



**PHYSICIAN ORDERS
FOR
MULTISYSTEM TRAUMA in the
EMERGENCY DEPARTMENT**

Page 1 of 2

Patient Identification

Weight: _____ kg Height: _____ cm Allergies: _____

**REFER TO PEDSPAC MULTISYSTEM TRAUMA POSTER
INITIAL STABILIZATION AND MANAGEMENT**

- Cardiorespiratory monitoring: 100% O₂ by non-rebreather mask
- 2 large-bore antecubital IVs; IO access if 2 failed IV attempts. *Consider lidocaine for IO line infusion. (See Medications below)*
- POCT glucose if decreased level of consciousness. If glucose \leq 2.6 mmol/L give D10W (see Medications below) and recheck glucose in 5 minutes
- *Full set of vitals, with Glasgow Coma Scale and temperature*

INVESTIGATIONS

- Type & cross match , CBC, lytes, LFTs, amylase/lipase, lactate, fibrinogen, INR/PTT, venous blood gas, urine routine and microscopy
- Alcohol level and/or urine beta HcG, if applicable

Initial on all lines applicable

FLUIDS

___ NS **OR** Ringer's Lactate bolus _____ mL (20 mL/kg) IV/IO rapid infusion or push over 5-10 min (1st bolus)
 ___ NS **OR** Ringer's Lactate bolus _____ mL (10 mL/kg, if volume still indicated and blood not yet available)
 IV/IO rapid infusion or push over 5-10 min (2nd bolus)
 ___ D5NS _____ mL/hr IV

BLOOD PRODUCTS

___ Packed Red Blood Cells (warmed) _____ mL (10 mL/kg) IV/IO rapid infusion or push over 10 min (1st bolus)
 ___ Packed Red Blood Cells (warmed) _____ mL (10 mL/kg) IV/IO rapid infusion or push over 10 min (2nd bolus)

MEDICATIONS

For alert patients, consider the following for managing the pain associated with IO infusions

___ **PRESERVATIVE FREE Lidocaine 2%** _____ mg (0.5 mg/kg/dose, MAX 40 mg) into medullary space over 1-2 minutes. Follow with NS flush.

Hypoglycemia

___ **D10W** _____ mL (5 mL/kg/dose) IV bolus

Bleeding/Hemostasis [Consider tranexamic acid (TXA)]: there is currently no evidence for TXA in trauma in the pediatric population. TXA is often used when transfusion is needed or within massive hemorrhage protocols. If administering TXA, use higher end of dosing range for severe bleeding. DO NOT administer TXA if greater than 3 hours since injury.

___ **Tranexamic Acid** _____ mg (15-30 mg/kg/dose, MAX 1000 – 2000 mg) IV over 10-20 min, followed by

___ **Tranexamic Acid Infusion** _____ mg (5-10 mg/kg/hr (MAX 125 mg/hr) for the lesser of 8 hours or until bleeding stops.

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PHYSICIAN SIGNATURE

PRINT NAME OF PHYSICIAN

DATE & TIME

NURSE SIGNATURE

PRINT NAME OF NURSE

DATE & TIME



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----continued from Page 1

Initial on all lines applicable

MEDICATIONS continued

Impending cerebral herniation

_____ **3% NaCl** _____ mL (5 mL/kg/dose, MAX 250 mL) IV over 10 minutes

_____ **Mannitol** _____ g (1 g/kg/dose, MAX 100 g) IV over 15 minutes

Neurogenic shock

_____ **NORepinephrine infusion** _____ mcg/kg/min IV/IO (initial 0.05 – 0.1 mcg/kg/min; titrate to effect in 0.02 mcg/kg/min increments; MAX 2 mcg/kg/min)

_____ **Phenylephrine infusion** _____ mcg/kg/min IV/IO (initial 0.1 – 0.5 mcg/kg/min; titrate to effect in 0.02 mcg/kg/min increments; MAX 2 mcg/kg/min)

Analgesia

_____ **Fentanyl Intranasal** _____ mcg (1.5 mcg/kg/dose, MAX 100 mcg) *Give 50% of dose in each nostril.* **OR**

_____ **Fentanyl** _____ mcg (1 mcg/kg/dose, MAX 50 mcg/dose) IV q1h PRN. *If hemodynamically stable.* **OR**

_____ **Ketamine (Low Dose)** _____ mg (0.15 – 0.3 mg/kg/dose) IV **OR**

_____ **Morphine** _____ mg (0.1 mg/kg/dose, MAX 10 mg/dose) IV q2h PRN. *If hemodynamically stable.*

Sedation for intubated patients

_____ **Fentanyl infusion** 1 mcg/kg/hr IV

_____ **Midazolam infusion** 50 mcg/kg/hr IV. *If further sedation required and if hemodynamically stable.*

Antimicrobial prophylaxis

_____ **Cefazolin** _____ mg (30 mg/kg/dose, MAX 2000 mg) IV *For open fractures.*

_____ **Tetanus-containing vaccine** 0.5 mL IM _____ *Specific product dependent on age of child and immunization history.*

Intubation

Refer to **Drug Assisted Intubation** section in dosing binder.

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