



Pediatric Multi-trauma

5-year-old female child transported to the emergency department (ED) by ambulance following a (multi-car) MVC on I-10.

EMT Report: 7-year-old child unconscious at scene, restrained in car seat on side of impact. Regained consciousness in route began vomiting x 5-6. Child is crying for mother who is severely injured and air transport to Lafayette. Multiple forehead, facial and neck bruising and lacerations to left face. BS clear, HR regular, PERLA, Abd soft, MAE except right leg which is immobilized in traction splint, C-spine immobilized. VS: T- 97.4ax, P – 130, RR – 24, B/P – 100/64, O2 Sat 91% on 10L O₂ NRB mask. IV NS @ 60cc/hr infusing to rt. antecubital. State Police attempting to contact family through the mother's out-of-state driver's license.

Initial M.D. orders:

Neuro checks
IV D5 1/2NS @ 70 cc/hr
CT scan of head and spine
X-ray left leg & facial series
IVP, KUB
Lab: U/A, BUN, Creatinine, CBC, type and cross-match
NG tube after facial trauma evaluation
Foley to gravity drainage
O₂ 10-15L NRB

Morphine Sulfate 1.25 mg IV q 4 hours prn pain

Nursing Assessment: VS: Temp 96.5ax, P – 126, RR – 26, B/P – 98/66, O₂ Sats – 90% on 10L O₂ NRB mask. Weight: 80 lbs. Allergies: Unknown, Immunization status: Unknown. Crying and screaming mommy, uncooperative. Facial and forehead swelling around lacerations and bruises. PERLA, GCS – 13, Breath sounds equal and clear. Heart tones normal without murmur, regular rhythm. Abdomen firm, flat with diminished bowel sounds x 4 quad, swelling and bruising over left flank. Closed deformity to left femur, left leg immobilized in traction splint. Left foot cool, pale, +1 left dorsalis pedis pulse, Cap. Refill > 2 sec. to left ft. Skin cool, clothes, hair, skin wet from rain, good turgor. IV D512NS hung and infusing at 70cc/hr. IV site stable without redness or swelling. 10Fr foley to gravity drainage with gross hematuria and 45 cc urine output. Father and grandmother are on their way.

Initial Report: CT scan of head and spine – negative.

45 minutes after arrival to the ED, the father and grandmother arrive and are insistent that they are allowed to be in the room with the child. They are forcefully told they have to remain in the family waiting room for now and that someone would be coming to speak to them. They ask, “Why family cannot be present in the trauma resuscitation room?”