.

¹Working Group Best-Practice Recommendations for the Safe Transport of Children in Emergency Ground Ambulances, page 12.

²Ibid, pages 12-15.

³The Do's and Don'ts of Transporting Children in an Ambulance (December 1999).

SITUATION 1

UNINJURED/NOT ILL

Possible Scenario:

You are called to a low speed, minor vehicle crash. A female patient wishes to go to the hospital via EMS yet has a small child that was also in the car with her. This child is uninjured and is not considered a patient per your policy or protocol. The child's car seat is not damaged and is deemed safe to use per NHTSA guidelines (listed below). The safest way for the child to be transported to the same facility as the patient would be (in order of preference):

National Highway Traffic Safety Administration (NHTSA) Car Seat Safety Studies

NHTSA cites several international studies which showed that after minor vehicle crash tests, even when there is visible stress to the child restraint, the restraint still performed well in subsequent crash tests. NHTSA's policy on replacing child restraints after minor vehicle crashes is the following:

- NHTSA recommends that child safety seats and boosters be replaced following a moderate or severe crash in order to ensure a continued high level of crash protection for child passengers.
- NHTSA recommends that child safety seats do not automatically need to be replaced following a minor crash.

MINOR CRASHES ARE THOSE THAT MEET **ALL** OF THE FOLLOWING CRITERIA:

- The vehicle was able to be driven away from the crash site;
- The vehicle door nearest the safety seat was undamaged;
- There were no injuries to any of the vehicle occupants;
- The air bags (if present) did not deploy; AND
- There is no visible damage to the safety seat

1. The first and most ideal option would be that the child goes in another vehicle and car seat is properly installed in the backseat per the vehicle owner's manual.



SITUATION 1

UNINJURED/NOT ILL

2. The second option would be to place the child in the front passenger seat of the ambulance, **ONLY** if the airbags can be turned off and the car seat can be installed in the forward-facing position.



3. The last option would be that the child's car seat is installed in the captain's chair of the patient treatment area of the ambulance. A rear-only facing car seat **CANNOT** be used in this position. Please ensure that all items are safely secured in the patient compartment area.



SITUATION 2

ILL/INJURED; REQUIRING NO INTENSIVE INTERVENTIONS/MONITORING

Possible Scenario:

You are called to a home for a child that is not feeling well. The guardian states that they cannot get into their primary pediatrician's office today and she is without a vehicle. Guardian would like the child transported to the nearest hospital. The patient's vital signs are stable, and you see no life-threatening conditions at this time.

Options listed in no particular order for situation 2;

Car seat CAN be used on cot when it is a:

- Convertible car seat 5-40lbs
 - Install facing the rear of the ambulance
 - Head of cot elevated
 - Cot straps through rear-facing **and** forward-facing belt paths

Rear-facing only seats
CANNOT be used



- Dream Ride Car Bed
 - Infants 5-20lbs, who cannot tolerate semi-upright seated position or who must lay flat
 - Requires an extra set of belt loops
 - Install perpendicular to the cot
 - Cot straps through loops on both sides of the car bed



SITUATION 2

ILL/INJURED; REQUIRING NO INTENSIVE INTERVENTIONS/MONITORING



Ferno Pedi-Mate

- 10-40lb (4.5-18kg)
- Five-point harness system
- Fernoems.com



Ferno Pedi-Mate Plus

- 10-100lb patient (4.5-45.3kg)
- Five-point harness system
- Fernoems.com



Quantum ACR4 (Ambulance Child Restraint)

- 4-99lb patient (1.8-45kg)
- 4 color-coded size selections
- Quantum-ems.com



Integrated Child Seats

- Varies by manufacturer

SITUATION 3

ILL/INJURED; REQUIRING INTENSIVE INTERVENTIONS/MONITORING

Possible Scenario:

You are called to a home for a child that is having difficulty breathing. Patient has a history of asthma and has already taken two breathing treatments at home. Guardian would like the child transported to the nearest hospital. The patient needs continuous breathing treatments, cardiac monitoring and intravenous access for possible medication administration.

