

GENERAL TRAUMA GUIDELINE

EMR	<ul style="list-style-type: none"> ❑ Perform assessments & interventions outlined for all EMS patients – <i>See Routine Medical Assessment and Intervention Guideline</i> ❑ Oxygen moderate to high flow as needed to ensure SpO₂ >94%. Evaluate for need of ventilation support and/or position the patient to ensure adequate patency of airway – suction as required. ❑ Protect patient from hypothermia – maintain body temperature as close to normal as possible ❑ Initiate spinal precautions as indicated by Spinal Immobilization Procedure ❑ Control hemorrhage & Apply tourniquet to if unable to control with routine measures. ❑ Perform routine wound care – protect from debris & infection by covering with appropriate dressing. ❑ Treat suspected fractures/dislocations; burns; and amputations as per specific guideline. ❑ Cover eviscerated bowel with moist sterile dressings and protect as much as possible from contamination. ❑ Stabilize suspected flail chest with bulky dressing & tape. ❑ Evaluate for Trauma System Entry Criteria and enter as appropriate 	EMR
EMT		EMT
AEMT	<ul style="list-style-type: none"> ❑ Initiate vascular access via peripheral IV line (two if possible) with isotonic solution (Lactated Ringers or NS) - Do Not Delay Transport To Establish Vascular Access ❑ If unable to place peripheral IV may initiate pediatric IO placement ❑ Fluids administration to maintain systolic BP of 100mmHg to a maximum of 2 Liters. ❑ May consider pain management if indicated per pain management guideline 	AEMT
EMT-I	<ul style="list-style-type: none"> ❑ If unable to place peripheral IV may initiate adult IO placement 	EMT-I
PARAMEDIC	<ul style="list-style-type: none"> ❑ Suspected Tension Pneumothorax - in a patient with decreased lung sounds and hypotension with thoracic trauma, or a traumatic arrest. <ul style="list-style-type: none"> ○ Consider needle decompression – see needle decompression procedure 	PARAMEDIC

Clinical Care Pearls

- ❑ A good scene assessment is necessary to prevent injury to rescuers and further injury to the patient(s).
- ❑ Providers must determine the need for rapid extrication as a priority over spinal stabilization.
- ❑ Life threatening injuries should be identified and managed immediately upon identification.
- ❑ Transport unstable patients to closest appropriate hospital.
- ❑ Pregnant women in 2nd or 3rd trimester should be immobilized with the board tilted so that they are positioned on their left lateral recumbent when possible.