POLICY: 555.83
TITLE: Pediatric Traumatic Arrest

EFFECTIVE: ~~02/01/2026~~DRAFT
REVIEW: ~~02/2028~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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, AEMT~~'~~s, and Paramedics within their scope of practice.

III. PROTOCOL

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

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
HP-CPR: including AED with AP placement. When available and appropriate*, use mechanical compression device or switch CPR providers every 2 minutes.	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.					X	
OXYGEN: ventilate with 100% oxygen.	X	X	X	X	X	
SPINAL MOTION RESTRICTION: if indicated.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
DEFIBRILLATION: for V-fib or V-tach, defibrillate at 4 joules/kg every 2 minutes. Complete 555.83 Pediatric Trauma Arrest before referring to cardiac guidelines.				X	X	
TRANSPORT ASAP: immediate transport to closest definitive care.	X	X	X	X	X	
VASCULAR ACCESS: IV/IO, attempt at least 2 large bore IVs.				X	X	
FLUID BOLUS: NS 20 mL/kg as indicated. Reassess after each bolus. Repeat at 10 mL/kg bolus.				X	X	
DRESS & SPLINT: as needed and as time allows.	X	X	X	X	X	
NEEDLE THORACOSTOMY - for tension pneumothorax, on affected side(s) between 2nd & 3rd intercostal space midclavicular line **OR** between 4th & 5th 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	A	P	D
TEST FOR GLUCOSE		X	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	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	X	
****TERMINATION OF RESUSCITATION:** if none of • NOT hypothermic, • NOT victim of submersion, • NOT obviously pregnant, • Reversible causes treated, • NO ROSC after 5 two-minute cycles of HP-CPR performed		X	X	X	X	~~X~~

* Mechanical Chest Compression device not recommended for 12 and under.

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

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4