

	<b>Department Name Address</b>	<b>ILS</b>	<b>EMT/Intermediate</b>
		<b>Revision #</b>	
		<b>Implementation Date</b>	
<b>Protocol</b>	<b>3.2.0 Baseline Care Standards - Pediatric</b>	<b>Last Reviewed/Update Date</b>	
<b>Author / Owner</b>		<b>Medical Director</b>	

The assessment of the pediatric patient will vary with the age of the patient. However, there are some components that are for all ages. The following actions will be taken on each ambulance call. Once a specific patient condition is determined by the EMS provider, he or she will treat that condition according to specific protocols.

### Scene Size-up

1. Review the dispatch information.
2. BSI PRN.
3. Make sure scene is safe.
4. Determine mechanism of injury.
5. Determine number and location of patients.
6. Request additional resources if needed.

### Primary Assessment

The primary care provider must conduct a primary assessment for each patient to determine any life-threatening injuries or conditions. Any life-threatening conditions must be addressed immediately per specific protocol.

### Secondary Assessment

A detailed secondary assessment must be performed after the primary assessment is complete and any life-threatening conditions are addressed.

### Standard care

A Broselow Tape will be used and all pediatric patients will receive the following:

1. Airway, oxygen therapy, and breathing per the Airway Management protocol.
2. If there is any possibility of medication administration or the need for fluid resuscitation, establish an IV of Normal Saline TKO.
3. Monitor O<sub>2</sub> saturations.
4. At least two sets of vital signs must be recorded or vital signs every 15 minutes. If the patient is unstable, vital signs must be recorded every 5 minutes. Vital signs include:
  - Mental Status (AVPU)
  - Blood Pressure
  - Pulse
  - Respirations
  - Circulation/Motor/Sensory (CMS) in all four extremities

5. Treat specific conditions according to protocol.
6. Call for ALS intercept or helicopter transport when necessary and if available.
7. Call the receiving hospital by radio or cell phone and give a report describing the patient's condition.

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*Medical Director's Signature*

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*Date*

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.