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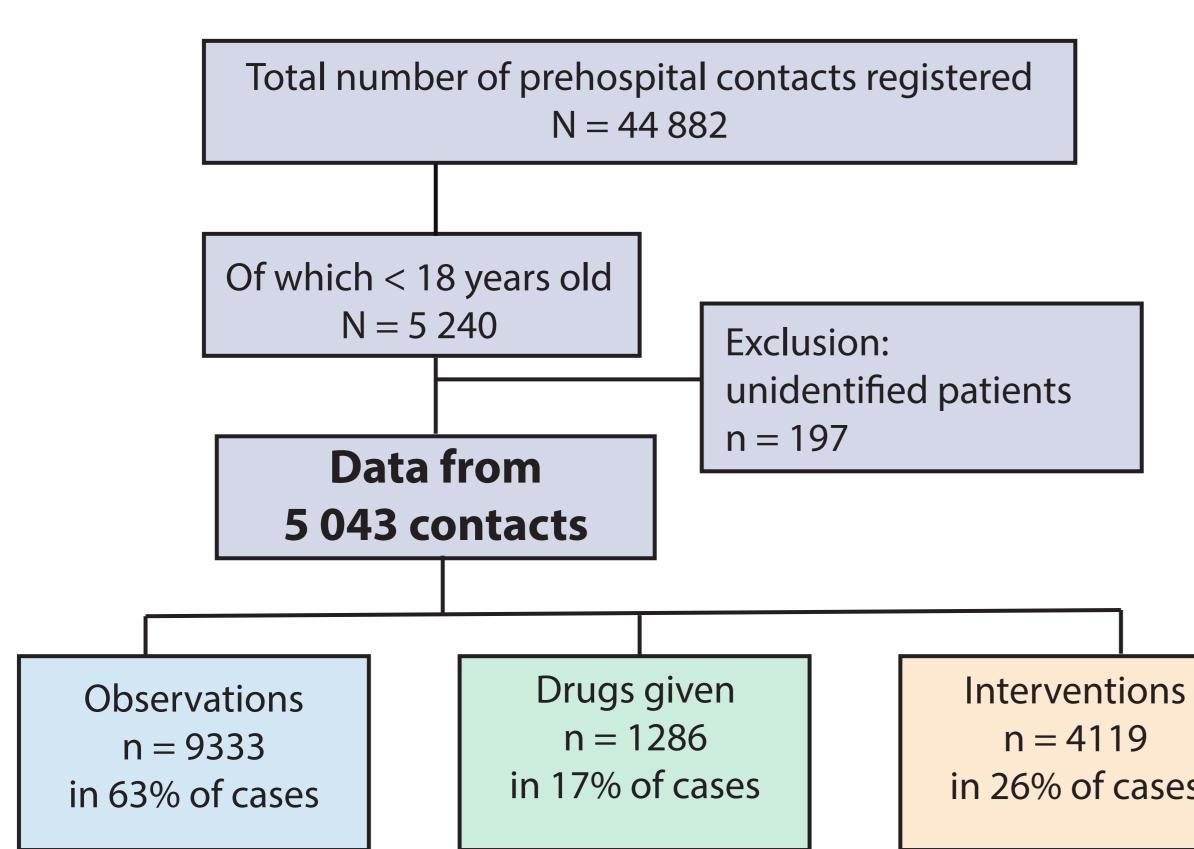
Prehospital paediatric emergencies: observations from Southern Denmark

Morten Overgaard^{1*}, Anssi Heino², Sofie Allerød Andersen¹, Owain Thomas^{3,4}, Johan Holmén⁵, Søren Mikkelsen⁶

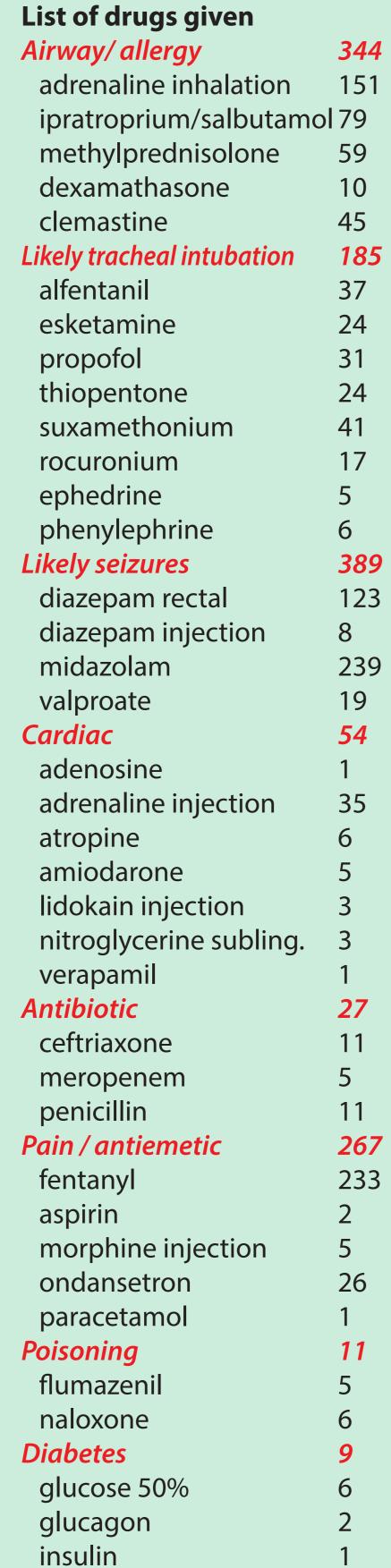
Background: Paediatric emergencies can be challenging for EMS crews: emergency medical services (EMS) providers' experience varies and children are relatively uncommon in the prehospital setting. Improving paediatric prehospital care requires knowledge of actual patient characteristics and EMS' intervenions. Published Scandinavian data for children in this context is scarce.

