

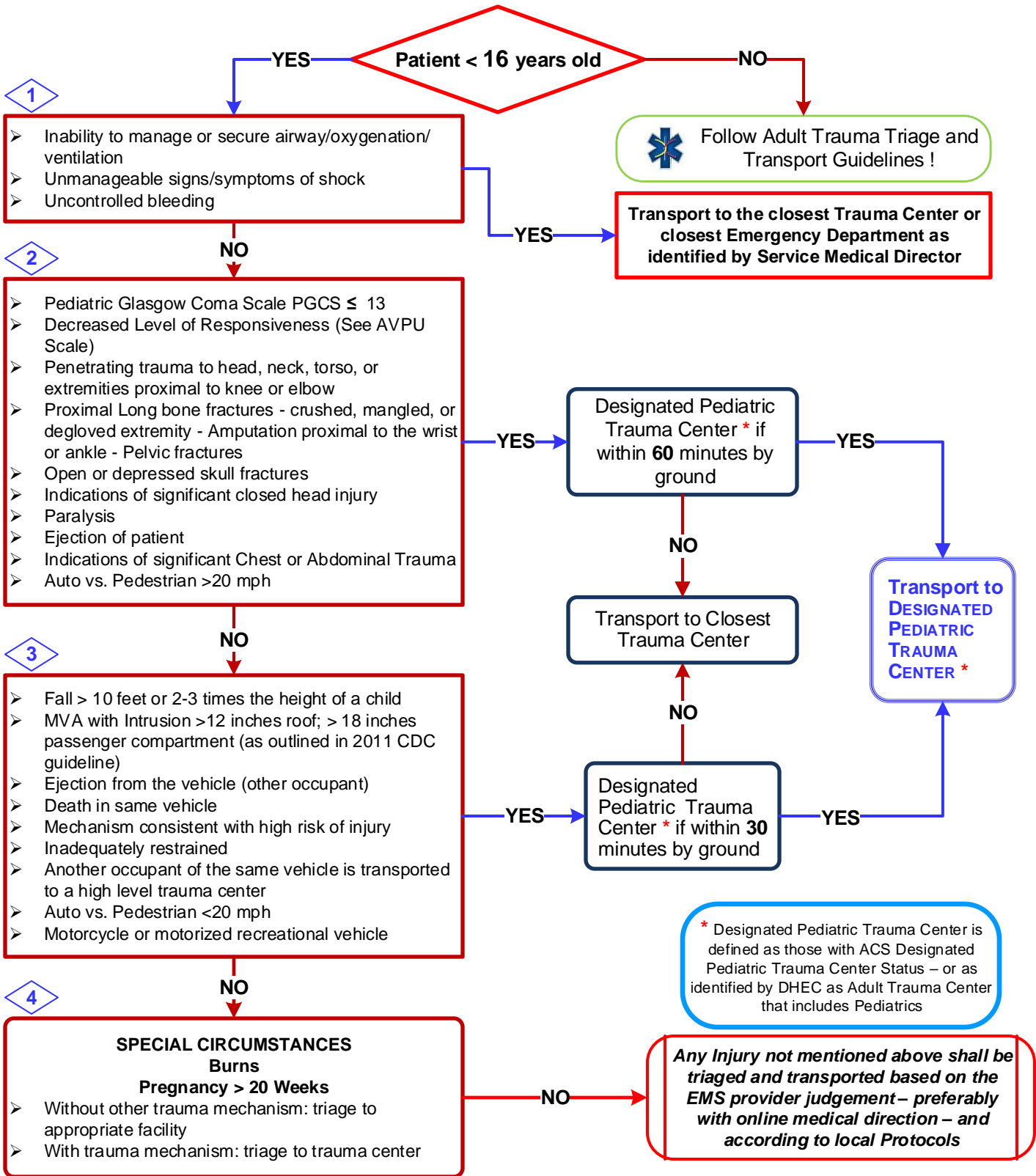


# Pediatric Trauma Triage & Transport



## Assessment for Serious Signs / Symptoms / Mechanism

This protocol applies to patients a prudent provider should consider as having a mechanism/event consistent with significant/major trauma and is not meant to be inclusive of all minor injuries



PEDIATRIC TRAUMA



PEDIATRIC GLASGOW COMA SCALE (PGCS)				
	>1 year		< 1 year	SCORE
<b>EYE OPENING</b>	Spontaneously		Spontaneously	4
	To Verbal Command		To Shout	3
	To Pain		To Pain	2
	No Response		No Response	1
<b>MOTOR RESPONSE</b>	Obeys		Spontaneous	6
	Localizes Pain		Localizes Pain	5
	Flexion-Withdrawal		Flexion-Withdrawal	4
	Flexion-Abnormal (Decorticate rigidity)		Flexion-Abnormal (Decorticate rigidity)	3
	Extension (Decerebrate rigidity)		Extension (Decerebrate rigidity)	2
	No Response		No Response	1
	<b>&gt;5 Years</b>	<b>2 – 5 Years</b>	<b>0 – 23 months</b>	
<b>VERBAL RESPONSE</b>	Oriented	Appropriate words/phrases	Smiles/coos appropriately	5
	Disoriented/confused	Inappropriate words	Cries and is consolable	4
	Inappropriate words	Persistent cries and screams	Persistent inappropriate crying and/or screaming	3
	Incomprehensible sounds	Grunts	Grunts, agitated, and restless	2
	No Response	No Response	No response	1
<b>TOTAL PEDIATRIC GLASGOW COMA SCORE (3-15):</b>				

Age	Heart Rate	Respiratory Rate	Systolic BP mm/Hg
Infant – 1 year	<100 or > 180	<30 or > 60	< 70
Toddler (1-2 yrs)	<80 or >150	<20 or > 40	<75
Preschooler (3-5 yrs)	<75 or >110	<20 or >34	<80
School Age (6-9 yrs)	<70 or >100	<16 or >25	<85
Adolescent (10-17 yrs)	<60 or >100	<12 or >20	<90

AVPU Scale	
<b>A</b>	Patient <u>A</u> lert
<b>V</b>	Patient responds to <u>V</u> oice
<b>P</b>	Patient responds to <u>P</u> ain
<b>U</b>	Patient <u>U</u> nresponsive



**\*\*\* WHEN IN DOUBT – TRANSPORT TO PEDIATRIC TRAUMA CENTER.  
\*\*\* DO NOT HESITATE TO CONTACT MEDICAL CONTROL FOR QUESTIONS OR ADVICE !**

#### \* DESIGNATED PEDIATRIC TRAUMA CENTERS (SC)

- Grand Strand Medical Center [F00004780]
- PRISMA Health Greenville Memorial [F00004703]
- McLeod Regional Medical Center – Florence [F00045381]
- MUSC Children's Health [F00004807]
- PRISMA Health Richland [F00004741]

#### \* DESIGNATED PEDIATRIC TRAUMA CENTERS (Out of State)

- CMC Charlotte (NC)
- Augusta UMC / Children's Hospital of Georgia (GA)
- Savannah Children's (GA)

#### Pearls

- **Items in Red Text (below) are key performance measures used in the EMS Acute Trauma Care Toolkit**
- **Recommended Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro**
- **Transport Destination is chosen based on the EMS System Trauma Plan with EMS pre-arrival notification.**
- Examine all restraints / protective equipment for damage.
- In prolonged extrications or serious trauma consider air transportation for extended transport times.
- Do not overlook the possibility for child abuse.
- Scene times should not be delayed for procedures. These should be performed en route when possible.
- Bag valve mask is an acceptable method of managing the airway if pulse oximetry can be maintained above 90%.