

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 1000.05
PEDIATRICS:
SHOCK / TRAUMA**

**ORIGINAL ISSUE 05/08
LATEST REVISION 2/15**

Pre-Hospital Actions:

1. Airway management as indicated; consider cervical spine injury.
2. Administer oxygen as needed to keep oxygen saturation > 94%.
3. Monitor Vital Signs, EKG and oxygen saturation per pulse oximeter.
4. Rapid transport.
5. If clinical signs of shock, start IV of Normal Saline and infuse a bolus of 20 mL/kg.
6. If patient remains hypotensive after above therapy, consider administration of another bolus of Normal Saline 20 mL/kg.
7. Any seriously injured pediatric patient (less than 16 years old), who has a revised trauma score of less than 12, a Pediatric Trauma score of 8 or less, or meets listed criteria for anatomical or mechanism of injury determinants, should be transported to a Level 1 Pediatric Trauma Center, if that transport can be accomplished within 20 minutes. If transport time exceeds 20 minutes, consider possible air ambulance utilization.

NOTE: The use of MAST trousers in children is contraindicated.

PEDIATRIC TRAUMA SCORE

| Patient Characteristics | +2 | +1 | -1 |
|-------------------------|--------|------------|---------------|
| Weight (kg) | >20 | 10-20 | <10 |
| Airway | Normal | Maintained | Unmaintained |
| Systolic Blood Pressure | >90 | 50-90 | <50 |
| Central Nervous System | Awake | Obtunded | Coma |
| Open Wound | None | Minor | Major |
| Skeletal Trauma | None | Closed | Open,multiple |

STANDARD PRECAUTIONS MUST BE OBSERVED.