If history, symptoms, or signs of head or spinal injuries are present, manually immobilize the head and neck while maintaining a patent airway using a modified jaw-thrust method.

Immobilization of the entire spine is indicated following initial stabilization.

Supportive Care

1. Trauma Supportive Care Protocol.

2. If not hypotensive (see Pediatric Vital Signs), elevate head of backboard 30 degrees (12-18 inches).

ALS Level 1

1. If signs of brainstem herniation exist (e.g. pupillary dilation, asymmetric pupillary reactivity, or motor posturing), consider intubation and ventilate @ 20/minute for child and 30/minute for infant.

ALS Level 2 (Physician Authorization Required)

1. If patient is seizing, (avoid glucose containing solutions and medications).