



AAST Acute Care Surgery Didactic Curriculum

Pediatric Trauma

Nicole Garcia, MD

Resuscitation

Highlights:

- Use of Broselow tape is recommended to guide pediatric resuscitation
- Use of intraosseous access should be placed without delay when venous access is not rapidly obtainable
- Resuscitation of the injured children should follow a crystalloid-sparing, early transfusion approach
- Scoring systems to predict need for massive transfusion can be used in injured pediatric patients

Imaging

Highlights:

- CT Head: algorithm-based criteria are recommended for indication for CT head and transfer to tertiary care center. Fast-MRI can be used as a surveillance scan
- Use of algorithms for cervical spine clearance is recommended
- CXR is the recommended thoracic imaging modality for blunt chest trauma in pediatrics. CT scan identifies more injuries but rarely changes clinical management
- Algorithm-based criteria is recommended to identify children at very low risk of clinically important blunt abdominal injuries for consideration of deferring CT abdomen
- Solid Organ Injury
- FAST is not recommended for evaluation of blunt abdominal trauma in children due to low sensitivity, PPV, NPV and accuracy
- Angioembolization can be used however not indicated for contrast blush alone
- Operative exploration is indicated with unstable vitals despite pRBC transfusion >40ml/kg transfused
- Recommend use of APSA (Admission, Procedures, Set Free, Aftercare) Blunt Liver/Spleen Injury Guidelines for management of solid organ injury

Non-Accidental Trauma

Highlights:

- Injury and behavioral patterns associated with child abuse should be identified during the initial trauma evaluation
- Skeletal survey to screen for occult fractures is indicated for any child <2 years with suspected abuse
- Ophthalmology consult is recommended for suspicion of patients with non-accidental trauma