



POLICY: 555.82
 TITLE: Pediatric Traumatic Shock

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC TRAUMATIC SHOCK

- 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 of EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS

ASSESS	CAB
SECURE AIRWAY	Using the 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.
OXYGEN	Oxygen delivery as appropriate
SPINE IMMOBILIZATION	If indicated, refer to Policy 554.80 – Selective Spinal Movement Restriction.
CONTROL OBVIOUS BLEEDING	Consider tourniquet for uncontrolled extremity hemorrhage.
IV/IO ACCESS	Start two large-bore cannulas with volume control chambers. Give 20 ml/kg fluid boluses. Repeat x 2. Reassess the patient after each bolus administration.
DRESS & SPLINT	Consider tourniquet or hemostatic dressing for uncontrolled hemorrhage. Dress and splint as indicated.
CONSIDER	
PAIN MANAGEMENT	Refer to Pain Management Protocol 555.43
TENSION PNEUMOTHORAX	For tension pneumothorax, on affected side in second intercostal space in midclavicular line. Perform on other side if no response to treatment and tension pneumothorax physiology persists. Secure catheter to chest.
ACCUCHECK	Test for glucose.