

POLICY: 555.83
TITLE: Pediatric Traumatic Arrest

EFFECTIVE: 09/01/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC TRAUMATIC ARREST

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL

**Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required**

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
HP-CPR: including AED with AP placement. When available and appropriate*, use mechanical compression device or switch CPR providers every 2 minutes.	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.					X	
OXYGEN: ventilate with 100% oxygen.	X	X	X	X	X	
SPINAL MOTION RESTRICTION: if indicated.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
DEFIBRILLATION: for V-fib or V-tach, defibrillate at 4 joules/kg every 2 minutes. Complete 555.83 Pediatric Trauma Arrest before referring to cardiac guidelines.				X	X	
TRANSPORT ASAP: immediate transport to closest definitive care.	X	X	X	X	X	
VASCULAR ACCESS: IV/IO, attempt at least 2 large bore IVs.				X	X	
FLUID BOLUS: NS 20 mL/kg as indicated. Reassess after each bolus. Repeat at 10 mL/kg bolus.				X	X	
DRESS & SPLINT: as needed and as time allows.	X	X	X	X	X	
NEEDLE THORACOSTOMY - for tension pneumothorax, on affected side(s) between 2 nd & 3 rd intercostal space midclavicular line OR between 4 th & 5 th intercostal space midaxillary line. Place catheter just above the rib to avoid the intercostal artery. Repeat if suspected catheter occlusion. Perform on both sides if unable to isolate affected side.					X	

	F	E	O	A	P	D
TEST FOR GLUCOSE		X	X	X	X	
D10: 2 - 4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose 10 minutes post infusion and repeat as needed.				X	X	
GLUCAGON: If no IV/IO access and unable to tolerate oral glucose, give 0.05 mg/kg IM (max 1 mg) if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 mg/dL, repeat dose.				X	X	
**TERMINATION OF RESUSCITATION: if none of • NOT hypothermic, • NOT victim of submersion, • NOT obviously pregnant, • Reversible causes treated, • NO ROSC after 5 two-minute cycles of HP-CPR performed		X	X	X	X	

* Mechanical Chest Compression device not recommended for 12 and under.

**** Refer to Policy #570.20, DETERMINATION OF DEATH IN THE PREHOSPITAL SETTING**

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4