

4.04 CHEST, ABDOMINAL AND PELVIC TRAUMA

BLS Treatment
<ul style="list-style-type: none">• Assess circulation, airway, breathing, and responsiveness.• Oxygen as indicated.• Provide Spinal Motion Restriction as indicated or position of comfort as indicated.• Appropriately splint suspected fractures/instability as indicated.• Bandage wounds/control bleeding as indicated.• If open chest wounds with air leak, apply occlusive dressing taped on 3 sides.• Cover any exposed eviscerated organs with moist saline gauze.• Immobilize impaled objects in place.• For pregnancy 20 weeks or greater, place in left lateral position. If spinal motion restriction initiated, tilt spine board to the left.
ALS Treatment
<ul style="list-style-type: none">• Needle Thoracostomy for suspected tension pneumothorax.• IV/IO Normal Saline at TKO.• If SBP <90, administer Normal Saline fluid bolus.• For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP > 90: may administer Morphine Sulfate.• For nausea/vomiting: may administer Ondansetron
Comments
<ul style="list-style-type: none">• Consider pre-existing respiratory medical conditions causing distress.• Chest injuries causing respiratory distress are commonly associated with significant internal blood loss. Reassess frequently for signs and symptoms of hypovolemia / shock.• Significant intra-thoracic or intra-abdominal injury may occur without external signs of injury, particularly in children.
Base Hospital Contact Criteria
<ul style="list-style-type: none">• If there is any question with the hemodynamic status of the patient following administration of pain or nausea medications.