

SECTION: PM-1

PROTOCOL TITLE: GENERAL MEDICAL CARE

REVISED: October 27, 2010

**GENERAL COMMENTS:** The Pediatric Medical Protocols (PM series) are meant to supplement existing adult protocols with pediatric appropriate doses, therapies, and guidelines. As a general rule pediatric doses should not exceed adult doses.

With the implementation of the AHA 2010 ECC recommendations, the following age recommendations are made. Newborns are defined as birth to the time the infant leaves the hospital. Infants are defined as less than 1 year of age. A child is defined as 1 year to the approximate onset of puberty (as defined by secondary sex characteristics) and 100 lbs weight. This is typically 12-14 years of age.

#### BLS SPECIFIC CARE:

- Basic BLS care. Obtain assessments and V/S every 15 minutes unless unstable, then reassess and obtain V/S every 5 minutes
- Coordinate resources to insure prompt arrival of ALS care to the patient. Update responding ALS units as needed
- O2 administration should be titrated for SAO2 >95%. Use NRB and high flow O2 mask for signs of distress. Assist ventilations as needed
- Patients with a respiratory complaint should receive supplemental oxygen, regardless of oxygen saturation

#### ILS SPECIFIC CARE:

- IV access (to a max of three attempts) only if needed due to severity of underlying injury or illness, or marked dehydration. Otherwise defer until arrival of ALS providers
  - IV: Crystalloid solution at a TKO rate
  - 10-20 cc/kg, repeat as needed for 3 total boluses
- IO access: as needed for markedly critical patients after unsuccessful peripheral vascular access. Follow fluid administration guidelines as above

#### ALS SPECIFIC CARE:

- Assess and identify causes of complaints, treat as appropriate.
- BG as appropriate.

*Adjunctive medications:* These medications are given for potentiation of other drugs, or for the prevention/treatment of certain side effects (nausea, EPS, etc) of drugs.

- Zofran
  - 0.1 mg/kg maximum of 4 mg
- Diphenhydramine (Benadryl)
  - IV, IM: 1-2 mg/kg
  - Max dose of 25 mg

# Protocol PM-1

## GENERAL PEDIATRIC CARE

### PHYSICIAN PEARLS:

#### Basics of Pediatric Care:

Careful use of BVM, airway adjuncts, and CONTINUOUS application of the Sellicks maneuver to help reduce/prevent aspiration.

Use padding under shoulders to ensure proper alignment.

Avoid hyperventilation/hyperinflation.

Notify responding ALS unit ASAP.

Remember that most doses for Pediatric patients are expressed in mg/kg or ml/kg.

Use a Metriset (Buretrol) for an IV administration set for all medical patients under 8 years of age. Use standard IV sets or blood tubing as needed for trauma patients under 8 years of age.

If patient's weight is unknown, the Broselow® tape should be used. When the Broselow® tape gives a more specific drug dosage than is listed in these protocols due to weight, that dosage may be used at the paramedic's discretion. **EXCEPTION: IV starting doses for Versed (Midazolam) doses in the Broselow® tape are for induction/RSI situations.**

#### *Pediatric Drip Rule of 6's*

To calculate a **DRUG** infusion, multiply the child's weight in kg by **6**. This amount of **DRUG** (in mg) is then added to enough IV solution to equal a total of 100 ml. When the resulting solution is infused at a rate of **1 ml/hr**, it will deliver a dosage of **1 mcg/kg/min**.

#### Pediatric Assessment Triangle

Pediatric patients tend to decompensate as a result of respiratory failure, shock, or a combination of the two. This can lead to cardiopulmonary failure if not promptly and adequately treated. The Pediatric Assessment Triangle is a visual aid to facilitate rapid evaluation of pediatric patients.

