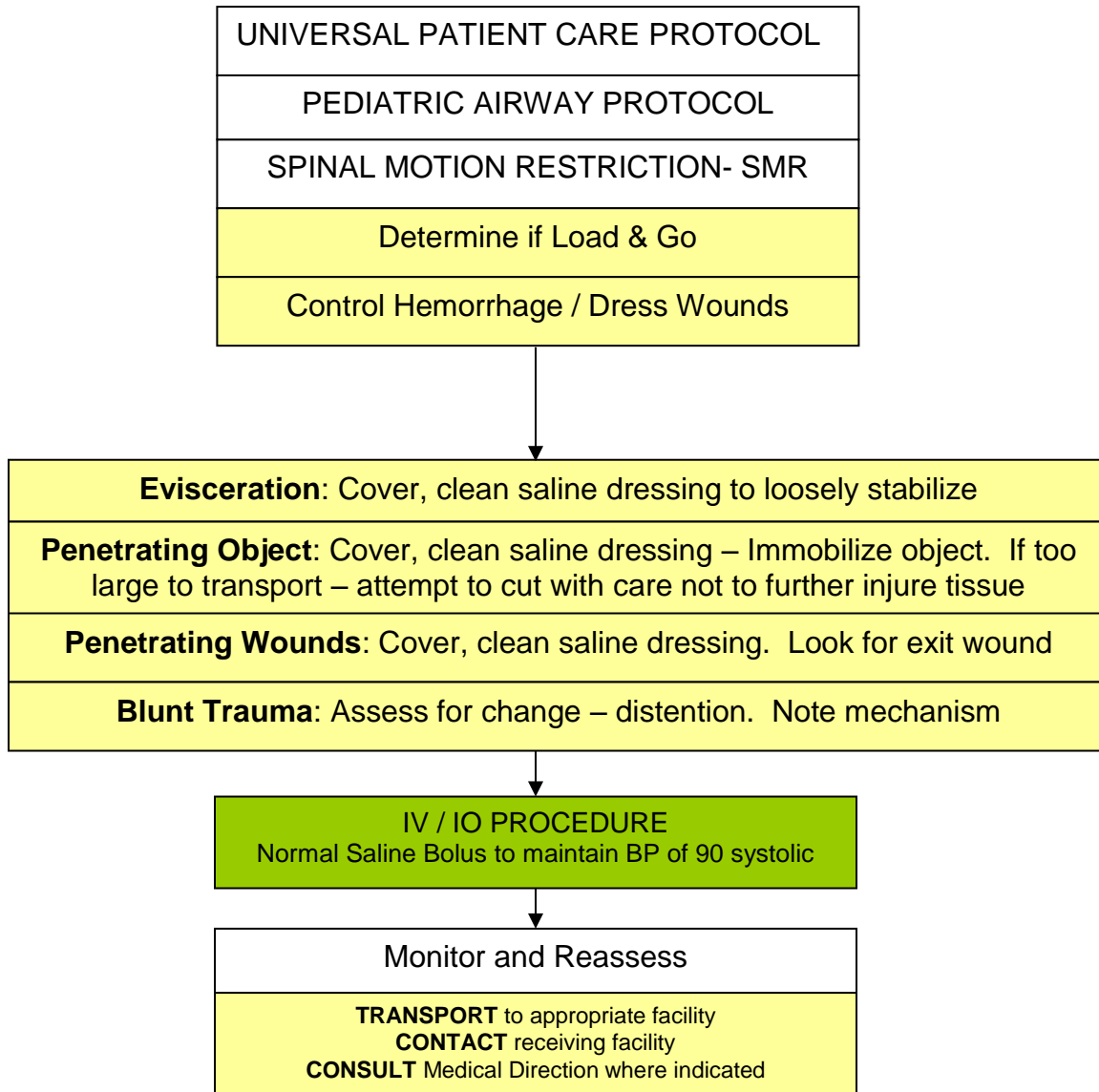




Section 11: Pediatric Trauma Protocols

PEDS TRAUMA: ABDOMINAL TRAUMA

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





Section 11: Pediatric Trauma Protocols

PEDS TRAUMA: ABDOMINAL TRAUMA –Cont.

PEARLS and KEY POINTS

MECHANISM	SIGNS & SYMPTOMS
<ul style="list-style-type: none">• Blunt	<ul style="list-style-type: none">• Altered mental status• Shock• Distention• Swelling• Bulging• Nausea and vomiting
<ul style="list-style-type: none">• Penetrating	<ul style="list-style-type: none">• Altered mental status• Bleeding• Tenderness• Pain• Distention• Eviseration• Discoloration• Entrance / exit wounds• Nausea & vomiting

Trauma to the abdomen is either Blunt or Penetrating. Blunt injuries are harder to detect and diagnose, and have a death rate twice that of penetrating wounds. Key signs and symptoms of blunt trauma include a patient in shock with no obvious injuries. Distention of the abdomen is an indication of internal hemorrhage. Pain may not be a significant factor. Many abdominal trauma injuries are Load & Go cases.

- Look for both an entrance and exit wound for all penetrating trauma, and treat accordingly.
- For all major trauma patients, the on scene time should be less than ten minutes.
- SBP of 90 = good capillary refill up to 10 years of age
- Do not over fluid resuscitate