

Routine Trauma Care

E M R	<ul style="list-style-type: none"> • Ensure scene safety. • Determine number of patients. • Identify the mechanism of injury. • Identify need for additional resources or specialized units. • Obtain a general impression of the patient's condition. • Assess, secure, and maintain a patent airway while simultaneously using C-spine precautions. • Assess breathing and respiratory effort. • Administer Oxygen to maintain SpO2 ≥92%. • Support respirations as needed. • Assess circulation. • Perform neurologic assessment. • Expose patient to identify any hidden injuries, use consideration with environmental factors. • Stabilize any penetrating objects and transport with the patient. Do not attempt to remove any objects unless the object is obstructing the airway. • Keep patient warm and prevent hypothermia. • Attempt to limit scene time to 10 minutes.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Establish IVs during transport. Do not delay transport for IV access unless there is prolonged extrication. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Consider Tranexamic Acid refer to 9533 - Tranexamic Acid for indications and contraindications. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.

Routine Trauma Care

Critical Thinking Elements

- Trauma patients should be transported to the closest most appropriate trauma center. If there is any question regarding the most appropriate facility consult medical control.
- Prompt transport and early notification is essential.

Shock

EMR	<ul style="list-style-type: none">• Perform Routine Trauma Care Protocol 7105.• Control bleeding using direct pressure, pressure dressings, pressure points, and tourniquet.
EMT	<ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Establish IVs during transport. Do not delay transport for IV access unless there is prolonged extrication. Administer fluid to maintain systolic blood pressure of at least 90 mmHg.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.

Shock

Critical Thinking Elements

- Hypotension may not occur in the early stages of shock. However, aggressive therapy is indicated if there is a significant mechanism of injury and/or shock is suspected.
- IV fluid bolus should be regulated and patient response to fluid monitored closely.

Head/Facial/Neck Trauma

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EMR</p>	<ul style="list-style-type: none"> • Perform Routine Trauma Care Protocol 7105. • Control bleeding using direct pressure, pressure dressings, pressure points, and tourniquet. • Corneal Abrasion <ul style="list-style-type: none"> • Irrigate with normal saline as needed. • Penetrating Injury to Eye/Ruptured or Lacerated Globe <ul style="list-style-type: none"> • Do not remove impaled objects. • Do not irrigate the eye. • Avoid any pressure on the injured eye. Cover with cup or protective shield. • Patch both eyes. • Dental Management <ul style="list-style-type: none"> • Avoid touching root. • Rinse with normal saline. Do not scrub, dry, or wrap tooth in tissue or cloth. • Place tooth in container with milk or normal saline if milk is unavailable. • Monitor airway and be prepared to suction, if necessary.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EMT</p>	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">I</p>	<ul style="list-style-type: none"> • Continue EMT care. • Establish IVs during transport. Do not delay transport for IV access unless there is prolonged extrication. Administer fluid to maintain systolic blood pressure of at least 90 mmHg. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">P</p>	<ul style="list-style-type: none"> • Continue ILS care. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.

Critical Thinking Elements

- Head trauma patients should receive oxygen to keep SpO₂ ≥ 93%.
- Cushing's response refers to the ominous combination of markedly increased arterial blood pressure and resultant bradycardia indicating cerebral herniation.
- Avoid prophylactic hyperventilation of a head trauma patient. If signs and symptoms of increased ICP are present then hyperventilate patients at a rate of 20 breaths per minute.
- Signs and symptoms of increased ICP:
 - Confusion
 - Altered level of consciousness
 - Dilated or unequal pupils
 - Markedly increased systolic blood pressure
 - Decreased pulse
 - Abnormal respiratory patterns

Spinal Trauma

E M R	<ul style="list-style-type: none"> • Perform Routine Trauma Care Protocol 7105. • Assess and record any pain on palpation of the spine, any motor/sensory deficits of the extremities, abnormal arm position, ptosis, and/or priapism. • Assess the skin for temperature. Cover the patient and keep warm. • Assess for neurogenic shock • Fully immobilize the patient and protect paralyzed limbs by securing the patient to the backboard.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Establish IVs during transport. Do not delay transport for IV access unless there is prolonged extrication. Administer fluid to maintain systolic blood pressure of at least 90 mmHg. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Administer Dopamine, if patient remains hypotensive. <ul style="list-style-type: none"> ○ 2 - 20 mcg/kg/min IV. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.

