

POLICY: 555.87
TITLE: Pediatric Extremity Trauma

EFFECTIVE: 02/13/2019
REVIEW: 02/2024
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 1

PEDIATRIC EXTREMITY TRAUMA

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS

ASSESS	CAB
SPINE IMMOBILIZATION	If indicated, refer to Policy 554.80 – Selective Spinal Movement Restriction.
OXYGEN	Oxygen delivery as appropriate
HEMORRHAGE CONTROL	<ul style="list-style-type: none"> Control bleeding with direct pressure Consider tourniquet if bleeding uncontrolled Elevate and splint injured extremity in position of comfort
DRESS & SPLINT	<ul style="list-style-type: none"> Splint dislocations in position found. Check neurovascular status prior to and after each extremity manipulation. Control bleeding with direct pressure. Cover exposed bone with saline soaked gauze. Angulated long bone fractures may be realigned with gentle axial traction for splinting. In cases involving major multi-system trauma, consider "splinting the whole body" by strapping the patient to a back board, rather than splinting each individual extremity. Consider hemostatic dressings or tourniquet as appropriate.
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber. If signs of shock, give 20 ml/kg fluid bolus until Broselow Tape systolic BP target. Reassess patient after each bolus.
MORPHINE	Refer to Pain Management Protocol 555.43
CONSIDERATIONS	Amputations - If partial amputation, splint in anatomic position and elevate the extremity. Wrap completely amputated parts in dry sterile gauze, then place in a sealed, dry container. Place container in ice, if possible.