PEDS TRAUMA: HEAD TRAUMA

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

UNIVERSAL PATIENT CARE PROTOCOL
Oxygen for all head trauma

SPINAL MOTION RESTRICTION-SMR

Control Bleeding, Apply Dressing

Determine and **Trend** GCS

Consider Other Protocols
Altered Mental Status Protocol
Seizure Protocol (if Seizure Activity)

CAPNOGRAPHY PROCEDURE

Isolated Uncomplicated Head Trauma?

PEDIATRIC AIRWAY PROTOCOL
Do Not Hyperventilate

IV / IO PROCEDURE
Limit IV fluids due to cerebral edema
Maintain SBP 90

Evidence of, or Suspect Traumatic Brain Injury (TBI)?

PEDIATRIC AIRWAY PROTOCOL

Do ***NOT*** Allow Patient to Become Hypoxic During ANY Airway Management
Maintain Spo2 > 93% At All Times!
Apply Capnography If Advanced Airway Used

Herniation = Unilateral or Bilateral Dilation of Pupils, Posturing

If **Herniation** Ventilate To Maintain **Co2 30 - 35** or 14 - 16 Breaths / Min

If **Non - Herniation** Ventilate To Maintain **Co2 35 - 40** or 10 - 12 Breaths / Min

IV / IO PROCEDURE
Normal Saline Bolus to maintain SBP 90

Do NOT allow patient to become hypotensive

Monitor and Reassess

INITATE TRAUMA ALERT

TRANSPORT to appropriate facility
CONTACT receiving facility
CONSULT Medical Direction where indicated

PEDS TRAUMA: HEAD TRAUMA-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Time of injury • Mechanism (blunt vs. penetrating) • Loss of consciousness • Bleeding • Past medical history • Medications • Evidence for multi-trauma	• Pain, swelling, bleeding • Altered mental status • Unconscious • Respiratory distress / failure • Vomiting • Major traumatic mechanism of injury • Seizure	• 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