Methods: We performed an observational registry-based study of children (age less than 18 years old) attended by the physician-staffed EMS unit in the Odense area of Denmark during the 10-year study period. We screened 44 882 EMS contacts and included 5043 children. Patient characteristics, monitoring and interventions performed by the EMS crews were determined.

Results: paediatric patients were in a minority among critically ill patients attended by physician-staffed EMS unitys: only 11% of patients



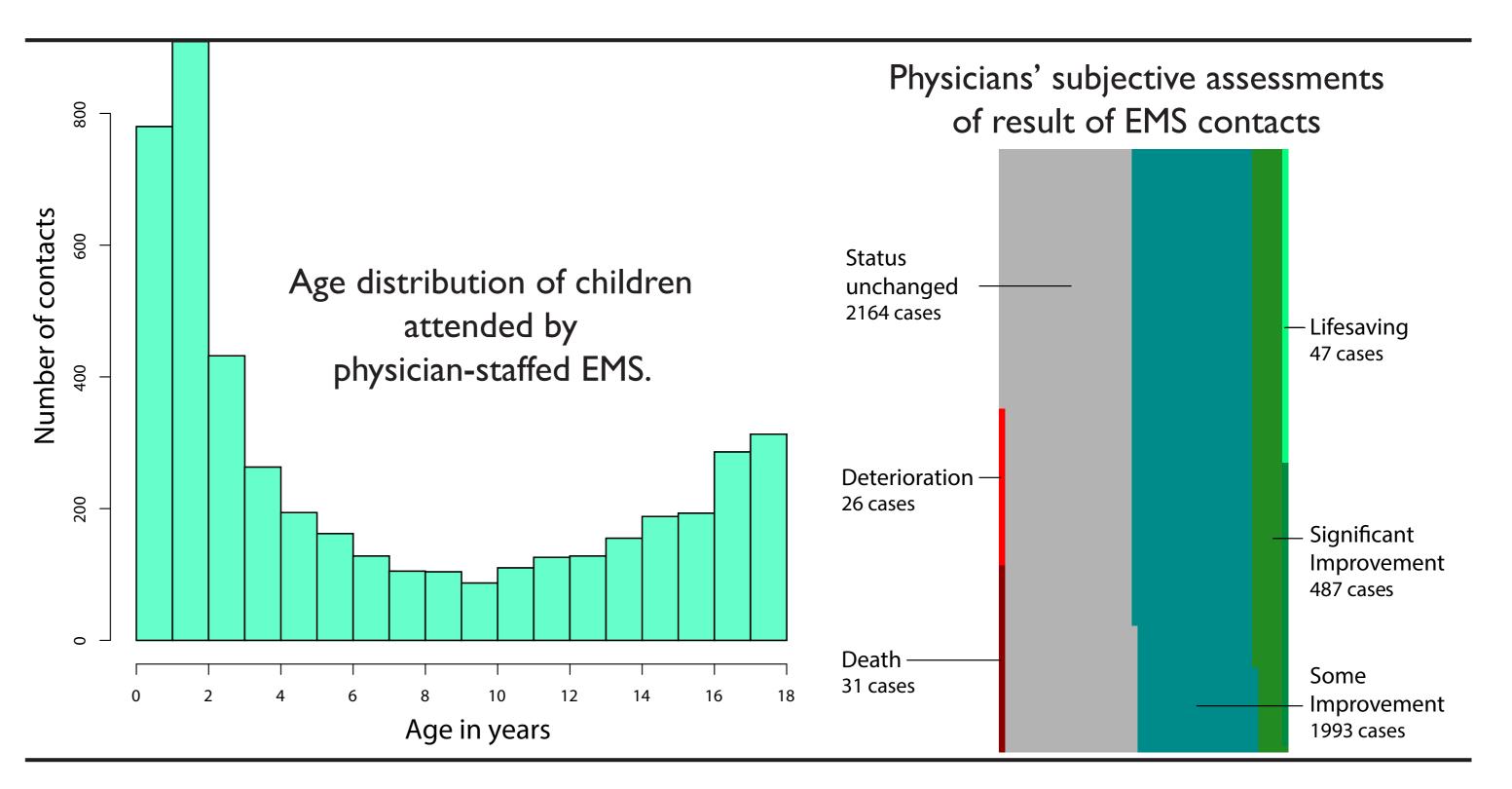
Observations recorded	
Blood pressure	1749
Heart rate	2769
Pulse oximetry	2849
Respiratory rate	1966
Number of patients monitore	d with:
All 4 observations	1127
3 modes	930
2 modes	706
1 mode	389
No observations recorded	1891



