



Section 6: Adult Trauma Protocols

ADULT TRAUMA: ABDOMINAL TRAUMA

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M

UNIVERSAL PATIENT CARE PROTOCOL
AIRWAY PROTOCOL
SPINAL MOTION RESTRICTION- SMR
OXYGEN
Determine if Load & Go
Control Hemorrhage / Dress Wounds

Evisceration: Cover, clean saline dressing to loosely stabilize
Penetrating Object: Cover, clean saline dressing – Immobilize object. If too large to transport – attempt to cut with care not to further injure tissue
Penetrating Wounds: Cover, clean saline dressing. Look for exit wound
Blunt Trauma: Assess for change – distention. Note mechanism

IV / IO PROCEDURE 500 ml Normal Saline Bolus to maintain SBP 90 or Radial Pulses
Monitor and Reassess
INITIATE TRAUMA ALERT
TRANSPORT to appropriate facility CONTACT receiving facility CONSULT Medical Direction where indicated



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ADULT TRAUMA: ABDOMINAL TRAUMA-Cont.

PEARLS and KEY POINTS

MECHANISM	SIGNS & SYMPTOMS
<ul style="list-style-type: none">• Blunt	<ul style="list-style-type: none">• Altered mental status• Shock• Distention• Swelling• Bulging• Nausea and vomiting
<ul style="list-style-type: none">• Penetrating	<ul style="list-style-type: none">• Altered mental status• Bleeding• Tenderness• Pain• Distention• Eviseration• Discoloration• Entrance / exit wounds• Nausea & vomiting

Trauma to the abdomen is either Blunt or Penetrating. Blunt injuries are harder to detect and diagnose, and have a death rate twice that of penetrating wounds. Key signs and symptoms of blunt trauma include a patient in shock with no obvious injuries. Distention of the abdomen is an indication of internal hemorrhage. Pain may not be a significant factor. Many abdominal trauma injuries are Load & Go cases.

- Look for both an entrance and exit wound for all penetrating trauma, and treat accordingly.
- For all major trauma patients, the on scene time should be less than ten minutes.