



## Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Pediatric Medical Assessment	PM 100.1

Confirm scene safety  
Appropriate body substance isolation procedures  
Number of patients  
Nature of illness  
Evaluate the need for assistance  
Notify the incoming EMS unit if you feel Air transport is required

<b><u>EMR/B.L.S</u></b>	
Assess and Maintain ABC's & LOC	
Focused History & Physical Exam	
<b><u>RESPONSIVE</u></b>	<b><u>UNRESPONSIVE</u></b>
S.A.M.P.L.E. History	Rapid Medical Assessment
Focused Assessment	Baseline Vital Signs
Baseline Vital Signs	S.A.M.P.L.E. History
Treatment Decision	Treatment Decision
Treat per Appropriate Protocol	Treat per appropriate protocol

APPROVED BY:	Richard M, Blubaugh, DO	EFFECTIVE DATE:	05/05/2016
TITLE:	Medical Director	LAST REVISION:	05/05/2016

## Southern Stone County Fire Protection District Emergency Medical Protocols

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Pediatric Resuscitation Chart	PM100.2

<b>AGE</b>	<b>MEAN WEIG HT IN KG</b>	<b>MIN. SYS. BP</b>	<b>NORM AL HR</b>	<b>NORM AL RR</b>
Prem.	<2.5	40	120-170	40-60
Term	3.5	60	100-170	40-60
3 Mo	6	60	100-170	30-50
6 Mo	8	60	100-170	30-50
1 Yr	10	72	100-170	30-40
2 Yr	13	74	100-160	20-30
4 Yr	15	78	80-130	20
6 Yr	20	82	70-115	16
8 Yr	25	86	70-110	16
10 Yr	30	90	60-105	16
12 Yr	40	94	60-100	16

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## Southern Stone County Fire Protection District Emergency Medical Protocols

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Cardiac Arrest	PM 101

**EMR**

**EMT-B**

**Cardiac Arrest**

Confirm Pulselessness & Apnea,  
Attempt to Determine Down Time, Prior to CPR, History, & Code Status  
Begin CPR  
Establish & Maintain Airway & Ventilate 100% O<sub>2</sub>  
Pulse Oximeter if available

Apply AED with pads and follow instructions. If no shockable rhythm is detected, continue CPR.

**During CPR**

Push hard and fast (100-120/min)

Ensure full chest recoil

Minimize interruptions in chest compressions. Initially, do not delay CPR for intubation.

CPR Cycle=  
Compressions:Ventilation  
30:2 unless a secured airway then continuous compressions and ventilate at 8- 10 breaths per minute

Avoid hyperventilation

**We will work all pediatric codes unless established ahead of time in writing with our Dept or Paramedics take over care and advise to stop.**

**Consider Causes**

- Pulmonary Embolus
- Acidosis
- Tension Pneumothorax
- Cardiac Tamponade
- Hyperkalemia
- Hypokalemia
- Hypoxia
- Hypovolemia
- Hypothermia
- Myocardial infarction
- Drug overdose

<b>APPROVED BY:</b>	Dr. Richard Blubaugh DO	<b>EFFECTIVE DATE:</b>	05/05/2016
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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Cardiac Emergencies	PM 106

**EMR**

**EMT-B**

**POST RESUSCITATIVE CARE**

Confirm and Maintain ABC's  
 Attempt to Determine Down Time, Prior CPR, History, & Code Status  
 Establish & Maintain Airway & Ventilate 100% O<sub>2</sub>  
 Quick Combo Pads  
 Pulse Oximeter / ETCO<sub>2</sub>  
 Monitor LOC and Vital Signs  
 Keep Patient Warm

<b>APPROVED BY:</b>	Dr. Richard Blubaugh DO	<b>EFFECTIVE DATE:</b>	05/05/2016
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## Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	EMS Protocol (EMT-B/EMR)	Protocol #
TITLE	Environmental Emergencies (Drowning/Near Drowning)	121

**EMR**

**EMT-B**

**Near Drowning**

**Drowning**

Remove from Water  
 Open & Maintain Airway  
 Begin CPR if Necessary  
 Dry and Warm Patient  
 O<sup>2</sup> via Appropriate Delivery Device  
 Attach Pulse Oximetry if available  
 Be prepared to suction the patient.