irway/ allergy	344		No intervention
adrenaline inhalation	151		
ipratroprium/salbutamo	179		Basic interventions
methylprednisolone	59		"Oxygen"
dexamathasone	10		Neck brace / collar
clemastine	45		Spineboard
ikely tracheal intubation	185		Rebreathing technique
alfentanil	37		Compression dressing
esketamine	24		Fracture stabilisation
propofol	31		Vacuum matress
thiopentone	24		Frakture reduction
suxamethonium	41		Hyperventilation
rocuronium	17		Scoop stretcher
ephedrine	5		
phenylephrine	6		Advanced interventions
ikely seizures	389		IV access
diazepam rectal	123		Maintenance of patent airway
diazepam injection	8		Ventilation
midazolam	239		Tracheal intubation
valproate	19		Suction
ardiac	<i>54</i>		Anaesthesia
adenosine	1		CPR
adrenaline injection	35		Intra-osseous access
atropine	6		Defibrillation
amiodarone	5		Pleura drain
lidokain injection	3		Surgical airway
nitroglycerine subling.	3		Gastric decompression
verapamil	1	'	
	27		

in 26% of cases **List of interventions** No intervention 3746 2621 **Basic interventions** Oxygen" 1583 leck brace / collar 443 pineboard 434 ebreathing technique Compression dressing 37 racture stabilisation acuum matress rakture reduction **lyperventilation** coop stretcher dvanced interventions access Maintenance of patent airway 102 entilation racheal intubation 74 uction

were children. The majority were <5 years old, and one third were <2 years old. Respiratory problems, traffic accidents and febrile seizures were the three most common dispatch codes. I 5% of patients were not transported to hospital, while 72% of the remaining patients were transported without a physician. Oxygen administration, intravenous access and cervical collar were the three most commonly undertaken interventions. Oxygen saturation and heart rate were documented in more than half of the cases, but more than one third of the children



had no vital parameter documented. Only 22% of the children had all of respiratory rate, saturation, heart rate and BP documented. Prehospital invasive procedures such as tracheal intubation (n=74), intraosseous access (n=22) and chest drain placement (n=2) were infrequently performed.

5ei	ected serious call code Breathing difficulties	s 840
2	Transportv	721
3	Febrile seizures	704
		678
<i>4 5</i>	"Injury" "Illness"	
		636
6		635
7	Unconscious	294
8	Foreign body in airway	92
9	Poisoning	81
10	Asthma	72
	Meningitis	24
	Cardiac arrest	22
	Haemorrhage	21
	Burn injury	20
	No code	35
	Total numer of cases	5043

	most common, and	
	ected serious actual	
dia	ignoses	
1	Febrile seizures	935
2	Observation after	
	traffic accident	623
3	"Observation for	
	suspected disease"	403
4	Unspecified seizures	368
5	Observation after	
	accident	346
6	"Examination and	
	observation"	78
7	Pseudocroup and	
	epiglottitis	248
8	Unspecified fever	190
9	"Epilepsy"	167
10	Hyperventilation	118
	Concussion	108
	Respiratory failure	106
	Fainting	105
	Foreign body in airwa	y 97
	Multiple injuries	79
	Asthma	76
	Fracture	42
	Total numer of cases	5043

Transport to hospital	2002
without physician	3092
Transport to hospital with physician	1078
• •	
Case ended at home no transport to hospital	743
Level of priority changed	70
Other	34
Patient declared dead	26
Total numer of cases	5043

Conclusion: Prehospital paediatric emergencies are rare, and more frequently involve smaller children. Monitoring, or at least documentation of basic vital parameters is infrequent in our material and may be an area for improvement. Advanced and potentially lifesaving prehospital interventions provide a dilemma since they likely occur too infrequently to allow service providers the chance to maintain technical skills in the prehospital environment.

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