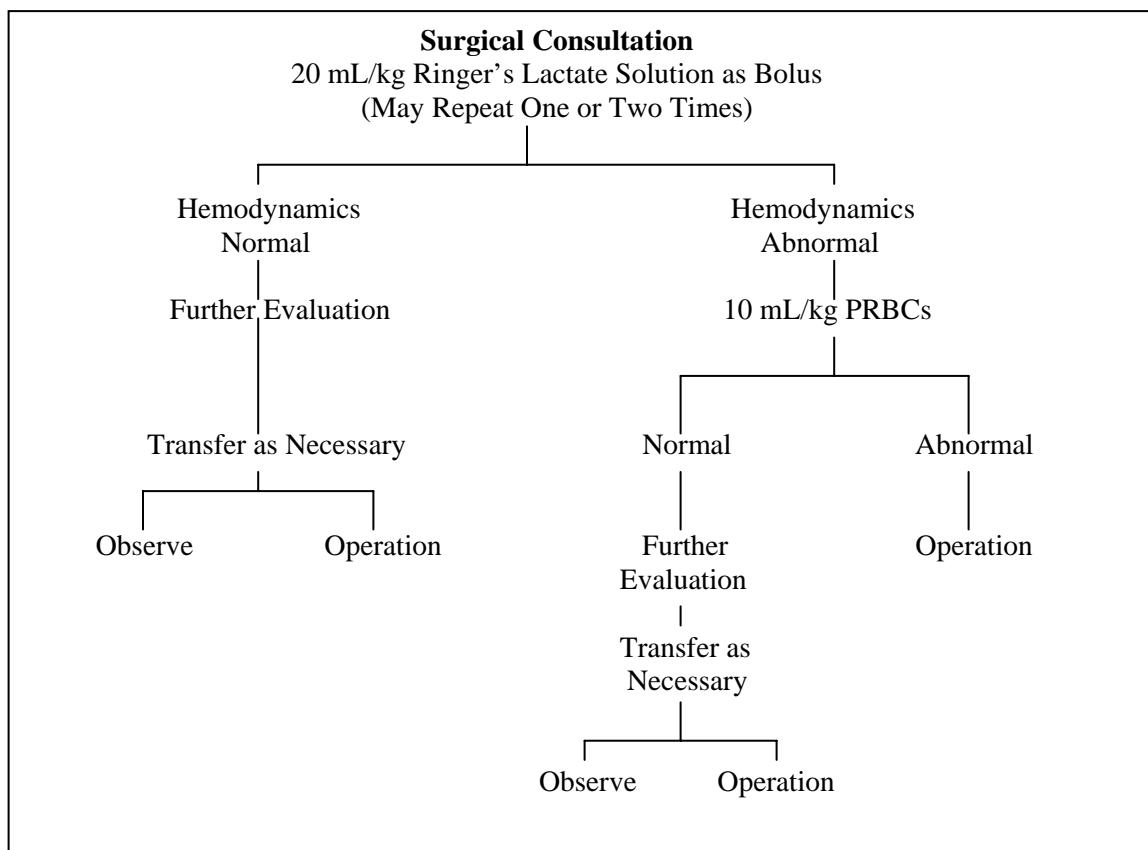


RESUSCITATION FLOW DIAGRAM FOR THE PEDIATRIC PATIENT WITH NORMAL AND ABNORMAL HEMODYNAMICS



Approach to the Child With Multiple Injuries

1. Open airway with modified jaw thrust while maintaining manual in-line cervical spine stabilization.
2. Clear oropharynx with rigid suction device and pediatric Magill forceps as indicated.
3. Administer 100% oxygen via nonrebreathing mask if child is awake and breathes spontaneously.
4. Hyperventilate with 100% oxygen using bag-valve mask if child has altered mental status or respiratory distress.
5. Perform Sellick maneuver followed by orotracheal intubation if child is unresponsive or has signs of respiratory failure.
6. Maintain airway patency using appropriate suction device and oropharyngeal airway as necessary.
7. Initiate CPR and control external bleeding as indicated.
8. Examine chest for tension/open pneumothorax; treat if found.
9. Establish venous access; obtain type and crossmatch.
10. Rapidly infuse 20mL/kg isotonic crystalloid solution if signs of inadequate systemic perfusion are present.
11. Immobilize neck with semirigid collar or head immobilizer and tape.
12. Insert nasal or orogastric tube and decompress stomach.
13. Infuse second crystalloid bolus and give blood as necessary if signs of shock or major hemorrhage are present.
14. Ensure that *pediatric trauma surgeon* has been notified.