

PEDIATRIC HEAD SPINAL FACIAL INJURIES

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> Time of injury MOI - blunt vs. penetrating Loss of consciousness Evidence of multi-system trauma 	<ul style="list-style-type: none"> AMS Pain, swelling, bleeding Cushing's Triad Unequal, sluggish pupils Respiratory distress or failure Vomiting 	<ul style="list-style-type: none"> Stroke Diabetic Emergency Hypovolemic Shock

	EMR	EMT	PM
1. Provide Pediatric Routine Trauma Care - treat life threatening problems with airway, breathing circulation and disability	•	•	•
2. Utilize Spinal Motion Restriction as indicated	•	•	•
3. Obtain ECG, monitor Capnography.		•	•

UNSTABLE: Altered Mental Status, PGCS ≤ 12 , MAP < 65 or Capillary refill > 2 sec.

4. Perform Rapid Trauma Assessment and manage airway as indicated	•	•	•
5. Control hemorrhage	•	•	•
6. Obtain blood glucose level. If blood glucose is < 60 , see Pediatric Diabetic Emergencies protocol	•	•	•
7. NORMAL SALINE 20 mL/kg increments, may repeat if remain unstable, max. 60mL/kg, titrate to MAP ≥ 65			•
8. If signs of increased ICP (see PEARL 1), ventilate to Capnography of 35-40 mmHg		•	•
9. If condition continues to deteriorate and failure to maintain airway/ventilate/oxygenate, consider Pediatric Airway Management			•
10. For seizures MIDAZOLAM: 0.2 mg/kg mg IM, max. 10 mg or 0.2 mg/kg IVP/IO/IN, max. single dose 2mg, may repeat 2 min., max. 10 mg			•

STABLE: GCS 15, MAP > 65 , skin warm/dry

4. Perform Focused Exam		•	•
5. Obtain blood glucose level. If blood glucose is < 60 , see Pediatric Diabetic Emergencies protocol	•	•	•

PEARLS:

- Rapid neurologic deterioration (unequal pupils, decerebrate posturing, lateralizing signs) often seen secondary to increased ICP should be treated with relative hyperventilation based on Capnography. Ventilate patient 1 breath/2-3 seconds to Capnography of 35-40 mmHg.
- A nasal airway should not be used with significant facial injury or possible basilar skull fracture

Use Calculator for dosing

PGCS 14-15	PGCS 9-13	PGCS ≤ 8
<ul style="list-style-type: none"> • Administer 100% O₂ as indicated • Control hemorrhage • Reassess PGCS • Observe 	<ul style="list-style-type: none"> • Administer 100% O₂ as indicated • Support ventilations as indicated • Control hemorrhage • Reassess PGCS • Observe 	<ul style="list-style-type: none"> • Administer 100% O₂ as indicated • Support ventilations as indicated • Utilize Pediatric Airway Management as indicated • Control hemorrhage