

Considerations in Management of the Pediatric Trauma Patient

ORGANIZATION

- Immediately notify the pediatric surgery resident or attending on call of incoming trauma
- Members of the trauma team include pediatric surgery attending or resident, general and orthopedic surgery residents, emergency department physicians and personnel.
- The emergency department attending is in charge of trauma patient resuscitation until the pediatric surgery resident or attending arrives who will then assume command.

TEAMWORK

- The surgeon in charge of trauma resuscitation gives all orders and coordinates activities.

PATIENT ASSESSMENT

- A. Airway with C-spine control
- B. Breathing
- C. Circulation
 - I. Intravenous fluid: WARM Normal Saline
 - II. Intravenous fluid rate:
 - i. Hypovolemic shock = at least 25% blood volume loss
 - 20 ml/kg bolus. If not improved, repeat 20 ml/kg/bolus and have packed red blood cells available for stat administration
- D. Insert nasogastric tube, Foley catheter, take patient's temperature and keep warm with warming lights and warmed intravenous fluids. Apply electrocardiogram leads and pulse oximeter.
 - I. Do not insert nasogastric tube with extensive facial injury. Consider oral gastric tube.
 - II. A Foley catheter should not be passed and a urethrogram performed in the presence of:
 - i. Pelvic fracture
 - ii. Meatal blood
 - iii. Scrotal or perineal hematoma
- E. Complete physical examination. Remember to list positive findings and preliminary diagnosis. Calculate Glasgow coma and trauma scores.
- F. Dress wounds and immobilize fractured extremities.
- G. X-rays: Routinely obtain chest, abdominal and pelvic films. Obtain other x-rays including completed C-spine series as indicated by physical findings. Notify radiology of need for special studies as soon as possible
- H. Obtain past medical history
- I. Consider tetanus prophylaxis or antibiotics
- J. Contact appropriate consultants
- K. Talk to parents

MONITORING THE TRAUMA PATIENT

- A. Respiratory status airway, breathing, oxygen saturation, chest auscultation, respiratory rate
- B. Hemodynamic status: pulse, blood pressure, peripheral perfusion (skin color, temperature, capillary refill), urine output
- C. Neurologic status: state of consciousness, response to stimuli, pupil size, equality, and reactivity