Pediatric trauma

General features:

- **Tissues are more elastic, less energy is deposited at the site of trauma and more energy is dissipated to other body regions**
- **As in the adult, there is a sequential approach, and major problems should be addressed as soon as they are discovered**

Primary survey

- **AIRWAY** with cervical spine control
  - **If they are vomiting, tilt the strap board head-down**
  - **Intubate with in-line manual stabilization**
- **BREATHING** with ventilatory support
- **CIRCULATION** with hemorrhage control
  - Blood pressure takes too long, you need to estimate the requirements for fluid resuscitation

  Signs suggestive of the need for immediate fluids:

  - Massive brady / tachycardia
  - Falling systolic BP
  - Poor capillary refill time
  - Tachypnea unrelated to thoracic trauma
  - Altered LOC unrelated to head injury

  2 large cannulas are mandatory

  Massive replacement in penetrating trauma is not indicated- it will disrupt the forming clot

  Use 10ml/kg boluses, rather than 20.

  Use saline to begin with.
  After 40ml/kg, start using blood.
- **DISABILITY** with prevention of secondary brain injury

  Pupil inequality makes you want to do several things:

  - Control CO_2 (40-45)
  - Maintain normotension
  - Give mannitol
  - Administer anaesthesia
  - Contact neurosurgery
- **EXPOSURE** with temperature control