

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: **TRAUMA**

POLICY NUMBER: 9270

<b><u>BLS</u></b>	<b><u>ALS</u></b>
<p>Ensure patent airway, give oxygen and/or ventilate prn. Maintain spinal immobilization prn. (except penetrating trauma without deficit) Monitor O<sub>2</sub> saturation prn. Control external bleeding Keep patient warm Immediate transport if patient critical</p>	<p>Monitor ECG/Monitor O<sub>2</sub> saturation prn. <b>SO</b> Place tourniquet for uncontrolled bleeding despite direct pressure/dressing (2-4 inches from wound) <b>SO</b> Establish IV (preferably enroute). Adjust rate per vital signs; target systolic BP 80-90 mm Hg (except head trauma) Additional fluids per BH In severe injury or BP &lt; 90 mmHg, establish IV en-route. 500 mL fluid bolus <b>SO</b> EtCO<sub>2</sub> monitoring prn.</p>
<b><u>ABDOMINAL TRAUMA</u></b>	<b><u>HEAD TRAUMA</u></b>
<p>Cover eviscerated bowel with saline soaked pads Flex hips and knees if not contraindicated</p>	<b>SO</b> If GCS less than or equal to 8, maintain SBP ≥ 100 with IV fluids
<b><u>CHEST TRAUMA</u></b>	<b><u>CHEST TRAUMA</u></b>
<p>Cover open chest wound with three-sided occlusive dressing; release dressing if suspected tension pneumothorax develops</p>	<b>BH</b> For suspected tension pneumothorax with hypotension and severe dyspnea, consider needle thoracostomy
<b><u>EXTREMITY TRAUMA</u></b>	<b><u>EXTREMITY TRAUMA</u></b>
<p>Place tourniquet for uncontrolled bleeding despite attempts at controlling bleeding with direct pressure/dressing (2-4" from wound)</p>	<b>(Isolated extremity injury [including hip] in the presence of adequate vital signs and level of consciousness)</b>
<p>avoid placement over joint, fractures, stab or gun shot wound sites Splint fractures as they lie if no neurovascular impairment</p>	<b>SO</b> Morphine 5-10 mg in 5 mg increments; titrate to pain relief; may repeat as per BH
<p>Splint dislocations in position found Immobilize joints above and below injury, if possible</p>	<b><u>CRUSH INJURY (With extended compression &gt;2 hours of extremity or torso)</u></b>
<p>Fractures with neurovascular impairment may be realigned per BH with gentle, unidirectional traction before splinting</p>	Note: Prior to release of compression administer the following in consultation with BH
<p>If circulation is not restored after two attempts at straightening, splint as it lies and transport immediately</p>	<b>SO</b> Give fluid bolus; 500ml N.S. IV, then TKO
<p>Consider pelvis wrap for fractures</p>	<b>BH</b> Calcium Chloride 250mg IV over 30 seconds

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SUBJECT: **TRAUMA (continued)**

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**BLS**

**TRAUMATIC ARREST**

Consider Determination of Death Protocol

If in doubt, initiate CPR

Assist ventilations with cervical in-line stabilization (if applicable)

See Policy #7210 and 7700 for use of AED and Perilaryngeal Airway

Consider discontinuing CPR for extended transport time

**IMPALED OBJECTS**

Immobilize (exceptions: may remove object if in face or neck  
and ventilation is compromised; if object interferes with CPR;  
or if object interferes with transport)

**AMPUTATED PARTS**

Place in plastic bag and keep cool during transport

Do not place in water or directly on ice

**OPEN NECK WOUNDS**

Cover with occlusive dressing

**ALS**

**TRAUMATIC ARREST**

**BHP** Consider discontinuing CPR in blunt trauma

**SO** Insert ETT/Perilaryngeal Airway with in-line stabilization if indicated (ventilate 8-10/min)

**SO** Establish IV while enroute, run wide open to max 2 liters; additional fluids per BH order  
Monitor ECG; treat dysrhythmias per separate protocols

**NOTE:** Consider **SO** - Ondansetron 4mg ODT/IV/IM for nausea and vomiting related to prolonged off-road transport

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<b><u>BLS</u></b>	<b><u>ALS</u></b>
<p><b>HELMETS</b> to include full face motorcycle helmets and football helmets:</p> <p><u>Indications for removing helmets in the field:</u></p> <ul style="list-style-type: none"><li>Inability to assess and/or reassess airway and breathing</li><li>Inability to adequately manage airway and breathing</li><li>Improperly fitted helmet allowing for excessive movement of head</li><li>Proper spinal immobilization cannot be performed due to helmet</li><li>Cardiac arrest</li></ul> <p>NOTE: When removing football helmet, it may be necessary to remove shoulder pads as well to properly immobilize spine</p>	<p><b>PEDIATRIC NOTE:</b></p> <ul style="list-style-type: none"><li><b>SO</b> Normal Saline 20 mL/kg initial bolus via Volutrol rapid IV drip; may repeat per BH</li><li><b>BHP</b> Morphine IVP for isolated extremity injury</li><li><b>BHP</b> Needle thoracostomy for chest decompression</li></ul>

APPROVAL:



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