6000 GENERAL GUIDELINES FOR PEDIATRIC PATIENTS

General Guideline:

A. Pediatric patients, defined as age < 12 years for the purpose of these protocols, have unique anatomy, physiology, and developmental needs that affect prehospital care. Because children make up a small percentage of total calls and few pediatric calls are critically ill or injured, it is important to stay attuned to these differences to provide good care. Therefore, **CONTACT BASE** early for guidance when treating pediatric patients with significant complaints, including abnormalities of vital signs. Pediatric emergencies are usually not preceded by chronic disease. If recognition of compromise occurs early, and intervention is swift and effective, the child will often be restored to full health.

Specific Considerations:

A. The following should be kept in mind during the care of children in the prehospital setting:
1. Airways are smaller, softer, and easier to obstruct or collapse.
2. Respiratory reserves are small. A minor insult like improper position, vomiting, or airway narrowing can result in major deficits in ventilation and oxygenation.
3. Circulatory reserves are also small. The loss of as little as one unit of blood can produce severe shock in an infant. Conversely, it is difficult to fluid overload most children. You can be confident that a good hands-on circulation assessment will determine fluid needs accurately.
4. Assessment of the pediatric patient can be done using your knowledge of the anatomy and physiology specific to infants and children.
5. Listen to the parents' assessment of the patient's problem. They often can detect small changes in their child's condition. This is particularly true if the patient has chronic disease.
6. The proper equipment is very important when dealing with the pediatric patient. A complete selection of pediatric airway management equipment, IV catheters, cervical collars, and drugs has been mandated by the state. This equipment should be stored separately to minimize confusion.