





# Trauma

## General

### CRITERIA

- Occurs when the body is exposed to more energy than its tissues and organs can tolerate

### PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
EMR	Assess patient for spinal immobilization.	EMR
EMT	Follow <i>General – Spinal Immobilization/Clearance Protocol.</i>	EMT
EMT	If airway cannot be secured, immediately transport to closest hospital.	EMT
I	<b>Respiratory insufficiency:</b> Intubate [if patient is over 12 years old].	I
P	<b>Obstructed airway:</b> Consider advanced surgical airway.	P
[I]	<b>Tension pneumothorax:</b> Needle decompression of affected side.	[I]
I	<b>Traumatic cardiac arrest:</b> Bilateral needle chest decompression, if suspected pneumothorax.	I
EMT	<b><i>If shock or potential for shock is present:</i></b> Keep patient warm. Control bleeding. Retrieve amputated part: <ul style="list-style-type: none"><li>Wrap amputated part in <b>dry</b> sterile dressing.</li><li>Place part in a <b>dry</b>, sealed plastic bag.</li><li>Place plastic bag with the part in an ice water-filled container.</li><li>Mark container with date, patient name, and name of part.</li></ul>	EMT
	If the patient meets the trauma triage criteria according to the <i>Administrative Policies - Trauma Field Triage</i> , transport immediately (less than 10 minute scene time) to a Level I or Level II Trauma Center.	
A	<b>Suspected hypovolemia:</b> <b>20 mL/kg 0.9% Normal Saline up to 1000 mL</b> bolus, continuously reassessing need for further fluid administration.	A
EMT	Manage minor injuries and reassess.	EMT

### PEARLS

- DO NOT** delay transport to establish IV lines or wait on ALS.
- Any patient who is cool and tachycardic is considered to be in shock until proven otherwise.
- Use two large bore IVs.
- Isolated spinal injuries: handle with utmost care; rapid transport is NOT indicated.
- All pregnant patients that have suffered blunt trauma should be transported for evaluation; pregnant patients in the third-trimester should be transported with the backboard angled to the left and slightly elevated.