**Monitor for Respiratory  
Compromise**  
 Treat per appropriate Protocol

**For pts who are in Cardiac Arrest:**  
 Obtain temp if available.  
 If core temp is  $\geq 86$  degrees F remove from any water, dry and follow the Cardiac Arrest protocol.  
 If core temp is  $\leq 85$  degrees F do only CPR without AED until temp is above 85.

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Cold related injuries	PM 122/123

**EMR**

**EMT-B**

**Cold Related Injuries**

Confirm ABC's  
 Establish & Maintain Airway  
 Remove patient from cold. Remove any wet or restrictive clothing.  
 O<sup>2</sup> via Appropriate Device (Warmed if Possible)  
 Apply Pulse Oximeter  
 Handle patient gently to avoid arrhythmia  
 Insulate patient from the cold.

**Frostbite/ Hypothermia**  
 Frostbite: usually affected include toes, fingers, ears, and nose.  
 Distal extremities may be red, painful, waxy white, black or painless.  
 Hypothermia: may have shivering, lethargic, stiff or altered LOC

**Do not attempt to thaw frozen tissue**  
*if there is a chance of refreezing.*

Obtain temp (core temp if possible)

Supportive Therapy as necessary

**Cover the effected tissue with a loose, dry, sterile dressing.**  
*NEVER rub or massage the damaged area.*

*A pocket mask and one way valve are ideal ways for delivering warmed ventilations.*

**DO NOT ATTEMPT ACTIVE REWARMING IN THE  
 \*\*\*\*FIELD\*\*\*\***

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Cold related injuries	PM 124

**EMR**

**EMT-B**

**HYPOTHERMIA: CARDIAC  
ARREST**

Confirm pulselessness and apnea  
 Attempt to determine down time, prior CPR and History  
 Establish & Maintain Airway  
 O<sup>2</sup> via Appropriate Device (Warmed if Possible)  
 Apply Pulse Oximeter if available  
 Handle patient gently to avoid arrhythmia  
 Remove patient from cold. Remove any wet clothing.  
 Insulate patient from the cold.

**Obtain temperature (core temp if possible)**

**Work Per Cardiac Arrest Protocol**

*A pocket mask and one way valve is a ideal ways for delivering warmed ventilations.*

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Heat related injuries	PM 125/126

**EMR**

**EMT-B**

**Heat related injuries**

**HEAT EXHAUSTION:**  
Core temp < 105\*  
May present with weakness, nausea, profuse sweating, anxiety, dizziness, syncope, thirst, high or low B/P

**HEAT STROKE**  
Core temp of 105\* or higher  
May present with hot, dry or moist skin, flushed appearance, tachycardia, hypotension, rapid/shallow respirations, confusion, seizures, coma.

Confirm ABC's  
Establish & Maintain Airway  
Remove pt from hot environment  
Obtain Core temp if possible  
Apply Pulse Oximeter if available  
O2 via Appropriate Device  
Handle patient gently to avoid arrhythmia  
Obtain baseline vitals

**If core temp is  $\geq 105^*$  then rapid cooling is indicated to  $< 102^*$**   
Place pt in cool area, remove excess clothing, cover with a moist sheet or place cool clothes/covered ice packs in armpits, neck and groin areas until temp is 102.  
Avoid shivering  
**If core temp is  $< 105$  then supportive therapy is indicated.**

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Medical emergencies	PM 132

**EMR**

**EMT-B**

**Altered Mental Status**

Confirm ABC's  
 Establish & Maintain Airway  
 O<sup>2</sup> via Appropriate Device  
 Apply Pulse Oximeter if available  
 Obtain baseline vitals  
 Obtain history (diabetic), medications and allergies as possible

*Perform a Glucose test  
 ReCheck 5 – 10 min after Sugar Administration*

**Glucose < 50mg/dl**

**Glucose > 50mg/dl**

If pt is able to swallow  
 and is alert enough to  
 follow commands give  
 oral glucose (1 tube)  
 slowly or other form of  
 sugar orally.

Consider other causes  
 including possible  
 narcotic overdose, head  
 injury, etc.

