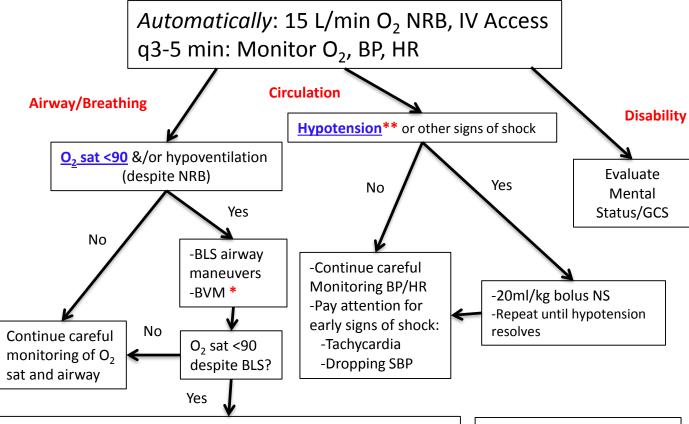
EPIC4Kids Algorithm: For Children Any Suspicion of TBI (Mechanism, GCS, Exam)



Consider ALS airway if experienced provider available:

- -Place advanced airway:
 - Pre-oxygenate: BVM with 100% O₂ @ age-appropriate rate *
 - Check placement using ETCO₂ monitor/detector
- -AVOID even MILD hyperventilation with Ventilation Rate Timer and Pressure-controlled Bag:
 - Carefully keep rate @ age-appropriate rate *
 - ETCO2 available: Target ETCO2 40 mmHg (range: 35-45)
 - •Control Ventilatory volume:
 - •Ventilator available: utilize as soon as possible •Tidal volume = 7 cc/kg
 - Ventilator not available: Continue Pressure-controlled **BVM**
- -Monitor: O₂ sat and airway every 3-5 minutes:
 - If O₂ sat <90% despite above interventions, consider:
 - Tension pneumothorax & needle thoracostomy

NOTE: NO ONE (not even Respiratory Therapists) can manually ventilate at the proper rate without ventilatory adjuncts (EVERYONE inadvertently hyperventilates unless meticulously preventing it):

- Ventilation Rate timers
- Pressure-controlled bags
- ETCO₂ monitoring with someone watching the level continuously
- Mechanical ventilator with careful ETCO₂ monitoring

* Ventilation Rates:

- -Infants: (0-24 mo.):
 - -25 breaths/min (bpm)
- -Children: (2-14 yrs):
 - -20 bpm
- -Adolescents: (15-17 yrs):
 - -10 bpm (same as adults)

** Identifying Hypotension in children

0-9 yrs: 70 + (age x 2)≥10 yrs: <90mmHg

-Rules of thumb:

Newborn: <70mmHg 5 year old: <80mmHg 10 and older: <90mmHg →

(Same as adults)