

CHILDREN WITH SPECIAL HEALTHCARE NEEDS

ALL PROVIDERS / EMT

- ❑ Focused history and physical exam
 - Blood glucose, core body temperature and oxygen saturation assessment.
 - Look for an EMSC Red Pack with a health information vial or a Life with Dignity (POLST) Order for instructions on care.
- ❑ Cardiac monitor, ETCO₂, and pulse oximetry monitoring, when available.
- ❑ **Treatment Plan**
 - Treat with consideration for the family per the **Family Centered Care Guideline**.
 - Do not become overwhelmed by equipment used by the patient. Focus on ABC's and ask parents and caregivers for guidance with equipment.
 - Common equipment issues for children with special healthcare needs:
 - Feeding Tube
 - Most common EMS complaints; tube has come out, is blocked, is leaking, or skin site has unusual drainage or bleeding.
 - If draining or bleeding, apply sterile dressing and use pressure.
 - If tube is malfunctioning or displaced, assess for dehydration and treat per **Shock and Fluid Therapy Guideline**. Do not try to replace or remove the tube.
 - Keep patient NPO and nothing per feeding tube.
 - If a percutaneous (through the skin) G-tube has come out, place an 8Fr suction catheter in the stoma 2-3 inches to prevent full site closure.
 - Tracheostomy and Ventilator/BiPAP
 - For tracheostomy care refer to the **Airway and Tracheostomy Management Guideline**
 - Assess ventilations
 - If the ventilator is working properly and patient needs transport for non-respiratory medical evaluation; keep on ventilator/BiPAP for transport.
 - If ventilator is not working or child is in respiratory distress for any reason; remove from ventilator and assist ventilations with BVM and 100% oxygen.
 - Oral, nasal, and tracheostomy suctioning to remove copious secretions as needed.
 - External Central IV Line (Broviac/PICC etc.)
 - Do NOT use the central line for administration of anything.
 - Most common EMS complaint; tube has come out, is broken, leaking, blocked or skin site has unusual drainage or bleeding.
 - This is a direct line to the central venous system, if the tube is leaking or broken, clamp line above the damaged point, cover the opening with a sterile gauze and transport.
 - If the tube has come out completely or the site is draining or bleeding, cover with a sterile gauze and apply pressure.
- ❑ **Key Considerations**
 - Family members are many times the best resource for patient care, particularly with equipment management.

ADULT

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

ADULT AEMT
ADULT PARAMEDIC

PEDIATRIC AEMT
PEDIATRIC PARAMEDIC