

T001 GENERAL TRAUMA CARE

EMT	AEMT
EMT-I	Paramedic

- General impression
- The number one priority is rapid treatment and transport to definitive care
- Trauma expose the patient
- Consider need for additional resources



- Look for massive hemorrhage and stop:**
- Tourniquet extremities
 - Wound pack junctional wounds
 - Seal truncal injuries



- Address airway and support breathing:**
- Emergent BLS airway management
 - Assist ventilations as indicated
 - Needle decompression for tension pneumo
 - Semi -occlusive dressing for open chest wound
 - Provide high flow oxygen



- Assess circulation:**
- Place pelvic binder if MOI warrants
 - During transport, establish vascular access and treat hypotension per traumatic shock protocol



- Hypothermia / Head Injury:**
- Prevent and treat hypothermia
 - Brief neuro assessment
 - Minimize secondary injury, refer to head injury protocol



- Consider spinal motion restriction
- Assess vital signs
- Consider advanced airway management



- Ongoing assessment, including full head to toe
- Complete other care / interventions according to appropriate trauma protocol
- Re-assess for changes in patient condition and treat accordingly
- Prepare patient for transfer of care

- Scene Considerations**
- Identify provider safety concerns
 - Triage the scene
 - Identify number of patients
 - Request additional resources as needed
 - Determine ingress / egress
 - Set-up ambulance

- Airway Management Goals:**
- Manage with the simplest method that provides adequate ventilation and oxygenation
 - Intubation should be done en route unless there is no other option
 - Nasal intubation is a relative contraindication with suspicion of head injury

- Prolonged Entrapment:**
- Crush syndrome can occur after cells have been under pressure from prolonged immobilization or crush injury for > 4 hours when the skeletal muscles can no longer survive from ischemia
 - After release, intracellular potassium can be released into the systemic circulation causing life-threatening hyperkalemia and generating cardiac arrhythmias. 12-lead and continuous EKG monitoring are used to assess for hyperkalemia.
 - Consider prior to release placing 1-2 large bore IVs or I/Os and initiating a NS fluid bolus.
 - Prepare to administer treatment for hyperkalemia if patient develops signs of dysrhythmia or hemodynamic instability. Treatment should include IV calcium and sodium bicarbonate as well as nebulized albuterol.

**CALL APPROPRIATE
TRAUMA RESPONSE
AT IMH**