Pediatric Assessment & Treatment

Purpose: This protocol provides general guidelines for pediatric patient management. Unless otherwise stated, pediatric protocols will apply to patients less than or equal to 14 years of age. If the patient's age is not known, then pediatric protocols will apply until there are physical signs that the patient has reached puberty as indicated by armpit hair in boys and breast development in girls.

Assessment

MRF/EMT/SPECIALIST/PARAMEDIC

1. Ensure scene safety.
2. Form a general impression of the patient's condition.
3. Observe standard precautions.
4. Establish patient responsiveness. If cervical spine trauma is suspected, manually stabilize the spine.

Management

MRF/EMT/SPECIALIST/PARAMEDIC

1. Assess the patient's airway and respirations. If compromise is suspected refer to the **Pediatric Respiratory Distress, Failure or Arrest Protocol**.
2. Control hemorrhage using direct pressure or a pressure dressing.
3. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, blood pressure, and the quality of central and peripheral pulses.
4. Evaluate mental status, including pupillary reaction, distal function and sensation.
5. If spinal trauma is suspected, continue manual stabilization, place a size appropriately rigid cervical collar, and observe spinal precautions. Refer to **Pediatric Trauma Protocol.**
6. Expose the child only as necessary to perform further assessments. Keep child as warm as possible.
7. Reassess the patient frequently.
8. If pulse absent, refer to **Pediatric Cardiac Arrest - General Protocol**.

EMT/SPECIALIST/PARAMEDIC

9. For pediatric patients with life threatening or potentially life threatening conditions measure the patient with Broselow Pediatric Emergency Care tape to determine color.
10. If the child's condition is critical or unstable, initiate transport as indicated. Perform focused history and detailed physical examination en route to the hospital if patient status and management of resources permit.

SPECIALIST/PARAMEDIC

11. If there is evidence of shock, obtain vascular access using an age-appropriate large-bore catheter. If intravenous access cannot be obtained, proceed with intraosseous access if indicated. Administer an IV/IO fluid bolus of normal saline at 20 ml/kg set to maximum flow rate. Reassess patient after bolus. If signs of shock persist, bolus may be repeated at the same dose for a maximum total of 40 ml/kg.

PARAMEDIC

12. Initiate cardiac monitoring.

Post-Radio

1. Contact Medical Control for additional instructions.

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Assessment

- Ensure scene safety
- Form a general impression of patient's condition
- Observe standard precautions
- Establish patient responsiveness
- If cervical spine trauma is suspected, manually stabilize the spine

Management

Assess patient's airway & respirations → If compromise suspected → Refer to **Pediatric Respiratory Distress, Failure or Arrest Protocol**

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Control hemorrhage using direct pressure or a pressure dressing

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Assess circulation & perfusion by:

- Measuring heart rate
- Observing skin color & temperature, capillary refill time
- Blood pressure
- Quality of central & peripheral pulses
- Evaluate mental status including pupillary reaction, distal function & sensation

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Spinal trauma suspected:

- Continue manual stabilization
- Place a sized appropriately rigid cervical collar & observe spinal precautions

→ Refer to **Pediatric Trauma Protocol**

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Expose child only as necessary to perform further assessments
Keep child as warm as possible

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Reassess patient frequently → If pulse absent → Refer to **Pediatric Cardiac Arrest General Protocol**

For patients with life threatening or potentially life threating conditions
Measure patient with Broselow Pediatric Emergency Care tape to determine color

If child's condition is critical or unstable, initiate transport as indicated.

Perform focused history & detailed physical exam en route to hospital if patient status & management of resources permit

If evidence of Shock

- Obtain vascular access using age-appropriate large-bore catheter
- If IV access cannot be obtained, proceed with IO, if indicated.
- Administer an IV/IO fluid bolus of NS at 20 ml/kg set to max flow rate
- Reassess patient after bolus
- If signs of shock persist, bolus may be repeated at the same dose for a maximum total of 40 ml/kg

Initiate cardiac monitoring

Contact Medical Control