

## 0130 TRANSPORTATION OF THE PEDIATRIC PATIENT

|     |     |        |      |              |           |
|-----|-----|--------|------|--------------|-----------|
| EMR | EMT | EMT-IV | AEMT | INTERMEDIATE | PARAMEDIC |
|-----|-----|--------|------|--------------|-----------|

### General Principles: 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.
- 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.

### **Infant Car Seat for Medical or Trauma: 2.5-10 kgs**

- 1. Medical and Trauma Transports of Patient 2.5-10 kgs:**
  - a. Only infant car seats meeting NHTSA safety standards should be used.**
  - b. For on scene medical or trauma transports of infants, the existing infant seat may be used if:**
    - i. The vehicle was able to be driven away from the crash site**
    - ii. The vehicle door nearest the car seat was not damaged.**
    - iii. None of the passengers in the vehicle sustained any injuries in the crash.**
    - iv. If the vehicle has air bags, the air bags did not deploy during the crash; and**
    - v. There is no visible damage to the car seat.**
  - c. For a complete listing of approved seats visit [www.nhtsa.gov/Safety/Ease-of-Use](http://www.nhtsa.gov/Safety/Ease-of-Use)**
- 2. Blanket rolls may be placed around the patient for extra stabilization and blankets may be used over the patient to maintain temperature but under no circumstances will any blankets or other items be placed under or behind the patient.**

## 0130 TRANSPORTATION OF THE PEDIATRIC PATIENT

|     |     |        |      |              |           |
|-----|-----|--------|------|--------------|-----------|
| EMR | EMT | EMT-IV | AEMT | INTERMEDIATE | PARAMEDIC |
|-----|-----|--------|------|--------------|-----------|

### **Ferno Pedi-Mate™ for Medical Transport: 5-18 kgs**

1. Medical Transports of Patients weighing 5-18 kgs: Ferno Pedi-Mate™ should be used.
2. This device should be used for all non-trauma patient transports weighing 10-40 lbs.
3. Remove and store any restraints attached to the cot.
4. Raise the cot backrest and lock in place at an angle between 15-30°
5. Center the Pedi-Mate on the cot and secure it to the cot.
6. Use the 5 point harness to completely yet comfortably secure the patient to the cot.

### **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