



# General Pediatric Care

INDICATION	<ul style="list-style-type: none"> <li>• Treatment of pediatric (&lt;15 years old) patients presenting with a medically related chief complaint.</li> </ul>
BLS	<ul style="list-style-type: none"> <li>• Ensure scene safety for crews and bystanders.</li> <li>• Exercise body substance isolation measures and use appropriate personal protective equipment (PPE).</li> <li>• Evaluate any environmental hazards.</li> <li>• Determine number of patients.</li> <li>• Determine need for additional resources.</li> <li>• Determine nature of illness.</li> <li>• Determine patient’s level of consciousness, ABCs / (CAB in cardiac arrest), vital signs, and chief complaint/symptoms.</li> <li>• Maintain an open airway with <a href="#">Airway/Respiratory Management M-20</a>.</li> <li>• At a minimum, monitor and document vital signs every 15 minutes on stable patients and every 5 minutes for patients with critical conditions.</li> <li>• If indicated, determine if a valid POLST order or DNR verification form is in place, and act accordingly.</li> </ul> <p><b>***If patient is in cardiac arrest, begin CPR and treat according to specific FTG***</b></p> <ul style="list-style-type: none"> <li>• If indicated, administer supplemental oxygen using the appropriate delivery device.             <ul style="list-style-type: none"> <li>• Oxygen should be administered in the presence of hypoxemia, dyspnea, shock, or SpO<sub>2</sub> &lt;94%.</li> <li>• Avoid hyperoxygenation.</li> </ul> </li> <li>• Obtain:             <ul style="list-style-type: none"> <li>• History and Physical Exam of current event.</li> <li>• Past medical history.</li> <li>• Medications.</li> <li>• Allergies.</li> <li>• Perform full secondary assessment.</li> <li>• Blood Glucose (If indicated)</li> <li>• Temperature (If indicated)</li> </ul> </li> <li>• Consider use of pulse oximetry.</li> <li>• Perform necessary BLS interventions, e.g., ventilation, bleeding control, etc.</li> <li>• Ensure ALS response as appropriate.</li> </ul>

If indicated:

- Perform necessary ALS Interventions:
  - Initiate intravenous therapy and/or [Intraosseous Infusion AP-08](#) and [Fluid Challenge AP-09](#) according to hemodynamic stability.
  - [Pain Management AP-13](#).
  - [Sedation AP-14](#).
  - Administer medications, fluid challenges, and defibrillations in accordance with the specified Field Treatment Guideline and Pediatric Medication Reference Cards.
    - Determine the correct dosage or joules utilizing the length based PediaTape
    - Any pediatric patient exceeding the PediaTape length shall be given the adult dosage or joules setting
- Obtain additional field diagnostic testing:
  - Apply the cardiac monitor and obtain a [12-Lead ECG BP-03](#).
  - Perform [Waveform Capnography AP-12](#).
- Transport to the nearest appropriate treatment facility as defined in Napa County EMS Agency [Administrative Policy 501, Patient Destination](#).
  - Decisions to use lights and sirens should be based on the immediate clinical needs of the patient.
  - Notification to the receiving facility should occur as early as possible.

- If indicated, activate EMS aircraft early.
- Contact the base hospital for on-line medical control for all treatment outside of standing orders.
- EMS crews should not administer interventions that require on-going medical assessment if a patient is not being transported to a receiving facility.
- All pediatric patients shall be measured with the PediaTape and corresponding color shall be documented in ePCR.
- The medication reference list includes all those medications that are utilized in the Napa County Field Treatment Guidelines; follow the guidance provided.
- Brief Resolved Unexplained Event (BRUE)
  - An infant  $\leq 1$  year who experienced an episode frightening to the observer, which is characterized by:
    - Cyanosis or pallor
    - Absent, decreased, or irregular breathing
    - Choking or gagging
    - Change in muscle tone
    - Altered level of consciousness
  - EMS personnel should assume the history given is accurate and treat the patient for identifiable injuries / illnesses.
  - EMS personnel should transport all infants presenting with BRUE. If parent or guardian is refusing transportation, personnel should make consult with the base hospital physician.