

POLICY: 555.86
TITLE: Pediatric Abdominal Trauma

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC ABDOMINAL 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

SECURE AIRWAY/INTUBATE

Use simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to Policy 554.00 – General Protocols.

SPINE IMMOBILIZATION

If indicated, refer to General Procedures Protocol 554.80 – Selective Spinal Movement Restriction.

OXYGEN

Oxygen delivery as appropriate.

IV/IO ACCESS

TKO with microdrip tubing and volume control chamber. If signs of shock, give 20 ml/kg fluid bolus until length based tape systolic BP target. Reassess patient after each bolus.

DRESS & SPLINT

Dress and splint as indicated. Consider hemostatic dressings as appropriate.

CONSIDERATIONS

Impaled Object - Immobilize and leave in place. Remove object only if object interferes with CPR, extrication, or ventilation.

Eviscerating Trauma - Cover eviscerated bowels and organs with saline soaked gauze. Do not attempt to replace bowels or organs into the abdominal cavity.

Genital Injuries - Cover genitalia with saline soaked gauze. If necessary apply direct pressure to control bleeding. Treat amputation the same as extremity amputation, refer to Extremity Trauma Policy 555.87.

BASE PHYSICIAN ORDERS

PAIN MANAGEMENT

Refer to Pain Management Protocol 555.43