Adult Trauma

This protocol should be followed for severely injured patients meeting trauma triage guidelines and methodology; including chest injuries, and patients with symptoms of spinal cord injury, along with extremity weakness, numbness or sensory loss. It consists of assessment, stabilization, extrication, initiation of resuscitation, and rapid transportation to the closest appropriate facility.

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**. Consider rapid extrication
2. Stabilize spinal column while opening the airway, determine level of consciousness. Refer to **Spinal Injury Assessment Protocol**.
3. Manage airway ventilation per **Emergency Airway Procedure**. DO NOT HYPERVENTILATE.
4. Control major external bleeding. Consider tourniquet use when applicable (refer to **Tourniquet Application Procedure)**
5. If shock present, refer to **Shock Protocol**.
6. Refer to **Mass Casualty Incidents Protocol** if appropriate.

EMT/SPECIALIST/PARAMEDIC

7. Initiate transport.
8. Alert receiving hospital as soon as appropriate. Note mechanism of injury.

SPECIALIST/PARAMEDIC

9. Consider vascular access.
10. If hypotensive, administer a NS IV/IO fluid bolus up to 1 liter, wide open. Repeat as indicated.

PARAMEDIC

11. Refer to **Pain Management Procedure**.

CHEST INJURY

MFR/EMT/SPECIALIST/PARAMEDIC

1. Control hemorrhage. For patient with diminished or absent breath sounds:
   A. Closely monitor airway and provide for early maintenance.
   B. Provide high concentration of oxygen, and early assistance of ventilation, if indicated.
   C. Look for life threatening respiratory problems and stabilize.
   D. If sucking chest wound, cover wound with occlusive dressing sealed on 3 sides, or FDA **and** MCA approved commercial device. Release dressing if worsened shortness of breath, or signs of tension pneumothorax.

PARAMEDIC

   E. If tension pneumothorax suspected, needle decompression, control external bleeding and complete spinal immobilization, if indicated. Refer to **Pleural Decompression Procedure**.

ABDOMINAL INJURY

MFR/EMT/SPECIALIST/PARAMEDIC

1. Cover intestinal eviscerations with a sterile dressing moistened with sterile saline or water; cover the area with an occlusive material (aluminum foil or plastic wrap). Cover the area with a towel or blanket to keep it warm. Transport with knees slightly bent, if possible. DO NOT PUSH VISCERA BACK INTO ABDOMEN, unless prolonged extrication.

INJURY SPECIFIC TREATMENTS

1. Follow appropriate protocols

This protocol should be followed for severely injured patients meeting trauma triage guidelines and methodology; including chest injuries, and patients with symptoms of spinal cord injury, along with extremity weakness, numbness or sensory loss. It consists of assessment, stabilization, extrication, initiation of resuscitation, and rapid transportation to the closest appropriate facility.

Follow **General Pre-hospital Care Protocol**
Consider Rapid Extrication

- Stabilize spinal column while opening airway, determine level of consciousness. Refer to **Spinal Injury Assessment Protocol.**
- Manage airway ventilation per **Emergency Airway Procedure.**
- DO NOT HYPERVENTILATE
- Control major external bleeding
- Consider tourniquet use when applicable (refer to **Tourniquet Application Procedure)**.
- If shock present, refer to **Shock Protocol**
- Initiate transport.
- Alert receiving hospital; note mechanism of injury.
- Consider vascular access
- If hypotensive, administer a NS IV/IO fluid bolus up to 1 liter, wide open, repeat as indicated.

Refer to **Mass Casualty Incidents Protocol** if appropriate

Refer to **Pain Management Procedure**

Chest Injury

- Control hemorrhage
- Diminished or absent breath sounds:
  - Closely monitor airway & provide for early maintenance.
  - Provide high concentration of oxygen, and early assistance of ventilation if, indicated.
  - Look for life threatening respiratory problems & stabilize.
  - For sucking chest wounds cover wound with occlusive dressing sealed on 3 sides or FDA **and** MCA approved commercial device. Release dressing if worsened shortness of breath or tension pneumothorax.
  - Tension pneumothorax suspected, needle decompression, control external bleeding and complete spinal immobilization. Refer to **Pleural Decompression Procedure**.

Abdominal Injury

- Cover intestinal eviscerations with a sterile dressing moistened with sterile saline or water.
- Cover the area with an occlusive material (aluminum foil or plastic wrap).
- Cover the area with a towel or blanket to keep it warm.
- Transport with knees slightly bent, if possible.
- **DO NOT PUSH VISCERA BACK INTO ABDOMEN**, unless prolonged extrication.

Injury Specific Treatments

- Follow appropriate protocols