Pediatric Multiple Trauma

**History**
- Time and mechanism of injury
- Height of any fall
- Damage to structure or vehicle
- Location in structure or vehicle
- Others injured or dead
- Speed and details of MVC
- Restraints / Protective equipment
  - Car Seat / Helmet / Pads
- Ejection
- Past medical history
- Medications

**Signs and Symptoms**
- Pain, swelling
- Deformity, lesions, bleeding
- Altered mental status
- Unconscious
- Hypotension or shock
- Cardiac/Respiratory Arrest

**Differential (Life Threatening)**
- Chest
  - Tension pneumothorax
  - Flail chest
  - Pericardial tamponade
  - Open chest wound
  - Hemotherax
- Intra-abdominal bleeding
- Pelvis / Femur fracture
- Spine fracture / Cord injury
- Head injury (see Head Trauma)
- Extremity fracture / dislocation
- HEENT (Airway obstruction)
- Hypothermia

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**Universal Patient Care Protocol**

**Assessment of Serious Signs / Symptoms**
- ABC and LOC

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**Vascular Access Protocol**

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**Pediatric Airway Protocol**

**Pediatric Head/Spine Trauma Protocol**

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**Rapid Transport**
- to appropriate destination using EMS System Trauma Plan
- Limit Scene Time to 10 minutes
- Provide Early Notification

**Cardiac Monitor / 12 Lead EKG Acquisition**

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**Hypotension Protocol**
- Splint Suspected Fractures
- Consider Pelvic Binding
- Hemorrhage Control Procedure

**Consider Chest Decompression Needle Procedure if indicated**

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**Pediatric Pain Protocol**

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**Repeat Assessment**
- Splint Suspected Fractures
- Consider Pelvic Binding
- Hemorrhage Control Procedure

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**Transport to appropriate destination using EMS System Trauma Plan**

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**Monitor and Reassess**

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**Notify Destination or Contact Medical Control**

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Pearls

- **Items in Red Text (below) are key performance measures used in the EMS Acute Trauma Care Toolkit**
- **Recommended Exam:** Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- **Transport Destination is chosen based on the EMS System Trauma Plan with EMS pre-arrival notification.**
- Examine all restraints / protective equipment for damage.
- In prolonged extrications or serious trauma consider air transportation for extended transport times.
- Do not overlook the possibility for child abuse.
- Consider non-accidental trauma in situations where injuries are inconsistent with mechanism, unexplained injuries exist, or there are conflicting reports of injury.
- See considerations for Non-accidental trauma in Pediatric Head/Spine Trauma Protocol.
- Scene times should not be delayed for procedures. These should be performed en route when possible.
- Bag valve mask is an acceptable method of managing the airway if pulse oximetry can be maintained above 90%.