

If I could only say one thing about paediatric blast trauma...

... contrary to popular belief children aren't just smaller versions of adults and it is often not just a case of scaling things down, a child's future growth and development must also be considered in the process.

... empower people to treat children regardless of specialty; we need to be reminded occasionally that whilst children are different, they are still members of the human race.

... paediatric blast injuries tend to happen to families, not just individual children, so that multiple children or adults in a single family may be injured in the same blast. Thus, even after the surgical and medical treatment, there are often huge psychosocial and rehabilitation needs for the entire family.

... or that the child brought to the hospital may be newly orphaned, no family members, and their world destroyed, in addition to their injuries.

... blast injury is trauma with some important differences but lots of similarities with other kinds of trauma – e.g. pedestrian injury. And the best thing we can do for blast trauma is to improve care more generally.

... many surgeons don't know that a paediatric amputation is not the same as one for an adult.

... in the forward surgical treatment facility we need to see a physio as a member of this team in order to coordinate current plans and ongoing recovery. Too often the patient's life is saved and they are sent on to an unknown camp and without rehab input, they will undoubtedly suffer protracted complications or even death.

... **AVOID OVERTRANSFUSION !!**

... we need to be careful not to focus on amputees, and to remember that management of pain, neurological issues and spinal cord injury are often much more complex and demanding

... be prepared for paediatric injuries because they happen. Military planning focuses on the needs of soldiers but all treatment providers must be trained and prepared for children as casualties and provide appropriate medicines and equipment for resuscitation and stabilisation including arrest of haemorrhage, airway management, respiratory support, intravenous cannulation, intraosseous cannulation (in hospital settings) analgesia and fracture stabilisation.

... it's really difficult dealing with the emotional overlay that hits a team when they are presented with blown up kids with devastating injuries. Often what is needed is to reassure the team that "we can do this" and calm down the atmosphere and make sure they stuck to the basic principles of resuscitation and surgery

... prevention is key, anywhere it can be achieved.

... many people find managing children challenging, but the same basic principles which work for adults work for kids. The things that kill injured children are the same things that kill injured adults, hypovolaemia and hypoxia. When in doubt, control external bleeding, optimise oxygenation and give pain relief.

... a child's biology won't rescue poor care.

... managing paediatric blast trauma is rare in civilian practice so clinicians can be fearful of it. It is important therefore to remember that you are a specialist in paediatric care and that expertise can be called upon from colleagues (often military) for specific advice. Don't be afraid to ask for help!

... it needs a lifetime continuum of support.