**PEDIATRIC PRIORITIES**

1. **Initial Assessment**
   (and assess need for decontamination)

   **Appearance Triage**
   - Unresponsive
   - Limp / Apathetic
   - Inconsolable
   - Mild distress / Intermittently consolable
   - Alert / Tracking with eyes / Strong muscles / Appropriate interactions (may include crying)

   **Circulation Triage**
   - Pallid or mottled
   - Cyanotic
   - Mild delay in capillary refill or cool digits
   - Pink, normal

2. **High Risk Features?** *
   - Hypoxia or respiratory distress
   - Multiple injuries or high-energy mechanism
   - Signs of hypoperfusion / shock (only sign may be tachycardia)
   - Altered mental status
   - *Consider consultation age <5 or underlying complex medical problems

3. **Primary Interventions**
   - **Airway** – Position and ventilate as needed with Bag-Valve-Mask initially. Intubate if required; narrowest part of child’s airway is below cords.
   - **Breathing** – Provide oxygen, bronchodilators (e.g., albuterol, epinephrine, heliox); monitor breathing over time.
   - **Circulation** – Treat signs of hypoperfusion aggressively with intravenous fluids and/or blood (per table at right). Fall in blood pressure is late and end-stage.
   - **Disability** – Assess neurologic status (including sensation and motor) and need for cervical spine protection.
   - **Expose** - Remove clothing, jewelry and contact lenses. Protect from heat loss; hypothermia is common.

4. **Secondary Survey and Interventions**
   - **Analgesia** – Titrated opioids and non-opioid analgesia (and antipyretics): consider ibuprofen 10 mg/kg (> 3 months of age without renal compromise), acetaminophen 15 mg/kg, oral oxycodone 0.1mg/kg, intravenous/oral/nasal morphine 0.1 mg/kg (or equivalent agents).
   - **Fluids** – Obtain IV or IV access, including second access if critically ill, need for lap toddlers. Identify / notify caregivers as required.
   - **Genitourinary** – Target urine output to 0.5 – 1 ml/kg/hour. Indwelling urinary catheter as needed.
   - **Gastrointestinal** - Orogastric tube for all intubated patients to decompress stomach.
   - **Glucose** – Monitor fingerstick glucose in all significantly ill/injured children. Correct hypoglycemia according to table at right.
   - **History** – Mechanism and time of injury, treatments pre-hospital, underlying diseases, medications / allergies, social history, immunization history.

5. **Disposition and Consultation**
   - Review child’s illness / injuries
   - Determine need for referral – consultation if unsure
   - Arrange appropriate admit / transfer

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**Reference Information**

**Fluid management**

- Initial fluid for resuscitation – Normal Saline
- Initial bolus 20 ml/kg, repeat as needed
- Hemorrhagic shock - initiate packed red blood cells (PRBC) 10ml/kg if not responding to initial 40ml/kg of crystalloid
- May use O neg initially (or O pos for males) until type-specific or crossmatched available
- Maintenance fluid rate
  - 4 ml/kg/hr first 10 kg (40 ml/hour)
  - 2 ml/kg/hr second 10 kg (20+40 = 60 ml/hour)
  - 1 additional ml/kg/hr for each kg over 20 kg (e.g., 40 kg = 60 ml/hr for first 20 kg plus 20 ml/hr = 80 ml/hr)
- Fluids
  - Neonate with BG < 45, administer D_W, 3 ml/kg IV / IO
  - < 4 years with BG < 60, administer D_W, 2 ml/kg IV / IO
  - ≥ 4 years with BG < 60, administer D_W, 1 ml/kg IV / IO
- Goals - normal vital signs, improved signs of perfusion, urine output 0.5 -1 ml/kg hour
- Carefully immobilize IV / IO site to allow for ease visualization of the IV / IO and assessment of circulation of the limb

**Weight Estimate**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Equipment Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant - (Months/2)</td>
<td>ET size = (age/4) + 4</td>
</tr>
<tr>
<td>Child - (Years times 2)</td>
<td>ET depth 3x tube size = depth in cm</td>
</tr>
</tbody>
</table>

**Normal Vital Signs**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Respiration Rate (per minute)</th>
<th>Heart Rate (per minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Birth to 1 year</td>
<td>30 - 60</td>
</tr>
<tr>
<td>Toddler</td>
<td>1 to 3 years</td>
<td>24 - 40</td>
</tr>
<tr>
<td>Preschooler</td>
<td>3 to 6 years</td>
<td>22 - 34</td>
</tr>
<tr>
<td>School age</td>
<td>6 to 12 years</td>
<td>18 - 30</td>
</tr>
</tbody>
</table>

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**MDH PEDIATRIC REFERRAL FACILITY PHONE LIST**

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