



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES

#: BH-P-020
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TRAUMA FULL ARREST – PEDIATRIC

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered to base hospital contact. Use ALS Standing Orders as guideline for treatments/procedures not initiated prior to Base Hospital/CCERC contact.
2. Treat non-trauma related cardiac arrest by following BH-P-40/SO-P-40 Cardiopulmonary Arrest – Pediatric.
3. If no signs of life, consider OCEMS Policy # 330.50 Withholding Prehospital CPR for the Obviously Dead (Particularly for blunt trauma arrest victims):
 - Assess respiratory status
 - Assess cardiac rhythm status for perfusion/pulses
 - Assess neurologic response to stimulation (voice and touch) and pupil light reflex
 - If there is uncertainty regarding the above findings supporting withholding CPR, obtain cardiac rhythm strips in two leads to confirm asystole.
4. Trauma arrest patients for whom resuscitation and transport is pursued should be triaged as follows:
 - Unmanageable airway – Base Hospital Triage to closest open Trauma Center
 - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant patients) – triage to closest appropriate Trauma Center
5. Transport of victims to Trauma Centers should be rapid with treatment during transport when possible.

ALS STANDING ORDER

1. Initiate or maintain spinal motion restriction as appropriate.
2. Make early base contact for destination determination when transport indicated.
3. Maintain open airway, assess for upper airway obstruction:
 - ▶ Assist ventilation/oxygenation with BVM and high flow supplemental oxygen.
4. Monitor cardiac rhythm:
 - ▶ For bradycardia, ensure airway is open and provide high flow oxygen by mask, nasal cannula or blow-by at 6 L/min flow rate as tolerated.
5. IV access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
 - ▶ Infuse **20 mL/kg Normal Saline** fluid bolus, may repeat bolus twice to maintain adequate perfusion.
6. If chest injury and suspected tension pneumothorax:
 - ▶ Place Need Thoracostomy to side of chest with absent breath sounds.
 - ▶ Place bilateral Needle Thoracostomy when bilateral chest trauma observed.
7. Transport to Trauma Center as directed by Base Hospital or CCERC per OCEMS Policy # 310.00.

Approved:

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