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Medical emergencies	PM 136

**EMR**

**EMT-B**

**ANAPHYLAXIS**  
**(ALLERGIC REACTIONS)**

Confirm ABC's  
Establish & Maintain Airway  
High flow O<sub>2</sub> via Appropriate Device  
Apply Pulse Oximeter if available  
Obtain baseline vitals  
Obtain history of allergies  
Does Pt have an Epi Pen and have they used it yet?

**EMT-B**  
**If Anaphylaxis**

Use the Auto-Injector with Epinephrine that is prescribed to the pt if you:  
Check that it is prescribed to the pt you are using is on,  
Check the expiration date and only use if not expired,  
Look at the liquid in chamber and make sure it is **not** cloudy.

Then remove the cap on the back of the pen hold the pen firmly, and push the auto-injector against the patient's thigh anteriorlateraly.  
Hold the pen against the patient's thigh for 10 seconds to allow the medication to inject.

If the Auto injector is used an ALS unit **MUST** be in route.  
Although in the Emergency setting there is no Absolute contraindication for the use of the Auto-injector precaution should be used in patients over 55 Years old or with patients who have coronary artery disease.

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Medical emergencies	PM 138

**EMR**

**EMT-B**

**POISONING / OVERDOSE**

Assure personal safety.  
 Confirm ABC's  
 Establish & Maintain Airway  
 O<sub>2</sub> via Appropriate Device  
 Apply Pulse Oximeter if available  
 Baseline Vitals  
 Attempt to determine specific substance involved, time since exposure, route, and amount involved as well as any treatment prior to arrival.

↓

Ensure Oxygenation & Ventilation is adequate. Protect against aspiration.

↓

*Specific overdose or poison management depends upon the substance involved. Contact incoming ambulance crew with information gathered ASAP. If unable to contact ambulance crew, contact poison control for treatment recommendations.*

**POISON CONTROL #**  
**1-800-222-1222**

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## Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Medical Emergencies	PM 140

**EMR**

**EMT-B**

**CONTROL OF PAIN & NAUSEA**

Confirm ABC's  
 Establish & Maintain Airway  
 O<sup>2</sup> via Appropriate Device  
 Apply Pulse Oximeter if available  
 Baseline Vitals  
 Look for causes including thorough history, allergies, and medications  
 Follow appropriate protocol according to assessment findings

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Respiratory emergencies	PM 151/152/153

**EMR**

**EMT-B**

**Respiratory Emergencies**

Confirm ABC's  
Establish & Maintain Airway  
High Concentration O<sup>2</sup> via Appropriate Device  
Apply Pulse Oximeter if available  
Baseline Vitals including breath sounds  
Obtain history  
Be prepared to assist ventilations if needed

**ASTHMA**  
Diffuse expiratory wheezes  
or possibly no lung sounds  
History of Asthma or  
chronic bronchodilator usage

**CROUP**  
Loud seal bark like cough

**ACUTE  
PULMONARY  
EDEMA (CHF)**  
Extreme respiratory distress,  
crackles, possibly wheezing,  
orthopnea, pallor, diaphoresis,  
anxiety, pedal edema, possible  
chest discomfort, possible pink  
or white frothy sputum.

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## Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Medical emergencies	PM 166



Confirm ABC's  
 Establish & Maintain Airway (consider NPA)  
 Protect from injury during seizure  
 O<sup>2</sup> via Appropriate Device  
 Apply Pulse Oximeter if available  
 Baseline Vitals  
 Obtain History



*Remove Excess Clothing / Blankets  
 Begin cooling*

**Obtain Temperature**

Place on High flow O<sub>2</sub>, Protect from injury, determine start time of seizure activity, and notify incoming ambulance crew ASAP. Attempt to determine a cause if possible.

**Obtain Blood Glucose if possible**

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL#:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Neonatal Resuscitation	PM 170

**EMR**

**EMT-B**

Confirm ABC's  
Establish & Maintain Airway / Suction Thoroughly  
O<sup>2</sup> via Appropriate Device (Warmed if Possible) when appropriate  
Apply Pulse Oximeter if available  
Warm, Dry, Stimulate,  
Maintain Warmth of Infant

**MECONIUM STAINING**  
Meconium is a thick, dark mucus like substance that can be found in the amniotic fluid if the baby is stressed prior to birth. It is dangerous for baby if it gets into the lungs therefore great care should be taken to suction thoroughly before stimulation if found.

