

## PMP4 Major trauma in children

	CT3	ST4-6	Assessment Methods	GMP Domains
<b>Knowledge</b>	<p>Understand and apply the principles of ATLS/APLS to paediatric trauma management</p> <p><b>Head injury</b></p> <p>Understand the pathophysiology and clinical signs of severe head injury and when neurosurgical involvement is needed</p> <p>Understand the NICE guidelines</p> <p><b>Chest injury</b></p> <p>Know the likely chest injuries through the different age groups including pulmonary contusion and flail chest</p> <p><b>Abdominal injury</b></p> <p>Understand the common types of injury, their clinical detection and investigation</p> <p><b>Spinal injury</b></p> <p>Understand the mechanisms and risk of spinal injury in children</p> <p>Be aware of SCIWORA</p> <p>Understand the pathophysiology and signs of neurogenic shock</p> <p><b>Burns</b></p> <p>Be able to calculate the % burn surface area for children and fluid requirements</p> <p>Recognise depth of burn, specific areas e.g. face and who needs specialist</p>	<p>More complex presentations with greater instability and in young children.</p>	<p>E, ACAT, AA, C, Mi</p>	<p>1, 2</p>

	<p>referral</p> <p>Recognise burns as presentation of possible NAI</p> <p><b>Pelvic fractures</b></p> <p>Understand the common fracture patterns</p> <p><b>Physical Abuse</b></p> <p>Understand how to recognise signs of physical abuse and how to proceed with local safeguarding children protocols</p>			
<b>Skills</b>	<p>To recognise those patients who need intubation</p> <p>Be able to assess the level of consciousness in a child using AVPU, GCS</p> <p>Be able to request appropriate imaging as per national guidelines</p> <p>Be able to initiate management of children with scalp wounds</p> <p>Be able to manage the anxious immobilised child</p> <p>Be able to examine the spine and apply the indications for being able to 'clear' the spine</p> <p>Be able to interpret paediatric spinal xrays and their common abnormalities</p> <p>Be able to recognise possible patterns of NAI in burns injury and make appropriate referral</p> <p>Be able to splint the pelvis during the primary survey</p> <p>Be able to treat pneumo-</p>	<p>To be able to lead and coordinate a paediatric trauma resuscitation</p> <p>To be able to perform pericardiocentesis (by simulation)</p>	E, ACAT, AA, C, Mi D, L, S	1, 3

	and haemothoraces Be able to recognise the non-responder to fluid therapy and need for urgent surgical attendance			
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