



Pediatric Multiple Trauma

History

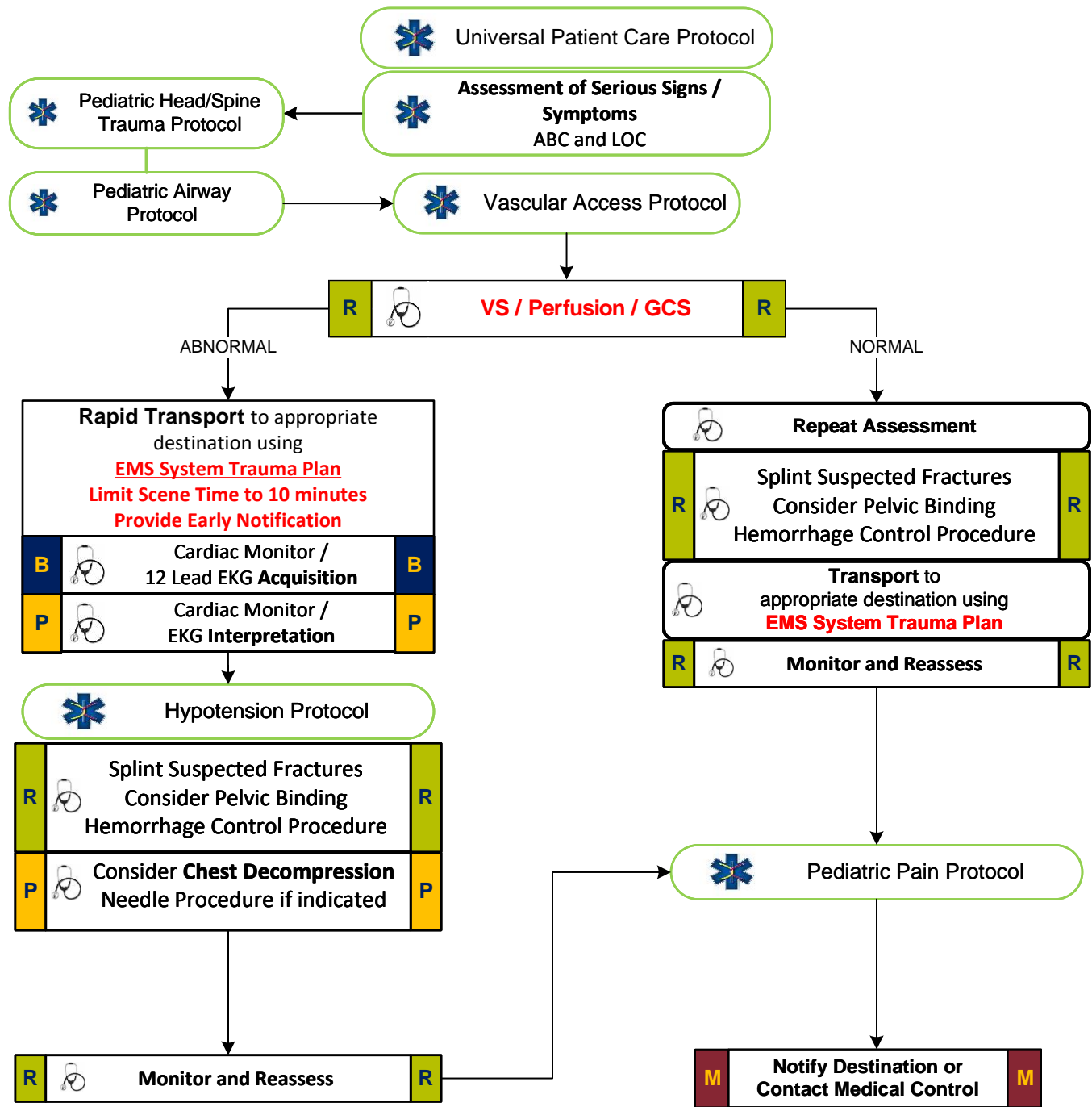
- Time and mechanism of injury
- Height of any fall
- Damage to structure or vehicle
- Location in structure or vehicle
- Others injured or dead
- Speed and details of MVC
- Restraints / Protective equipment
Car Seat / Helmet / Pads/Ejection
- Past medical history
- Medications

Signs and Symptoms

- Pain, swelling
- Deformity, lesions, bleeding
- Altered mental status
- Unconscious
- Hypotension or shock
- Cardiac/Respiratory Arrest

Differential (Life Threatening)

- Chest
 - Tension pneumothorax
 - Flail chest
 - Pericardial tamponade
 - Open chest wound
 - Hemothorax
- Intra-abdominal bleeding
- Pelvis / Femur fracture
- Spine fracture / Cord injury
- Head injury (see Head Trauma)
- Extremity fracture / dislocation
- HEENT (Airway obstruction)
- Hypothermia





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Pearls

- **Items in Red Text (below) are key performance measures used in the EMS Acute Trauma Care Toolkit**
- **Recommended Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro**
- **Transport Destination is chosen based on the EMS System Trauma Plan with EMS pre-arrival notification.**
- Examine all restraints / protective equipment for damage.
- In prolonged extrications or serious trauma consider air transportation for extended transport times.
- Do not overlook the possibility for child abuse.
- Consider non-accidental trauma in situations where injuries are inconsistent with mechanism, unexplained injuries exist, or there are conflicting reports of injury
- See considerations for Non-accidental trauma in Pediatric Head/Spine Trauma Protocol
- Scene times should not be delayed for procedures. These should be performed en route when possible.
- Bag valve mask is an acceptable method of managing the airway if pulse oximetry can be maintained above 90%.