**POSITION**  
On back in slight trendelenberg - Open the airway

**Suction**  
Suction mouth first. then nose with a bulb syringe

Continue to suction nasal and oral airway with bulb syringe until

**STIMULATE**  
Dry the infant with a clean towel  
Rub the infants back gently or gently flick the soles of feet

If infant does not vigorously respond

If infant does vigorously respond

**OXYGEN**  
If infant is breathing spontaneously but has poor color or tone, administer blow-by oxygen at 15 lpm  
Use a Bag Valve Mask/CPR mask if  
\*Infant is not breathing  
\*Infants heart rate is below 100  
\*There is persistent cyanosis despite blow-by oxygen  
Ventilate at 40 to 60 breaths / minute with 100% O<sub>2</sub>

Wrap the infant in a dry towel, blanket or swaddler.  
  
Keep infant warm by placing on mother if not in distress

**CHEST COMPRESSIONS**  
**HR < 60 or between 60 and 80 and not improving**  
*Stop compressions when HR is above 80.*  
*Rate is 120/min interposed with ventilations*  
*Ratio is 3:1 (3 compressions to one ventilation)*

**POST RESUSCITATION**  
**Get a glucose reading.**  
**Maintain Infant's Warmth**  
**Monitor Resp. and heart rate**

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## Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Pediatric Trauma Criteria	PT 200.1

### PEDIATRIC GENERAL TRAUMA PROTOCOL CRITERIA

Criteria for initiating therapy prior to medical control contact.

Physiologic Criteria

- A. Altered Mental Status
- B. Respiratory Distress or rate > 60
- C. GCS <13
- D. Clinical Signs of Shock (may present with normal or high B/P)

Mechanism of Injury

- A. Occupant ejection
- B. Fall from height of more than 3x Patients Height
- C. Pedestrian struck at speed greater than 10 MPH
- D. Death of same car occupant
- E. Prolonged extrication >20 minutes

Anatomic criteria

- A. Penetrating injury to the head, chest, abdomen, neck, or groin.
- B. Any S/S or C/C that indicates a need for administration of IV fluids or medication

Treatment

- I. If patient is in no distress, and meets none of the above criteria, then appropriately immobilize the patient and frequently reassessment of vital signs and patient status. This immobilization includes appropriately sized C-collar or splinting as necessary. (STABLE)
  
- II. If the patient meets any of the anatomical, physiological, or Mechanism criteria listed, the responder may initiate the following therapy **PRIOR** to contacting Medical Control, in accordance with the appropriate trauma protocols. (UNSTABLE)
  - 1. Secure Airway using NPA or OPA and Administer Oxygen or assist ventilation is needed
  - 2. Control external bleeding with sterile dressing and direct pressure
  - 3. In the **UNSTABLE** patient, Rapid extrication technique should be used.
  - 4. Contact Ambulance with Patient Status ASAP

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## Southern Stone County Fire Protection District Emergency Medical Protocols

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	<b>General Pediatric trauma protocols</b>	PT 200

Confirm scene safety  
Appropriate body substance isolation  
Mechanism of injury  
Number of patients  
Evaluate need for further assistance  
Notify the incoming EMS unit if you feel Air transport is required

<p><b><u>B.L.S.</u></b></p> <p>Assess &amp; Maintain ABC's &amp; LOC          Consider C-spine precautions          Focused History &amp; Physical Exam</p>	
<p><b><u>No Significant M.O.I.</u></b></p> <p>Focused Trauma Assessment</p> <p><b><u>Baseline Vital Signs</u></b></p> <p>S.A.M.P.L.E. History</p> <p>Transport Decision</p> <p>Detailed Assessment</p> <p>Treat per Appropriate Protocol</p>	<p><b><u>Significant M.O.I.</u></b></p> <p>Rapid Trauma Assessment</p> <p><b><u>Baseline Vital Signs</u></b></p> <p>S.A.M.P.L.E. History</p> <p>Transport Decision</p> <p>Detailed Assessment</p> <p>Treat per Appropriate Protocol</p>

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL:</b>	Pediatric EMS Protocol	<b>Protocol#</b>
<b>TITLE</b>	Specific trauma	PT 201/202/204

**EMR**

**EMT-B**

**Specific Trauma**

Confirm ABC's  
 Establish & Maintain Airway / O<sup>2</sup> via Appropriate Device  
 SMR and Splint Fractures as Necessary  
 Apply Pulse Oximeter if available  
 Bandage & Dress Wounds appropriately  
 Maintain Body Temperature (Keep patient warm)  
 Obtain Baseline Vital Signs and History

**CHEST**

Splint flail segments externally with soft bulky dressing taped without restricting respirations.

