

Regional Trauma Team Development Course (RTTDC)

We had a terrific day in Sarnia at Bluewater Health with a great team of ED physicians, nurses and RT's. The course was modified to suit the needs of the hospital which is the greatest part of the RTTDC! We can use a case you had in the past or focus on a specific patient population. Our course in Sarnia was half adult trauma resuscitation and half pediatric. We were joined by Dr. Neil Merritt-Children's Trauma Director and Dr. Gary Joubert-Chief Pediatric Emergency Physician who gave some fantastic pearls that must be shared!

If you would like to book a course, email tammy.mills@lhsc.on.ca



Pediatric Trauma Room Prep

If you have warning of a pediatric trauma patient on the way to your ED, consider getting your drugs out and drawn up ahead of time to help offload some of the cognitive burden.

Tip #1: Average 1 year old is 10kg. Add 2 kg for every addition year of age = weight for dosing prep!

Tip #2: Draw up ketamine if you think you may need to intubate! The old opinion that Ketamine increased ICP in kids has been disproved.

Circulation & Control of Hemorrhage

- Consider Ringer's Lactate for pediatric resuscitation. It is thought to maintain a more stable pH.
 - Fluid bolus 20mL/kg then consider blood 10mL/kg.
 - Use TXA!
- ⇒ Age > 12, give 1g TXA over 10 minutes.
Age < 12, give 15mg/kg over 10 minutes.
- In a child less than 13, binding the pelvis doesn't help much. If they fracture, they don't tend to bleed from that source.

Drugs

- Using Broselow for a chubby kid? - Go one zone higher for drugs.
- Use a three way stop cock to draw up meds.



Airway, Breathing & Ventilation

- Kids are hard to bag with a BVM. Consider practicing on a mannequin a few times per year!
- Intubate with caution using inline c-spine stabilization. Consider an LMA as an alternative!
- LMA ProSeal enables you to bag and float an NG tube down to decompress stomach!
- Intubate with a cuffed tube. This will prevent the need for a tube exchange. Please change the stock on your Broselow cart.
- Have a PEEP valve on your BVM. If you don't need it fine but if you need it, you have it there.

Disability

- Transient hyperventilation in the head injured child with an aim of ETCO₂ 33 and even a bit lower is recommended. Speak to TTL but would likely be recommended x 1 hr. or more.
- To prevent the risk of low BP, use Hypertonic Saline (3%) for treatment of increased ICP. Dose 3mL/kg
- Join us at LHSC on Dec 10 from 1pm-2pm for pediatric trauma rounds on Diffuse Axonal Injuries in kids! B2-119 Sumner Auditorium. All trauma care providers are welcome!

*Have a safe & happy
holiday season!*

