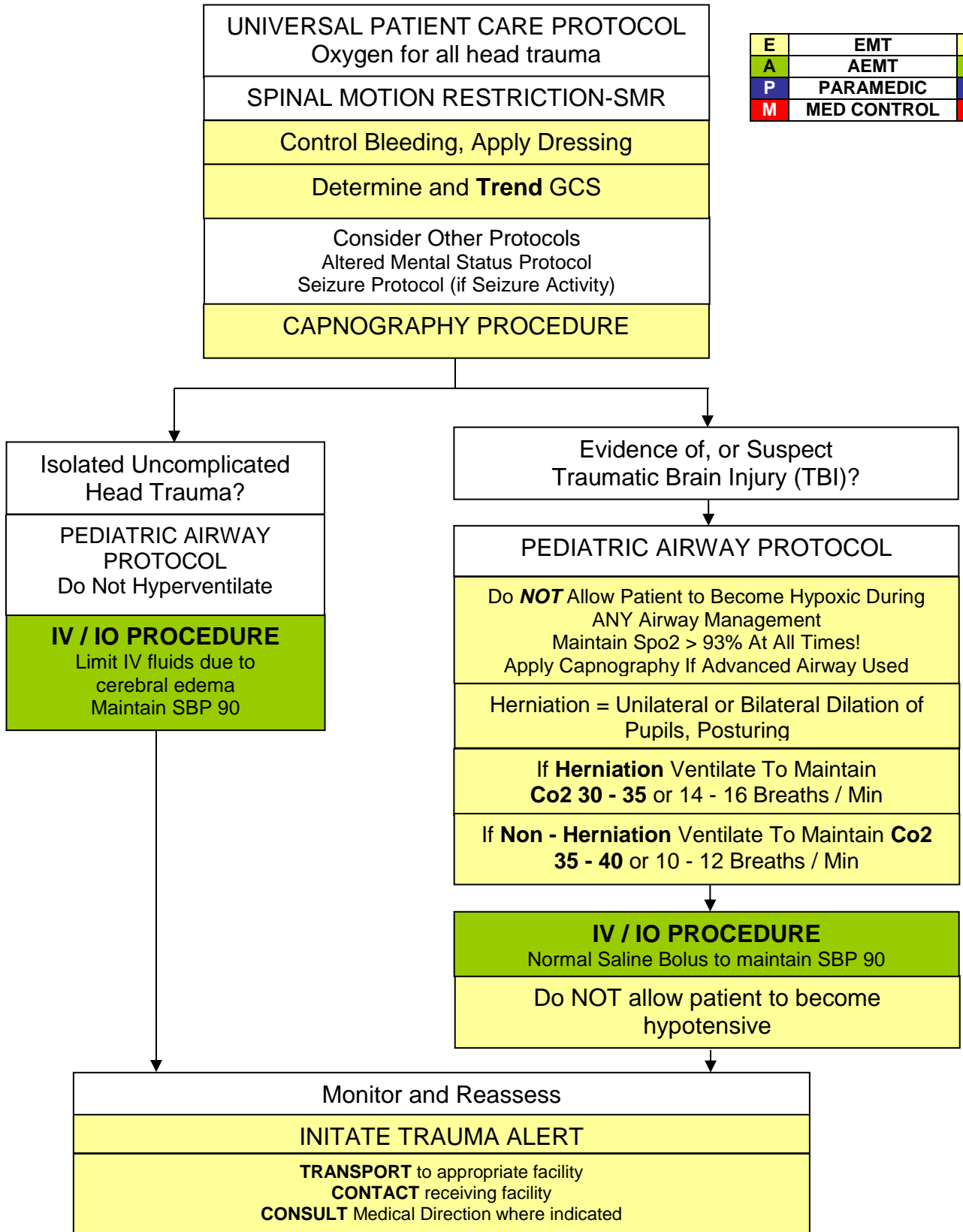




Section 11: Pediatric Trauma Protocols

PEDS TRAUMA: HEAD TRAUMA

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 11: Pediatric Trauma Protocols

PEDS TRAUMA: HEAD TRAUMA-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> • Time of injury • Mechanism (blunt vs. penetrating) • Loss of consciousness • Bleeding • Past medical history • Medications • Evidence for multi-trauma 	<ul style="list-style-type: none"> • Pain, swelling, bleeding • Altered mental status • Unconscious • Respiratory distress / failure • Vomiting • Major traumatic mechanism of injury • Seizure 	<ul style="list-style-type: none"> • Skull fracture • Brain injury (concussion, contusion, hemorrhage or laceration) • Epidural hematoma • Subdural hematoma • Subarachnoid hemorrhage • Spinal injury • Abuse

- **Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- If GCS < 12 consider air / rapid transport and if GCS < 8 intubation should be anticipated.
- Increased intracranial pressure (ICP) may cause hypertension and bradycardia (Cushing's Response).
- Hypotension usually indicates injury or shock unrelated to the head injury.
- The most important item to monitor and document is a change in the level of consciousness.
- Maintain SPO2 and BP. If ETCO2 monitoring is available = 35-40