

# PEDIATRIC ROUTINE MEDICAL CARE

## ROUTINE TRAUMA CARE

	EMR	EMT	PM
1. Assess for scene safety and use of standard precautions	•	•	•

### PEDIATRIC ASSESSMENT TRIANGLE

2. Establish a level of severity, determine urgency for life support and identify key physiologic problems	•	•	•
3. Assess appearance, work of breathing, circulation to skin	•	•	•

### PRIMARY ASSESSMENT

4. Assess airway, breathing, and circulation	•	•	•
5. Assess need for spinal motion restriction	•	•	•
6. Assess AVPU and Pediatric Glasgow Coma Scale	•	•	•
7. Expose and examine as indicated	•	•	•
8. Identify priority of patient and make transport decision	•	•	•

### SECONDARY ASSESSMENT: SAMPLE, FOCUSED, PMH, PHYSICAL EXAM

9. Obtain vital signs, pain scale, temp., blood glucose	•	•	•
10. Determine weight (utilize length-based tape) and age	•	•	•
11. Administer supplemental <b>OXYGEN</b> to maintain SpO <sub>2</sub> >94%. Monitor and record SpO <sub>2</sub> reading before/during oxygen administration.  Nasal cannula: 2-6 LPM Non-rebreather mask: 12-15 LPM Bag-valve mask: 15 LPM	•	•	•
12. Perform physical (toe-to-head on 0-4 years) and obtain PMH	•	•	•
13. Monitor and record Capnography before/during oxygen administration.		•	•

### INITIAL TREATMENT:

14. Establish IV/IO as indicated by patient condition	•
15. Administer <b>NORMAL SALINE</b> and adjust flow rate as indicated by patient condition. See link for dosages based on etiology of shock.	•

### ONGOING ASSESSMENT:

16. Reassess condition, vital signs, pain scale, and Capnography as frequently as condition indicates, and following every treatment.	•	•	•
17. Contact <b>OLMC</b> to give report	•	•	•
18. Transport to Closest Appropriate Facility	•	•	•

### NOTE:

- All medication dosage should be weight based. Reference [Pediatric Reference Chart](#).
- A patient under the age of 16 is considered to be a pediatric patient
- If less than 5 kg, Contact OLMC for medication guidance.