



PEDIATRIC TRAUMA EMERGENCIES



Escambia County, Florida - ALS/BLS Medical Protocol

These protocols cover specific types of injuries and their treatment. The initial assessment of the trauma patient should include determination of trauma alert criteria (see [Trauma Transport](#)).

When the situation demands (e.g. trauma alert criteria is met), scene time should be limited as much as possible (e.g. 10 minutes) and the patient should be expeditiously transported to a trauma center.

Do not delay transport to establish vascular access or bandage and splint every injury. Priority should be given to airway management, rapid preparation for transport (e.g. full immobilization on a backboard) and control of gross hemorrhage.

If a vascular access is obtained and hypovolemia is suspected (e.g. signs and symptoms of shock), a fluid challenge of 20 ml/kg should be administered. If the patient is still in shock, repeat fluid challenge at 20 ml/kg until a maximum of 60 ml/kg is administered. However, administration of large volumes of IV fluids has been found to be deleterious to the survival of patients with uncontrolled hemorrhage, internally or externally. In recent studies (NEJM, 1994), it has been shown that maximal fluid resuscitation may increase the bleeding, preventing the formation of a protective thrombus or dislodging it once the intraluminal pressure exceeds the tamponading pressure of the thrombus. Therefore, consult with the physician should be made prior to the administration of large volumes of IV fluids when the transport time is relatively short (e.g. < 20 minutes).

Avoid the use of vasopressor agents (e.g. Dopamine) in trauma patients that are hypotensive (see [Pediatric Vital Signs](#)).

The pregnant adolescent female in her third trimester should be placed on her left side for transport. If the injuries require the use of a backboard, following full immobilization to the backboard, said board should be tilted to the left. Failure to follow this practice may cause hypotension due to decreased venous return.



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Approved by:


Charles Neal, D.O. Medical Director