

## G012 GENERAL GUIDELINES: TRANSPORTATION OF THE PEDIATRIC PATIENT

### General Principles

For the purpose of the protocols, pediatric patients are defined as <12 years of age. The unique anatomy, physiology and developmental needs of children in this age range affect prehospital care. Several specific differences include:

- A. Airways are smaller, softer and easier to obstruct or collapse. Actions such as neck hyperflexion, hyperextension, or cricoid pressure may create an upper airway obstruction in a child
- B. Respiratory reserves are small, resulting in the possibility of rapid desaturation in the setting of increased demand. One of the earliest signs of physiologic stress in a child may be an unexplained increase in respiratory rate
- C. Infants and young children utilize their abdominal musculature to assist with respirations. Tight, abdominally-placed straps used to secure children to spine boards may result in onset of or worsening respiratory distress
- D. Circulatory reserves are small. The loss of as little as one unit of blood can produce severe shock in an infant.
- E. Fluid overload is not a concern in children. 20 mL/kg boluses are always considered safe as the initial fluid resuscitation.
- F. The developmental stage of a child impacts his/her ability to cooperate. The perception and memory of pain is escalated by anxiety. Discuss or forewarn what will be done with any child over 2 years of age. Infants, especially those under 6 months of age, tolerate painful procedures better if allowed to suck on a pacifier (especially if dipped in D25W) during the procedure. Utilize the parent or familiar guardian whenever possible to distract/comfort (tell a story, sing a song, etc.) for all pediatric patients during painful procedures.
- G. Vital signs on pediatric should include a blood pressure regardless of age. Providers should, if possible, make at least one attempt at obtaining a blood pressure on every pediatric patient.

### Specific Consideration: Transportation Safety

Children represent a unique challenge for safe transportation in emergency vehicles. The National Highway Traffic Safety Administration has established guidelines to ensure the safe restraint and positioning of children in emergency vehicles. Children should be restrained during transport. Transport of a child in a restrained adult's arms is not recommended, but may be considered in special circumstances (i.e. severe croup, newborn). Transportation of children on the side bench seat in the rear compartment is also not recommended. The published goals are to prevent forward motion/ejection of the child, secure the torso, and protect the head, neck and spine in each of the following scenarios:

1. **For a child who is not a patient, but requires transport to a facility**  
All reasonable effort should be made to transport children who are not patients in a vehicle other than the ambulance. If transport in a vehicle other than an ambulance is not possible, transport in a size appropriate child restraint system in the front passenger seat (with air bags off) or rear-facing EMS provider's seat in the ground ambulance
2. **For a child who is injured/ill and whose condition does not require continuous monitoring or interventions**  
Transport child in a size-appropriate child restraint system secured appropriately on a cot (rear facing) or in an integrated seat in the EMS provider's seat. Do not use a rear-facing child restraint system in a rear-facing EMS provider's seat. If no child restraint system is available, secure the child on the cot using three horizontal restraints across the child's chest, waist and knees and one vertical restraint across each of the child's shoulders. Remove any bulky clothing on child before restraining.  
Use blankets to maintain warmth.

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### **3. For a child whose condition requires continuous or intensive monitoring or interventions**

Transport child in a size-appropriate child restraint secured appropriately on a cot. If no child restraint system is available, secure the child on the cot using three horizontal restraints across the child's chest, waist and knees and one vertical restraint across each of the child's shoulders.

### **4. For a child whose condition requires spinal precautions or lying flat**

Perform spinal immobilization procedure per protocol. Three points of restraint with shoulder straps is the optimal for the patient. Avoid placing any restraints across the abdomen. Secure the patient, not just the immobilization device to the stretcher. We do not recommend utilizing the child restraint system if spinal immobilization is required, as upright positioning places additional axial load on the patient's neck and emergent airway intervention is not possible.

### **5. For a child requiring transport as part of a multiple patient transport (newborn with mother, multiple children, etc.)**

If possible, transport each as a single patient. When available resources prevent single patient transportation, transport patients using safe, designated space available exercising extreme caution and driving at reduced speeds. For mother and newborn, the newborn should be transported in a rear-facing EMS provider seat using a convertible or integrated child restraint system. Do not use a rear-facing child restraint system in a rear-facing EMS provider's seat.

### **Transportation of the child with special health care needs:**

Treat the child, not the equipment. Starting with the ABCs still applies to medically complicated or medical technology-assisted children.

- A. The parent/guardian of a special needs child is the expert on that child and knows the details of that illness, typical responses, and baseline interactions better than anyone. Utilize and trust his/her knowledge and concerns. This may include vital signs, medication responses, or physical positioning (i.e. of contracted limbs) that may not be typical.
- B. Medically complicated children are often given healthcare notes describing their unique medical history and emergency healthcare needs. Ask the parent/guardian for an emergency information sheet, emergency healthcare form, or QR code.
- C. Ask the parent/guardian for the "go bag" for medical technology-assisted children. This will contain the child's spare equipment and supplies that may be needed on scene, during transport or in the hospital
- D. Transport the child to their medical "home" hospital whenever possible