Cover open chest wounds with an occlusive dressing, leaving a flap open to release pressure but not allow air to enter.

**Abdominal**

Cover any open wounds with sterile occlusive dressing.

If an Evisceration is present, cover with a saline soaked ABD pad or multi trauma dressing. Do not attempt to replace exposed viscera.

**Head Trauma**

Assume C- Spine injury and follow general trauma protocol.

Watch for seizure activity and/or combative behavior. Monitor ABC's and have suction ready.

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Specific trauma	PT 205/203

**EMR**

**EMT-B**

**Specific trauma**

Confirm ABC's  
 Establish & Maintain Airway / O<sup>2</sup> via Appropriate Device  
 SMR and Splint Fractures as Necessary  
 Apply Pulse Oximeter if available  
 Bandage & Dress Wounds appropriately  
 Maintain Body Temperature (keep patient warm)  
 Baseline Vitals and History

**Spinal Trauma**

**Extremity Trauma**



**Spinal Shock should be considered in hypotensive patients without signs of shock.**

**Splint injured extremity including the joint above & below the fracture site in position of comfort.**

If open fracture, do not attempt to replace bone ends

Maintain airway and be prepared to suction if needed

In case of amputation, wrap amputated parts in moist sterile dressing and place on ice or cold pack (do not place amputated part directly on ice!)

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## Southern Stone County Fire Protection District Emergency Medical Protocols

<b>PROTOCOL:</b>	Pediatric EMS Protocol (EMT-B/EMR)	<b>Protocol#</b>
<b>TITLE</b>	Specific trauma	PT 206

**EMR**

**EMT-B**

### **BURNS**

Confirm ABC's  
 Establish & Maintain Airway / O<sup>2</sup> via Appropriate Device  
 SMR and Splint Fractures as Necessary  
 Apply Pulse Oximeter if available  
 Bandage & Dress Wounds appropriately  
 Stop the Burning  
 Maintain Body Temperature  
 Baseline Vitals

Evaluate the burn, depth of burn, BSA involved, location, enclosed area, type of agent, time since burn, associated illness or injuries.  
  
 Remove and constrictive items (rings, bracelets, clothing, etc.)

**Minor Burns**  
**0 – 10% BSA Burn**

**Moderate Burns**  
**11 – 20% BSA Burn**

**Major Burns**  
**21–100% BSA Burn**

Stop the burning process and move patient to a safe area.  
 If a chemical burn, brush off dry chemical, remove clothing and flush with copious amounts of water. In eyes are involved, IMMEDIATE and continuous flushing with water is indicated.

Secure the airway, administer high flow O<sub>2</sub> as needed and assist ventilations

Cover burns with a dry sterile dressing or sterile burn sheet

**Critical Burns:**  
 Burns with respiratory tract involvement  
 Burns to the face, hands, feet, genitalia  
 Burns involving 15% or more BSA regardless of degree  
 Serious caustic substance burns  
 All electrical burns  
 Burns associated with other injuries

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**Southern Stone County Fire Protection District  
Emergency Medical Protocols**

PROTOCOL:	Pediatric EMS Protocol (EMT-B/EMR)	Protocol#
TITLE	Specific trauma	PT 207

**EMR**

**EMT-B**

**Traumatic Cardiac Arrest**

Confirm pulselessness and apnea  
 Begin CPR  
 Establish & Maintain Airway / O<sub>2</sub> via Appropriate Device  
 Apply Pulse Oximeter if available  
 Maintain Body Temperature  
 Control Bleeding as needed  
 SMR and Splint Fractures as Necessary

**Initiate all other treatment per appropriate protocol**

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