

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: **TRAUMA**

POLICY NUMBER: 9270

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

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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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<u>BLS</u>	<u>ALS</u>
<p>HELMETS 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">Inability to assess and/or reassess airway and breathingInability to adequately manage airway and breathingImproperly fitted helmet allowing for excessive movement of headProper spinal immobilization cannot be performed due to helmetCardiac arrest <p>NOTE: When removing football helmet, it may be necessary to remove shoulder pads as well to properly immobilize spine</p>	<p>PEDIATRIC NOTE:</p> <ul style="list-style-type: none">SO Normal Saline 20 mL/kg initial bolus via Volutrol rapid IV drip; may repeat per BHBHP Morphine IVP for isolated extremity injuryBHP Needle thoracostomy for chest decompression

APPROVAL:



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