

6070 PEDIATRIC TRAUMA CONSIDERATIONS (AGE < 12 YEARS)

EMT	AEMT	EMT-I	Paramedic
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Spinal Immobilization

- A. Context/Special Considerations:
- B. 60-80% of spine injuries in children occur at the cervical level
- C. Children < 8 age year are more likely to sustain high C1-C3 injuries
- D. Less force is required to injure the cervical spine in children than adults
- E. Children with Down Syndrome are at risk for cervical spine injury
- F. Avoid strapping abdomen- children are abdominal breathers
- G. Use age/size appropriate immobilization devices
- H. Proper immobilization of pediatric patients should **prevent**:
 - 1. Flexion/extension, rotation, lateral bending or axial loading of the neck (car seats do not prevent axial loading and are not considered proper immobilization technique)
 - 2. Non-neutral alignment or alteration in normal curves of the spine for age (consider the large occiput)
 - 3. Twisting, sliding or bending of the body during transport or care

Spinal Immobilization criteria:

- A. Be conservative. Children are difficult to assess and “clinical clearance” criteria are not well established, as in adults
- B. Immobilize the following patients as well as any child you suspect clinically may have a spine injury:
 - 1. Altered Mental Status (GCS < 15, AVPU < A, or intoxication)
 - 2. Focal neurologic findings (paresthesias, loss of sensation, weakness)
 - 3. Non-ambulatory patient
 - 4. Any complaint of neck pain
 - 5. Torticollis (limited range of motion, difficulty moving neck in history or physical)
 - 6. Substantial torso Injury (thorax, abdomen, pelvis)
 - 7. High Risk MVC (head on collision, rollover, ejected from the vehicle, death in the same crash, or speed > 55 m/h)
 - 8. Diving accident