Keep in mind that during transport, you will want full access to your patient for interventions and ability to listen to lung sounds. Patient transport on the cot is vital for appropriate patient care to be delivered and monitored. Also consider that this patient may not be able to lay flat during transport.

Options listed in no particular order for situation 3;

Car seat CAN be used on cot when it is a:

- Convertible car seat 5-40lbs
 - Install facing the rear of the ambulance
 - Head of cot elevated
 - Cot straps through rear-facing **and** forward-facing belt paths

Rear-facing only seats
CANNOT be used



SITUATION 3

ILL/INJURED; REQUIRING INTENSIVE INTERVENTIONS/MONITORING



Ferno Neomate

- 7-14lb (3.2-6.4kg)
- Five-point harness system
- Fernoems.com



Ferno Pedi-Mate

- 10-40lb (4.5-18kg)
- Five-point harness system
- Fernoems.com



Ferno Pedi-Mate Plus

- 10-100lb patient (4.5-45.3kg)
- Five-point harness system
- Fernoems.com



Quantum ACR4 (Ambulance Child Restraint)

- 4-99lb patient (1.8-45kg)
- 4 color-coded size selections
- Quantum-ems.com

SITUATION

SPINAL IMMOBILIZATION OR SUPINE TRANSPORT

Possible Scenario:

You are called to a local playground for a child that has fallen off the 8-foot-tall monkey bars. Patient is complaining of neck and lower back pain. Guardian on scene advises that patient has not moved his legs since the fall. No one has moved the patient and followed all directions given by dispatch for keeping the patients head and neck still. Guardian would like the child transported to the nearest trauma facility for evaluation.

Keep in mind that during transport, you will want full access to your patient for interventions. Patient transport on the cot is vital for appropriate patient care to be delivered and monitored.

Recent studies and literature have prehospital care providers transitioning from fully immobilizing and/or transporting patients on long spine boards. Please follow our local medical director's orders when it comes to immobilizing and transporting suspected trauma patients.



Life Support Products Infant/Pediatric Immobilization Board

- Infant to approx. 75lbs (up to 34kg)
- MRI Compatible and X-ray Translucent
- Alliedhpi.com



PEDI - SPIDER straps

- Poly-Pro webbing used – rated at 800lbs
- Can be used with most long spine boards
- Resistant to mold, mildew, acids and alkalis

SITUATION

MULTIPLE PATIENTS

Possible Scenario:

You are called to a home for a woman in labor. The patient says she feels the 'urge to push.' Within ten minutes of being on scene, you deliver a baby boy. Mother, patient 1, is bleeding profusely and signs of shock are noted. Baby boy, patient 2, has an APGAR of 7 at one minute and 8 at 5 minutes. Meconium is present during assessment. Both patients need to be transported to the nearest facility.

Patient 1 will need to be transported on a cot. She is needing interventions and continuous monitoring. Patient 2 will need to be transported on a cot in an appropriate child restraint system. Patient two will also need continuous monitoring and possible airway interventions, i.e. suctioning.

A child passenger, especially a newborn, must **NEVER** be transported on an adult's lap nor should **ANYONE** hold a newborn during transport.

Please keep in mind the number of appropriate pediatric transport devices that are available to you as the provider. In situations of multiple births or multiple pediatric patients needing transported at one time, resources will need to be considered early in the call. All pediatric patients need to be transported in an appropriate and safe manner.

The University of New Mexico EMSC Program has two online training modules titled "Safe Transport of Children In EMS Vehicles." Taking the extra time to ensure safe transport is not only looking out for the patient's safety, but also yours! The two online modules can be found at: <https://emed.unm.edu/pem/programs/ems-for-children-emsc/emsc-online-course-directory.html>



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