**Trauma**

**INITIAL TRAUMA CARE**

- To be performed on all patients following a traumatic or suspected traumatic event.
- As scene evaluation, initial assessment, rapid trauma assessment, focused assessment, on-going assessment, and detailed physical exam are part of the training of EMTs and paramedic, the details of those steps will not be provided in this protocol. It is expected that EMS personnel will perform in accordance to their training.

**BLS**

A. Begin Initial Medical Care.
B. Follow Airway Management protocol.
C. Follow Oxygen Administration protocol.
D. Record LOC using AVPU method. Obtain an initial GCS as early as possible.
E. Control all significant external bleeding. If direct pressure, elevation, and pressure points do not rapidly stop the bleeding in an extremity, apply a tourniquet.
   - Direct pressure is the method of choice to control bleeding
F. If bleeding continues despite tourniquet use or wound is not amenable to tourniquet placement (e.g. groin or armpit), pack the wound cavity with a sterile gauze roll and apply direct pressure with a pressure bandage.
G. Providers may also utilize a TCCC-approved gauze based hemostatic dressing (e.g., Combat Gauze, Chito Gauze, Celox Gauze) if available.
H. The number of dressings packed into the wound must be documented in the patient care record.
I. Expose patient to perform a detailed physical exam.
J. Cover and keep patient warm between assessments in order to conserve body heat.
K. If patient’s presentation, or the mechanism of injury, meets “Trauma Alert” criteria:
   1. Call for a paramedic unit. See “ALS and BLS Team Approach”.
   2. Rapidly extricate with cervical spine immobilization.
   3. Try to keep scene time to 10 minutes or less. If scene time exceeds 10 minutes, document the reason for the delay.
L. Patients with major multiple system trauma or penetrating trauma to the head, neck, chest or abdomen should be transported to the closest appropriate Trauma Center. Patients with serious burns should be transported to a Burn Center. If the patient can be transported by BLS to a Trauma or Burn Center in less time than it would take for ALS to arrive, then transport by BLS.

**ALS**

A. During transport – Establish 2 large bore IV’s of 0.9% NaCl. Titrate fluids to a SBP of 90 mmHg.
B. Apply cardiac monitor.
C. Intubation with C-spine control may be necessary to maintain a patent airway and/or to prevent aspiration of vomitus. Do not nasally intubate patients with facial trauma.
D. If an IV cannot be established and an urgent need for vascular access exists, establish IO access.