Traumatic Arrest

E M R	<ul style="list-style-type: none">• Rapidly assess to determine possible cause of the arrest and determine if resuscitation will be attempted.• Initiate cardiac arrest protocols and procedures.• Rapidly extricate and trauma package in preparation for transport.
E M T	<ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Perform Procedure 9023 Needle Decompression if chest trauma is present and/or the patient is in PEA and tension pneumothorax is suspected.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.

Extremity Trauma

E M R	<ul style="list-style-type: none"> • Perform Routine Trauma Care Protocol 7105. • Control any external bleeding. • Splint skeletal injuries. Check pulse, motor, and sensory before and after splinting. • If the extremity is angulated and no distal pulse is present, reduce by gently applying manual traction until the pulse returns. • For amputation cases: <ul style="list-style-type: none"> • Wrap severed part in sterile gauze. • Wet dressing with sterile water or saline. • Place part in plastic bag. • Place bag on ice or cold water. • Do not immerse part in water. • Do not allow the tissue to freeze. • Transport the part with the patient.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Manage pain according to Acute Pain Management Protocol 1115. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.

Thoracic Trauma

E M R	<ul style="list-style-type: none"> • Perform Routine Trauma Care Protocol 7105. • Open Pneumothorax – place occlusive dressing over injury site, via: <ul style="list-style-type: none"> ○ Gloved hand and then commercial device ○ Defib pad ○ Vaseline gauze • Continuously monitor airway and breathing.
E M T	<ul style="list-style-type: none"> • Continue EMR care. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none"> • Continue EMT care. • Initiate ALS intercept; begin transport as soon as possible. • Open pneumothorax – Monitor for development of tension pneumothorax. Remove dressing if needed. If unable to relieve symptoms after opening, consider Procedure 9023 Needle Decompression. • Tension Pneumothorax – perform Procedure 9023 Needle Decompression • Flail chest – if ventilatory distress, adequate ventilatory effort; no suspected pneumothorax, consider early CPAP with PEEP of 5 – 10 cmH₂O. If SBP drops to 90 mmHg decrease PEEP to 5, if hypotension persists, discontinue CPAP. • Initiate ALS intercept, if indicated. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none"> • Continue ILS care. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.

Abdominal Trauma

E M R	<ul style="list-style-type: none">• Perform Routine Trauma Care Protocol 7105.• Evisceration care<ul style="list-style-type: none">• Remove clothing from around the wound.• Cover wound with sterile dressing soaked with sterile normal saline.• Cover the dressing with a sterile occlusive dressing.
E M T	<ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.

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P	<ul style="list-style-type: none"> • Continue ILS care. • Begin transport as soon as possible. • Contact receiving hospital as soon as possible.

Shock

E M R	<ul style="list-style-type: none">• Perform Routine Trauma Care Protocol 7205.• Control bleeding using direct pressure, pressure dressings, pressure points, and tourniquet.
E M T	<ul style="list-style-type: none">• Continue EMR care.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
I	<ul style="list-style-type: none">• Continue EMT care.• Initiate IV/IO access. Administer fluid bolus 20mL/kg, may repeat once. Any bolus >40mL/kg, consult Medical Control.• Initiate ALS intercept, if indicated.• Begin transport as soon as possible.• Contact receiving hospital as soon as possible.
P	<ul style="list-style-type: none">• Continue ILS care.• Transport as soon as possible.• Contact receiving facility as soon as possible.

Head Injury

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- Perform **Routine Trauma Care Protocol 7205**.
- Control bleeding using direct pressure, pressure dressings, pressure points, and tourniquet.
- Monitor airway and be prepared to suction, if necessary.

E
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T

- Continue EMR care.
- Initiate ALS intercept, if indicated.
- Begin transport as soon as possible.
- Contact receiving hospital as soon as possible.

I

- Continue EMT care.
- Initiate IV/IO access. Administer fluid bolus 20mL/kg, may repeat once. Any bolus >40mL/kg, consult **Medical Control**.
- Initiate ALS intercept, if indicated.
- Begin transport as soon as possible.
- Contact receiving hospital as soon as possible.

P

- Continue ILS care.
- Transport as soon as possible.
- Contact receiving facility as soon as possible.