ABDOMINAL TRAUMA

EMT:

1) Take spinal precautions
2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
3) Treatment for specific abdominal injuries:
4) EVISCERATION:

DO NOT replace.
Cover with saline-moistened dressing

5) BLUNT TRAUMA:

Spinal precautions and treat for shock

6) IMPALED OBJECTS:

Stabilize in place.

7) Consider calling for ALS
8) Transport ASAP
9) Consider activation of Trauma system
10) Consider Ice Packs for isolated pain and swelling

AEMT

As above

11) Large bore IV Isotonic Solution TKO unless shock is present.
12) 2nd large bore IV wide open and titrate to maintain a systolic BP of 90 If shock present

PARAMEDIC:

As above

13) Cardiac monitor
14) If intubating patient attach end tidal CO2 monitoring. INTUBATION SHOULD BE CONSIDERED EARLY ON IF PATIENT's AIRWAY IS COMPROMISED IN ANY WAY OR IF GCS IS < 8 (maintain c-spine control during any intubation attempt)

(End)

BURNS

EMT:

1) Remove patient from hazard.
2) Remove patient from physical contact with burning agent(s).
   A) Remove burned clothing.
   B) Wash or brush off chemical agents.
   C) Remove any jewelry and other constricting items
3) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
4) Assess for other possible non-burn trauma.
5) Determine depth and size of burn.
6) Cover burned area with dry, sterile sheets.
7) Maintain Normothermia.
8) Consider Trauma System activation
9) Consider calling for ALS
10) Transport ASAP
11) Consider Ice Packs for isolated pain and swelling

AEMT:

As above

12) **IV Isotonic Solution** large bore
13) **Consider 200 ml bolus** May repeat up 20ml/kg in 200 ml increments if lungs sounds are clear.

PARAMEDIC:

As above

14) Cardiac Monitor
15) **Morphine 1-5 mg** if necessary for pain.
16) **Hydromophone 0.2 to 1 mg** if allergic to Morphine
17) If intubating patient attach end tidal CO2 monitoring. INTUBATION SHOULD BE CONSIDERED EARLY ON IF PATIENT's AIRWAY IS COMPROMISED IN ANY WAY OR IF GCS IS < 8 or signs of airway burns (maintain c-spine control during any intubation attempt)

(End)

CHEST TRAUMA

EMT:

1) Take spinal precautions.
2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
3) Assist ventilation if respiratory rate < 10 or > 30.
4) **Occlusive dressing** for Open Chest Wound
5) Consider calling for ALS
6) Transport ASAP
7) Consider activation of Trauma system
8) Consider Ice Packs for isolated pain and swelling

AEMT:

As above

9) Large bore IV Isotonic Solution TKO unless shock is present.
10) If shock is present Start 2nd large bore IV and run fluids wide open and titrate to maintain a systolic BP of 90.

PARAMEDIC:

11) Cardiac monitor
12) If intubating patient attach end tidal CO2 monitoring. INTUBATION SHOULD BE CONSIDERED EARLY ON IF PATIENT's AIRWAY IS COMPROMISED IN ANY WAY OR IF GCS IS < 8 (maintain c-spine control during any intubation attempt)
13) **Needle Thoracostomy** for Tension Pneumothorax

(End)

CHEMICAL BURNS TO THE EYE

EMT/AEMT/PARAMEDIC:

1) Flush eye(s) ASAP with tap water or saline, **continuing until** at hospital.
2) Locate and bring chemical or container.

(End)

CRUSH INJURY SYNDROME

EMT:

1) Take spinal precautions.
2) Maintain patent airway while observing spinal precautions.
3) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
4) Assess motor response and sensory status.
5) Assess and frequently reassess airway, vital signs, and neurologic status.
6) Maintain Normothermia
7) Consider placement of tourniquet prior to extrication tighten if needed after extrication (see Hemorrhage Control T-6).
8) Consider Trauma System activation
9) Consider calling for ALS
10) Transport ASAP

AEMT:

As above

15) Large bore IV Isotonic Solution TKO unless shock is present.
16) 2nd large bore IV wide open and titrate to maintain a systolic BP of 90 If shock present.

