



POLICY: 555.86  
TITLE: Pediatric Abdominal Trauma

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

**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