

POLICY: 555.87
TITLE: Pediatric Extremity Trauma

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 1

PEDIATRIC EXTREMITY 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
SPINE IMMOBILIZATION	If indicated, refer to Policy 554.80 – Selective Spinal Movement Restriction.
OXYGEN	Oxygen delivery as appropriate
HEMORRHAGE CONTROL	<ul style="list-style-type: none"> • Control bleeding with direct pressure • Consider tourniquet if bleeding uncontrolled • Elevate and splint injured extremity in position of comfort
DRESS & SPLINT	<ul style="list-style-type: none"> ▪ Splint dislocations in position found. ▪ Check neurovascular status prior to and after each extremity manipulation. ▪ Control bleeding with direct pressure. ▪ Cover exposed bone with saline soaked gauze. ▪ Angulated long bone fractures may be realigned with gentle axial traction for splinting. ▪ In cases involving major multi-system trauma, consider "splinting the whole body" by strapping the patient to a back board, rather than splinting each individual extremity. ▪ Consider hemostatic dressings or tourniquet as appropriate.
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber. If signs of shock, give 20 ml/kg fluid bolus until Broselow Tape systolic BP target. Reassess patient after each bolus.
MORPHINE	Refer to Pain Management Protocol 555.43
CONSIDERATIONS	Amputations - If partial amputation, splint in anatomic position and elevate the extremity. Wrap completely amputated parts in dry sterile gauze, then place in a sealed, dry container. Place container in ice, if possible.