



Prehospital Pediatric Partners



April 2025, Volume 2

Coordinator's Corner

Regional airway management improvement

Airway management protocol compliance has shown major improvement in the last year.

- Supraglottic airway is the pediatric advanced airway of choice per GMVEMSC protocol
- Pediatric patients can be effectively bagged
- There is no significant benefit from intubation
- Intubation is time consuming
- PALS recommends the first dose of epi to be given within 5 minutes of initiation of CPR

For patients arriving to DCH needing advanced airway management, we are seeing an improvement in airway management selection and a decrease in arrival to epi administration times!

Keep up the good work!



Coming Summer 2025

The Mathile Center for Mental Health and Wellness will open **July 15**. This is a comprehensive center which will include an emergency department that can accept medically



stable mental health patients **10 a.m. to midnight**. ACE Alerts also can be called to this facility when opened. This behavioral health emergency department will see patients without medical complaints aside from lacerations. Lacerations without concern for vascular or tendon injuries can go to this facility. Patients aged 18 and over should go to an adult facility. Pregnant patients should go to an adult facility to be cleared prior to consulting pediatric mental health.

Patients who must go to the main emergency department include ...

- Any medical complaint (other than lacerations)
- Type 1 diabetes
- Cystic fibrosis
- Intoxication
- Concern for sexual assault
- First episode of psychosis
- Attempted strangulation
- Previous felonies
- Patients who received ketamine from EMS



Lions and tigers and measles – Oh my!

The measles is back in Ohio. Remember this is a highly contagious viral infection that is transmitted via airborne droplets. This means if you transport a patient with confirmed measles, you must let your vehicle air out for 2 hours before taking another patient.





Prehospital Pediatric Partners



April 2025, Volume 2

Claim CE here!

This newsletter is not only a communication tool between prehospital and Dayton Children's Hospital, but also a CE opportunity! Read the content, take the quiz, get 0.5 hours of pediatric CE! Link expires July 24.



[Newsletter evaluation link](#)

COMING SOON Ohio EMS for Children online education for CE!

Ohio EMSC currently has recorded training sessions on its website for your review. In collaboration with Ohio EMSC, Dayton Children's will be giving CE credit for these recorded offerings! As soon as these credits are available we will let you know!

[Ohio EMSC link](#)

2025 GMVEMSC protocol updates

There have been several updates to the 2025 GMVEMSC protocol for pediatric patients.

- Behavioral emergencies
- Intraosseous infusion
- Hemorrhage control
- Overdose/poisonings
- Brief resolved unexplained event (name change only, formerly ALTE)



Greater Miami Valley EMS Council		Medical Protocol	4004
Subject:	Behavioral Emergencies	Effective: June 1, 2021	Last modified: Jan 19, 2025

EMS and police can activate this alert. EMS, please call the Communication Center at 937-641-4444, police radio public safety. Upon activation, if you can safely enter the building, proceed to the room to the immediate right labeled "EMS" – if you pass the EMS lounge you have gone too far. The ACE Alert will activate a highly specialized team including a provider, nurse, pharmacist (if within working hours), Behavioral Action Team, and Public Safety.

Greater Miami Valley EMS Council		Trauma Protocol	3015
Subject:	Hemorrhage Control	Effective: June 1, 2021	Last modified: Feb. 21, 2025



Hemorrhaging after tonsil and/or adenoid removal surgery can be fatal. This rare but dangerous complication typically happens within the first 2 weeks after surgery. Signs of hemorrhage include vomiting blood, active bleeding or oozing from the back of the throat, excessive swallowing, and blood in secretions. Please perform a thorough assessment including vital signs with heart rate and blood pressure, skin color with capillary refill, and GCS. There are many important vessels near those removal sites that can cause severe hemorrhage. For treatment under this new protocol, AEMT and EMTP can administer nebulized Tranexamic Acid (TXA). Dosing is weight based: Under 25kg receives 250mg, 25kg and over receives 500mg. You will draw up the protocolled dose of TXA and place in nebulizer mask, then dilute with 3ml normal saline, and nebulize. The medication inhibits the breakdown of fibrin and helps clots to form on the hemorrhage areas.





Prehospital Pediatric Partners



April 2025, Volume 2

Upcoming Events

3rd annual DCH Pediatric EMS Symposium

November 3, 2025
Full-day in person and
virtual options
DCH Inspiration Center
241 Taylor Street
More information coming
soon!

Never miss an update!

Join our mailing list!




[Click here to join!](#)

Coordinator contacts


Kimberlee Lewis
lewisk1@childrensdayton.org
937-641-4534

Sarah Pearson
pearsons@childrensdayton.org
937-641-4346

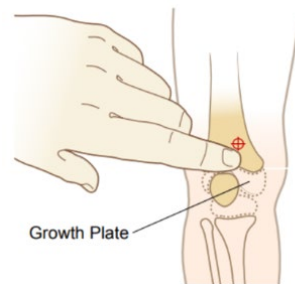
 Greater Miami Valley EMS Council	Medical Protocol		4012
Subject: Overdose/Poisonings	Effective: June 1, 2021	Last modified: Jan. 18, 2025	

Button battery ingestion is another condition that can lead to life-threatening hemorrhage and death if left untreated when stuck in the esophagus. A button battery can burn through the esophagus and cause severe structural damage in just two hours after ingestion. To help combat this, it is advised in protocol to encourage families to administer honey to patients they are reasonably sure ingested a button battery and are older than 12-months old. The caregiver should self-administer 10ml every 10 minutes. Honey helps to coat the battery and neutralize some of the alkaline chemicals produced by the burning. To the right is the burning caused by placing a button battery in a hotdog for 2 hours, which caused 3mm of erosion and extensive burning.



 Greater Miami Valley EMS Council	General Protocol		1012
Subject: Intraosseous Infusion	Effective: June 1, 2021	Last modified: Dec. 24, 2024	

The distal femur IO location has been added for 2025. This location has become the preferred site in pediatrics. Although some manufacturers say you can place a humeral head in any age, research among pediatric experts shows it is most effective in children ages 12 and older which our protocol reflects. Please note there is another brand of IO entering the local market. Although the needle hubs themselves are currently not color coded, the packaging is, and the needle hubs will be color coded in the future per our local representative. Regardless of brand, the same size guidance applies to pediatric patients. To locate the proper area for distal femur, hold the leg straight. Identify the patella. Palpate 1-2 cm above the patella and 1-2 cm medial to the patella for your insertion site. Remember, in small patients, you can hand drive either brand of IO needle to control depth.



- P** For pediatrics, access the distal femur or proximal tibia:
 - P** Use the (25 mm or blue) IO needle for 3-30 kg.
 - P** Use the (15 mm or pink) IO needle for 0-3 kg.



Prehospital Pediatric Partners

April 2025, Volume 2



--	--	--



Prehospital Pediatric Partners

April 2025, Volume 2