PARAMEDIC:

As above

11) Cardiac monitor
12) Immediately prior to extrication **Sodium bicarbonate 1mEq/kg IV**
13) If evidence of hyperkalemia on EKG contact Medical Control

(End)

HEAD TRAUMA

EMT:

1) Take spinal precautions.
2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
3) If ventilation's require support provide 1 breath every 4 to 5 seconds
4) Consider activation of Trauma system
5) Call ALS
6) Transport ASAP
7) Consider Ice Packs for isolated pain and swelling.

AEMT:

As above

8) Large bore IV Isotonic Solution TKO unless shock is present.
9) If shock is present run fluids wide open and titrate to maintain a systolic BP of 90. Consider 2nd large bore IV
10) If patient has altered level of consciousness:
    A) Chemstrip If blood glucose < 60.
    B) **D50W 25GM** IV.
    C) **Narcan 0.4 to 2.0 mg IV/IM/IN**
11) Give Glascow Coma Scale Score.

PARAMEDIC

As above

12) Cardiac monitor
13) Consider **Zofran 4-8 mg IV/IM/PO or Phenergan 6.25 mg IV 25 mg IM/PO** for nausea and/or Vomiting.
14) If intubating patient attach end tidal CO2 monitoring. INTUBATION SHOULD BE CONSIDERED EARLY ON IF PATIENT's AIRWAY IS COMPROMISED IN ANY WAY OR IF GCS IS < 8 (maintain c-spine control during any intubation attempt) *
15) Maintain 35-45mmHg on end tidal CO2 monitor.

* Consider RSI to provide optimal ventilation.

(End)

INJURIES - EAR

EMT/AEMT/PARAMEDIC:

1) Take spinal precautions.
2) Use direct pressure to control bleeding from external ear.
3) DO NOT pack or probe the ear canal.
4) Watch for fluid drainage from the ear.
5) Check for battle signs indicating basal skull fracture.

(End)

INJURIES - EYE
(Penetrating or blunt)

EMT/AEMT/PARAMEDIC:

1) Check vision in each eye separately.
2) Look for leakage of intraocular fluid.
3) Protect injured eye with metal eye pad or inverted paper cup.
4) Avoid pressure dressing.
5) Cover uninjured eye to prevent lid and eye movement.
6) Stabilize impaled objects. DO NOT remove.
7) Consider C-spine stabilization
8) Contact hospital early for specialist.

(End)

INJURIES - NECK
(Penetrating or blunt)

EMT:
1) Take spinal precautions.
2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed. Consider **Trauma Alert** activation.
3) Consider occlusive dressing for open injuries of the neck
4) Consider Calling for ALS
5) Transport ASAP

AEMT:
As above
17) Large bore IV Isotonic Solution TKO unless shock is present.
18) 2nd large bore IV wide open and titrate to maintain a systolic BP of 90 If shock present.

PARAMEDIC:
As above
6) Cardiac Monitor
7) If intubating patient attach end tidal CO2 monitoring. INTUBATION SHOULD BE CONSIDERED EARLY ON IF PATIENT's AIRWAY IS COMPROMISED IN ANY WAY OR IF GCS IS < 8 (maintain c-spine control during any intubation attempt)
8) **Needle cricothyroidotomy** if breathing difficulty and unable to place ET Tube

(End)

INJURIES - NOSE

EMT/AEMT/PARAMEDIC:
1) Take spinal precautions.
2) Establish a patent airway.
3) Control anterior bleed with direct pressure.
4) Consider Ice Packs for isolated pain and swelling.

(End)

SPINAL TRAUMA

EMT:

14) Take spinal precautions.
15) Maintain patent airway while observing spinal precautions.
16) Maintain neutral position when inserting airway adjuncts.
17) If head is fixed in other than neutral position and airway is patent. Stabilize head in that position.
18) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
19) If airway is inadequate, straighten C-spine using in-line axial support. Range of movement only to a position necessary, to establish a patent airway.
20) Assess motor response and sensory status.
21) Assess and frequently reassess airway, vital signs, and neurologic status.
22) Consider neurogenic shock.
23) Maintain Normothermia
24) Consider Trauma System activation
25) Consider calling for ALS
26) Vacuum Mattress
27) Transport ASAP

AEMT/PARAMEDIC:

As above

19) Large bore IV Isotonic Solution TKO unless shock is present.
20) 2nd large bore IV wide open and titrate to maintain a systolic BP of 90 If shock present.

(End)