

General 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.

Aliases: Trauma, injury, injuries

GENERAL TRAUMA MANAGEMENT

1. Follow **General Pre-hospital Care Protocol**.
2. Stabilize spinal column while opening the airway, determine level of consciousness. Refer to **Spinal Injury Assessment Protocol**.
3. Manage airway and ventilation per **Emergency Airway Procedure**. Avoid Hyperventilation/Hyperoxygenation.
4. Control major external bleeding. Refer to **Soft Tissue and Orthopedic Injuries Protocol**.
5. If shock present, refer to **Shock Protocol**.
6. Refer to Mass Casualty Incidents Protocol if appropriate.
7. Ask if the patient is taking blood thinners, and document the results in the PCR.



8. Initiate transport according to the Transportation Protocol.
9. Alert receiving hospital as soon as appropriate. Include pertinent trauma triage criteria.



10. Obtain vascular access (in a manner that will not delay transport) if appropriate per the **Vascular Access and IV Fluid Therapy Protocol**



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

HEAD INJURY

1. Control hemorrhage per **Soft Tissue and Orthopedic Injuries Protocol**.

CHEST INJURY

1. Control hemorrhage per **Soft Tissue and Orthopedic Injuries Protocol**.
2. Assess, monitor, and treat life threatening respiratory problems.
 - A. Administer oxygen to maintain a pulse oximetry (if available) of 94% to 99%. *Avoid positive pressure ventilation if possible.*
 - B. All open and/or sucking chest wounds should be covered with an FDA **and** MCA approved occlusive seal device, or improvised occlusive dressing.
 1. Release dressing if worsened shortness of breath, or signs of tension pneumothorax.



3. If tension pneumothorax suspected, perform needle decompression per **Pleural Decompression Procedure**.

ABDOMINAL INJURY

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.**