



TRAUMA

ADULT **PEDIATRIC**

BLS Procedures

Assess Airway.
Control Severe Bleeding as appropriate.
Assess need for SSMR.
Assess Vitals.
Oxygen, Titrate to SPO2 of 94% or higher.
Assess for Appropriate Trauma Triage Criteria (553.25).
Prevent Heat Loss, cover with blankets to keep patient warm.
Treatment for Specific Injuries:
Amputations – If partial amputation, splint in anatomical position. Place complete amputated parts in a sealed clean and dry container or bag. Place container or bag on ice if possible.
Eviscerating Trauma – Cover with saline soaked gauze. Do not attempt to replace organs into abdominal cavity.
Extremity Trauma – Apply appropriate splint/immobilization device, check CSM’s before and after splinting/immobilizing.
Flailed Chest – Monitor for tension pneumothorax.
Impaled Object – Stabilize object in place, do not remove object unless the object cause airway compromise or interferes with CPR.
Open Chest Wound – Apply chest seal or occlusive dressing over wound, monitor for tension pneumothorax.

ALS Standing Orders

Assess for Tension Pneumothorax, Decompress as needed.
Obtain ECG if indicated.
Establish IV/IO access.
Patients with severe bleeding post trauma, refer to Hemorrhage Control Protocol.
Pain Control – refer to Pain Management Protocol.

Trauma Triage Criteria

Physiologic Criteria	Anatomic Criteria
<ul style="list-style-type: none"> • GCS Score <ul style="list-style-type: none"> ○ Unable to follow commands (GCS motor score < 6) ○ Or total GCS < 14 • Respiratory rate < 10 or > 29 breaths/min • Hypotension <ul style="list-style-type: none"> ○ 0-9 yrs: SBP 70mmHg + (2 x age in years) ○ 10-64 yrs: SBP 90 mmHG or HR > SBP ○ 65 yrs +: SBP < 110mmHg or HR > SBP <p style="text-align: center;"><u>Any occurrence of physiologic trauma criteria must be reported to the Trauma Center</u></p>	<ul style="list-style-type: none"> • Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee • Depressed or suspected skull fracture • Chest wall instability or deformity or suspected flail chest • 2 or more proximal long bone fractures in an adult or 1 or more proximal long bone fracture in a pediatric patient • New onset of paralysis from acute trauma • Suspected pelvic fracture • Crushed, degloved, mangled extremity or pulseless extremity • Amputation proximal to ankle or wrist • Active bleeding requiring a tourniquet or wound packing with continuous pressure
Mechanism of Injury Criteria	Provider Judgement
<ul style="list-style-type: none"> • High Risk Auto Crash <ul style="list-style-type: none"> ○ Partial or complete ejection ○ Significant intrusion to passenger compartment, either > 12” to occupant side or > 18” on any other passenger side ○ Death in same vehicle ○ Unrestrained child or unsecured child safety seat • Rider separated from transport vehicle with significant impact (e.g. motorcycle, ATV, horse. Etc.) • Pedestrian or bike rider thrown, run over, or collision with significant impact • Falls from height > 10 feet (all ages) 	<ul style="list-style-type: none"> • Low level falls in young (≤ 5 yrs) or elderly patients (≥ 65 yrs) with <u>significant head impact</u> • Anticoagulant use or bleeding disorder • Special or high resource healthcare needs • Pregnancy > 20 weeks <p style="text-align: center;"><u>Provider Judgment for trauma activation must be guided by an assessment of the patient’s risk for a significant injury.</u></p>

Special Considerations

- Patients that meet Trauma Triage Criteria need to be transported to the DCF designated Trauma Center as soon as possible.
- Only perform Life Threatening Treatments on scene, all other treatments should be performed while transporting patient.
- Pediatric patients should be triaged to a pediatric trauma center if possible.

Base Hospital Orders Only