

**PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL**

**Pediatric Closed Head
Injury Protocol**

The causes of closed head injuries in pediatric patients are numerous. Injuries resulting from vehicular accidents or failure to wear proper safety gear (e.g. helmets) are common. The most effective way of determining the extent of closed head injury is mechanism of injury and level of consciousness.

The head is the largest body part of a pediatric patient which makes him/her “top heavy” and to fall head first during a trauma. The head is usually more seriously injured than any other area of the body in pediatric trauma. Proper management of a closed head injury patient can impact long term damage.

Priorities for the treatment of head injury patients include airway management, maintenance of adequate oxygenation & blood pressure as well as appropriate C-spine control & immobilization.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol and Routine Pediatric Trauma Care Protocol*.
2. Be prepared for vomiting and have suction readily available.
3. **Oxygen:** 15 L/min via non-rebreather mask. Be prepared to support the patient’s respirations with BVM if necessary.
4. Control bleeding using direct pressure, pressure dressings and pressure points.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

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BLS Care (continued)

1. Render initial care in accordance with the *Routine Pediatric Care Protocol* and *Routine Trauma Care Protocol*.
2. Be prepared for vomiting and have suction readily available.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
4. Control bleeding using direct pressure, pressure dressings and pressure points.
5. Repeat vital signs, GCS & RTS every *5 minutes*.
6. Initiate ALS intercept and transport as soon as possible.
7. Contact Medical Control as soon as possible.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol* and *Routine Trauma Care Protocol*.
2. Be prepared for vomiting and have suction readily available.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
4. Control bleeding using direct pressure, pressure dressings and pressure points.

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ILS Care (continued)

5. Repeat vital signs, GCS & RTS every *5 minutes*.
6. **IV Fluid Therapy:** 20mL/kg fluid bolus if needed to a maximum of 60mL/kg (*Note:* Exceeding 40mL/kg requires **Medical Control order**).
7. Initiate ALS intercept if needed and transport as soon as possible.
8. **Contact Medical Control** as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol* and *Routine Trauma Care Protocol*.
2. Be prepared for vomiting and have suction readily available.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM (or intubate) if necessary.
4. Control bleeding using direct pressure, pressure dressings and pressure points.
5. Repeat vital signs, GCS & RTS every *5 minutes*.
6. **IV Fluid Therapy:** 20mL/kg fluid bolus if needed to a maximum of 60mL/kg (*Note:* Exceeding 40mL/kg requires **Medical Control order**).
7. **Contact Medical Control** as soon as possible.