



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES

#: BH-P-015  
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Org. Date: 4/01/2013  
Revise Date: 10/01/2019

GENERAL INJURY AND TRAUMA – PEDIATRIC

**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Patients meeting Trauma Triage Criteria should be routed to the nearest available Trauma Receiving Center.

GENERAL:

1. Needle Thoracostomy (Procedure PR-65) consider for trauma victims, particularly chest with severe respiratory distress and signs and symptoms of life-threatening tension pneumothorax. Signs and symptoms may include:
  - Progressively worsening dyspnea
  - Hypotension
  - Decreased or diminished breath sounds on affected side
  - Distended neck veins (bilateral)
  - Tracheal deviation away from the affected side

AIRBAG DEPLOYMENT:

1. Consider potential for eye injury, blunt force trauma to chest and abdomen.

EXTERNAL BLEEDING/HEMORRHAGE:

1. Infuse **Normal Saline IV** wide open as an initial **20 mL/kg bolus** and repeat two more times if needed to maintain perfusion.

**ALS STANDING ORDER**

AUTO ACCIDENT WITH AIRBAG DEPLOYMENT:

1. For eye irritation, brush off powder around upper face and irrigate with water.
2. Pulse oximetry, if oxygen saturation less than 95% provide:
  - ▶ Oxygen by mask (high flow) or nasal cannula (6 L/min) as tolerated.
3. For respiratory distress with wheezes, administer albuterol:
  - ▶ **Albuterol, continuous nebulization of 5 mg/6mL** as tolerated
4. Base contact required if meets Trauma Triage Criteria (OCEMS Policy # 310.30)
5. If does not meet Trauma Triage Criteria, transport to nearest ERC (ALS escort if Albuterol required).

EXTERNAL BLEEDING/HEMORRHAGE:

1. Apply direct pressure to bleeding site to control blood loss
  - ▶ If direct pressure successful in controlling extremity bleeding site, apply pressure dressing
  - ▶ For continued bleeding after application of direct pressure, consider use of hemostatic dressing with direct pressure
  - ▶ Use tourniquet application when upper or lower extremity bleeding is not controlled with direct pressure or hemostatic dressing with pressure dressing.
2. IV access if hypotensive or per paramedic judgement (initiate transport as soon as possible):
  - ▶ Fluid challenge with **20 mL/kg normal saline**.
  - ▶ If remains hypotensive after first normal saline bolus, repeat 20 mL/kg bolus up to two times (**total maximum infusion of normal saline of 60 mL/kg or three boluses**).
3. Make Base Hospital contact for all hypotensive hemorrhage cases for Trauma Center triage consideration.

Approved:

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GENERAL INJURY AND TRAUMA – PEDIATRIC

BASE GUIDELINES

EYE INJURY:

1. For continued pain after field administration of Morphine or Fentanyl, may provide Base Order for repeat:
  - ▶ **Morphine 0.1 mg/kg IV/IM**
    - Maximum single dose of 5 mg
    - Maximum total dose of 10 mg
  - OR
  - ▶ **Fentanyl 2 mcg/kg IN/IV/IM**
    - Maximum single dose of 50 mcg
    - Maximum total dose of 100 mcg

2. For vomiting, consider **Ondansetron 4 mg ODT** per ALS SO (on right).

ISOLATED SKELETAL TRAUMA (FRACTURES OR AMPUTATIONS) NOT MEETING TRAUMA TRIAGE CRITERIA:

1. For extremity fractures, always note presence or absence of peripheral pulse and sensation.
2. For continued pain after field administration of Morphine or Fentanyl, may provided Base Order for repeat:
  - ▶ **Morphine 0.1 mg/kg IV/IM**
    - Maximum single dose of 5 mg
    - Maximum total dose of 10 mg
  - OR
  - ▶ **Fentanyl 2 mcg/kg IN/IV/IM**
    - Maximum single dose of 50 mcg
    - Maximum total dose of 100 mcg

ALS STANDING ORDER

EYE INJURY

1. Cover injured eye without applying pressure to globe if required to keep child from rubbing or touching eye.
2. Elevate head 30 degrees or more if spinal motion restriction not required.
3. Morphine sulfate or Fentanyl as needed for severe pain. Contact Base if less than or equal to 2 years-old:
  - ▶ **Morphine sulfate 0.1 mg/kg IV/IM** (maximum single dose of 5 mg). May repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)
  - OR
  - ▶ **Fentanyl 2 mcg/kg IN/IV/IM** (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg).
4. For nausea or vomiting in child 4 years or older, give Ondansetron (Zofran™):
  - ▶ **Ondansetron (Zofran™) 4 mg ODT** tablet to dissolve orally.
5. Transport to nearest available ERC (ALS escort if medication administered).

ISOLATED EXTREMITY INJURY (FRACTURES OR DEEP LACERATIONS) NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Splint or immobilize fractured extremities (note breaks of skin or open wounds in fractured areas).
2. For fractures, note presence or absence of peripheral pulses and sensation.
3. Cover deep lacerations with sterile dressing if bleeding control not required.
4. Morphine sulfate or Fentanyl as needed for severe pain Contact Base if less than or equal to 2 years-old:
  - ▶ **Morphine sulfate 0.1 mg/kg IV/IM** (maximum single dose of 5 mg). may repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)
  - OR
  - ▶ **Fentanyl 2 mcg/kg IN/IV/IM** (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg).
5. Transport to nearest ERC (ALS escort if morphine or fentanyl administered).

Approved:

*Carl Schultz, MD*

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