Monterey County EMS System Policy



Protocol Number: MP-2 Effective Date: 7/1/2024 Review Date: 6/30/2027

ROUTINE MEDICAL CARE – PEDIATRIC

BLS CARE

Scene safety and use of universal precautions.

Patient assessment and scene evaluation. Determine the mechanism of injury/nature of illness. Determine the number of patients.

Request additional assistance as needed. Consider additional ambulances, law or fire-based resources, EMS Agency support, Environmental Health, and HazMat as needed.

Spinal precautions as appropriate.

Airway management.

Breathing support.

Circulatory support.

Position the patient as appropriate for their condition.

Prepare the patient for transport.

Re-assess the patient.

Maintain warmth.

Document assessment findings and treatments rendered on the Patient Care Report.

ALS CARE

Perform BLS Care, plus:

ALS patient assessment and scene evaluation.

Advanced airway management as needed.

Transport of the patient to the hospital should occur as early as possible.

Venous access and IV fluids as appropriate based on the patient's condition. Consider **Normal Saline fluid bolus 20 ml/kg IV/IO.** May repeat x 1 if needed for persistent signs of shock. If unable to establish an IV and an IO is not indicated, pre-existing peripheral indwelling vascular access may be used with base hospital contact.

Base hospital contact or hospital notification.

NOTES:

For <u>medical</u> cases, Monterey County EMS Policy defines "pediatric patients" as patients less than 9 years of age.

For <u>trauma</u> cases, Monterey County EMS Policy defines "pediatric patients" as patients less than 15 years of age.

See the Airway Management procedure for additional guidance on managing the patient's airway and in providing breathing support.

Oxygen delivery as appropriate for the patient's condition is part of breathing support.

Circulatory support includes patient positioning, control of external bleeding, chest compressions, external cardiac pacing, IV fluids, tourniquets, and/or other activities to assist in maintaining the patient's blood pressure(BP) at an adequate level.

Patient positioning is important for airway maintenance, circulatory support, patient comfort, and patient management.

Venous access and IV fluids are appropriate for patients who need fluid replacement, IV medication administration, or when the paramedic believes the patient may benefit from IV access.

Scene evaluation is essential for EMS responder, patient, and bystander safety. The scene should also be evaluated for information and details pertinent to the patient's clinical presentation.

Patient assessment should include the initial assessment to evaluate for life threats. Life threats must be managed at this point before further examination or the history is obtained. The focused history and physical exam will occur after immediate life threats are managed. Each patient shall have a BP taken to include the systolic and diastolic measurements as part of their baseline vital signs.

Collect patient medications and bring them to the hospital emergency department (ED). Document the patient's medications and allergies on the PCR.

If BLS measures are adequate to benefit/improve the patient's condition, and ALS interventions would not provide further benefit to the patient, do not institute ALS measures.

Follow appropriate treatment protocols based on the patient's presentation. Use of more than one protocol may be required to manage the patient.

Transport of the patient shall be performed as early as possible. The time on-scene for trauma patients should be 10 minutes or less and 15 minutes or less for medical patients.

Length-based resuscitation tape may be used to determine drug dosages for pediatric patients. This should be considered a guide only, and dosages should be adjusted based on the actual weight of the patient as needed.

Pediatric Vital Signs Chart

| | MEAN WEIGHT | MINIMUM | | | |
|-----------|-------------|----------|---------|--------|---------|
| | IN KG. | SYSTOLIC | NORMAL | NORMAL | ET TUBE |
| AGE | | BP | HR | RR | SIZE |
| Premature | <2.5 | 40 | 120-170 | 40-60 | 2.5-3.0 |
| Term | 3.5 | 60 | 100-170 | 40-60 | 3.0-3.5 |
| 3 months | 6 | 60 | 100-170 | 30-50 | 3.5 |
| 6 months | 8 | 60 | 100-170 | 30-50 | 4.0 |
| 1 year | 10 | 72 | 100-170 | 30-40 | 4.0 |
| 2 years | 13 | 74 | 100-160 | 20-30 | 4.5 |
| 4 years | 17 | 78 | 80-130 | 20 | 5.0 |
| 6 years | 20 | 82 | 70-115 | 16 | 5.5 |
| 8 years | 25 | 86 | 70-110 | 16 | 6.0 |
| 10 years | 30 | 90 | 60-105 | 16 | 6.5 |
| 12 years | 40 | 94 | 60-100 | 16 | 7.0 |