

POLICY: 555.83
TITLE: Pediatric Traumatic Arrest

EFFECTIVE: 07/01/2024
REVIEW: 07/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC TRAUMATIC ARREST

- 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, and Paramedics within their scope of practice.
- III. PROTOCOL

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
HP-CPR: including AED. Continue as appropriate. Do not delay transport even if CPR has to be interrupted.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
OXYGEN: ventilate with 100% oxygen.					
SPINAL MOTION RESTRICTION: if indicated.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
DEFIBRILLATION: for V-fib or V-tach, defibrillate 1 st time @ 2 joules/kg. Immediately restart CPR. Reassess rhythm every 2 minutes. Subsequent defibrillations @ 4 joules/kg. Complete TRAUMATIC ARREST P81 before referring to cardiac guidelines.				X	
TRANSPORT ASAP: immediate transport to closest definitive care.	X	X	X	X	
VASCULAR ACCESS: IV/IO, attempt at least 2 large bore IVs.				X	
FLUID BOLUS: NS 20 mL/kg as indicated. Reassess after each bolus. If suspected uncontrolled bleeding, maintain systolic BP normal for age.					
DRESS & SPLINT: as needed and as time allows.	X	X	X	X	
NEEDLE THORACOSTOMY - for tension pneumothorax, on affected side(s) between 2 nd & 3 rd intercostal space midclavicular line OR between 4 th & 5 th intercostal space midaxillary line. Place catheter just above the rib to avoid the intercostal artery. Repeat if suspected catheter occlusion. Perform on both sides if unable to isolate affected side.				X	

	F	E	O	P	D
TEST FOR GLUCOSE		X	X	X	
D10: 2 - 4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose 10 minutes post infusion and repeat as needed.				X	
GLUCAGON: If no IV/IO access and unable to tolerate oral glucose, give 0.05 mg/kg IM (max 1 mg) if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 mg/dL, repeat dose.				X	
**TERMINATION OF RESUSCITATION: if none of <ul style="list-style-type: none"> • NOT hypothermic, • NOT victim of submersion, • NOT obviously pregnant, • Reversible causes treated, • NO ROSC after 5 two-minute cycles of HP-CPR performed 					X

**** Refer to Policy #570.20, DETERMINATION OF DEATH IN THE PREHOSPITAL SETTING**