



## SBC Trauma Assessment/Treatment Guidelines

- I. Purpose: To establish a consistent approach to caring for trauma patients
- A. Refer to Santa Barbara County General Patient Guidelines for information regarding the following:
  - A. Initial Response
  - B. Scene Arrival and Size-Up
- II. Perform Trauma Assessment
  - A. Rapid Trauma Assessment
    1. Airway
      - a. Maintain inline cervical stabilization
        - i. Follow spinal precautions per [Policy 540 – Spinal Motion Restriction](#)
      - b. Open airway as needed
        - i. Utilize a trauma jaw thrust to maintain inline cervical stabilization if indicated
      - c. Suction airway if indicated
      - d. Refer to [Policy 533-02 Airway Management](#)
    2. Breathing
      - a. Assess rate, depth, and quality of respirations
        - i. If a respiratory effort is inadequate, assist ventilations with BVM
      - b. Insert appropriate airway adjunct (if indicated)
      - c. Assess lung sounds
      - d. Initiate airway management and oxygen therapy as indicated
        - i. Goal to maintain SpO<sub>2</sub> ≥ 94-98%
    3. Circulation
      - a. Assess skin color, temperature, and moisture
      - b. Check distal/central pulses and capillary refill time
      - c. Control major bleeding
      - d. Initiate shock management as indicated
      - e. Refer to Policy [533-20 Shock-Hypotension](#) & Policy [533-23 Tranexamic Acid](#)
    4. Disability
      - a. Determine Level of Consciousness (Glasgow Coma Scale). Refer to Appendix B
      - b. Evaluate patient responsiveness: AVPU Scale (Alert, Verbal, Pain, Unresponsive)
      - c. Evaluate Circulation, Sensory, Motor (CSM) function in all extremities
      - d. Assess pupillary response
      - e. Consider checking blood glucose in patients with altered mental status if time and patient condition permit
        - i. Do not delay on-scene time to perform BGL assessment
      - f. Refer to Policy [533-06 Altered Neurological Function](#)



5. Exposure

- a. If indicated, remove clothing for proper assessment/treatment of injury location
  - i. Be considerate of patient modesty
- b. Keep patient warm

B. Detailed Physical Exam

1. Head

- a. Inspect/palpate skull
- b. Inspect eyes, ears, nose and throat

2. Neck

- a. Palpate cervical spine
- b. Check position of trachea
- c. Assess for jugular vein distention (JVD)

3. Chest

- a. Visualize, palpate, and auscultate chest wall

4. Abdomen/Pelvis

- a. Inspect/palpate abdomen
- b. Assess pelvis, including genitalia/perineum (if pertinent)

5. Extremities

- a. Visualize, inspect, and palpate
- b. Assess Circulation, Sensory, Motor (CSM)

6. Back

- a. Visualize, inspect and palpate thoracic and lumbar spine

III. Trauma Care Guidelines

A. Head Injuries

1. General Treatments

- a. Evaluate head and face – maintain a high index of suspicion for injury if a significant mechanism of injury is present or physical examination is remarkable for findings
- b. Elevate head 30° unless contraindicated
- c. Do not attempt to intubate head injured patients unless unable to manage with BLS airway measures
- d. Do not delay transport if there is a significant airway compromise
- e. Scalp hemorrhage can be life-threatening; dress with pressure dressing

2. Penetrating Injuries

- a. DO NOT REMOVE IMPALED OBJECT (unless airway obstruction is present)
- b. Stabilize object manually or with bulky dressings

3. Facial Injuries

- a. Assess airway and suction as needed
- b. Remove loose teeth or dentures (if present)



- i. Place displaced teeth in emergency dental kit, if available
- c. Frequently assess airway and provide suctioning as needed
- 4. Eye Injuries
  - a. Remove contact lenses (if applicable)
  - b. Irrigate the eye thoroughly with suspected acid/alkali burns
  - c. Avoid direct pressure to the injured eye(s)
  - d. Do not attempt to replace displaced or partially torn globe
    - i. Stabilize with saline-soaked gauze and follow step “e” below
  - e. Cover both eyes loosely with a protective dressing
  - f. Stabilize any impaled object manually or with a bulky dressing

B. Spinal Cord Injuries

- 1. General treatments
  - a. Evaluate spinal column – maintain a high index of suspicion for injury if a significant mechanism of injury is present or physical examination is remarkable for findings
    - i. Follow spinal precautions per [Policy 540 – Spinal Motion Restriction](#)
  - b. Place the patient in a supine position if hypotension is present
- 2. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
  - a. Stabilize object manually or with bulky dressings
  - b. Control bleeding if present
  - c. In the presence of isolated penetrating injuries, spinal immobilization is contraindicated
- 3. Neck injuries
  - a. Monitor airway, including suctioning if indicated
  - b. Control bleeding if present

C. Thoracic Trauma

- 1. General treatments
  - a. Evaluate chest – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
  - b. Keep patients sitting high-fowlers
    - i. In the presence of isolated penetrating injuries, spinal motion restriction is contraindicated
  - c. Goal of fluid resuscitation is to maintain SBP of  $\geq 90$ mmHg. If SBP  $> 90$ mmHg, then maintain IV/IO at TKO rate
    - i. Maintain palpable peripheral pulses
  - d. Tranexamic Acid – Refer to [Policy 533-23: Tranexamic Acid \(TXA\)](#)
- 2. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT UNLESS IT INTERFERES WITH PERFORMING CPR
  - a. Stabilize object manually or with bulky dressings
  - Control bleeding if present



3. Flail Chest/Rib Injuries
    - a. Assist ventilations if respiratory status deteriorates
  4. Pneumothorax/Hemothorax
    - a. Keep patient sitting high-fowlers
    - b. Assist ventilations if respiratory status deteriorates
      - i. Suspected tension pneumothorax – Refer to Policy 536: Needle Thoracostomy
  5. Open (Sucking) Chest Wound
    - a. Place occlusive dressing on wound, secure on 3 sides only or place a vented chest seal
    - b. Assist ventilations if respiratory status deteriorates
  6. Cardiac Tamponade – If suspected, expedite transport
    - a. Beck's Triad
      - a. Muffled Heart Tones
      - b. Jugular Vein Distension (JVD)
      - c. Hypotension
  7. Traumatic Aortic Disruption – If suspected, expedite transport
    - a. Assess for quality of radial and femoral pulses
- D. Abdominal/Pelvic Trauma
1. General Treatments
    - a. Evaluate abdomen and pelvis – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
    - b. Goal of fluid resuscitation is to maintain SBP of  $\geq 90$  mmHg. If SBP  $> 90$  mmHg, then maintain IV/IO at TKO rate
      - i. Maintain palpable peripheral pulses
    - c. Tranexamic Acid – Refer to [Policy 533-23: Tranexamic Acid \(TXA\)](#)
  2. Blunt Injuries
    - a. Place patient in supine position if hypotension is present
  3. Penetrating Injuries – DO NOT REMOVE IMPALED OBJECT
    - a. Stabilize object manually or with bulky dressings
    - b. Control bleeding if present
  4. Eviscerations – DO NOT REPLACE ABDOMINAL CONTENTS
    - a. Cover wound with saline-soaked dressings
    - b. Control bleeding if present
  5. Pregnancy
    - a. Place patient in left-lateral position to prevent supine hypotensive syndrome
  6. Pelvic Injuries
    - a. Assessment of pelvis should be only performed ONCE to limit additional injury  
Control bleeding if present



- c. If possible, avoid log rolling patient
- E. Extremity Trauma
  - 1. General Treatments
    - a. Evaluate CSM distal to injury
      - i. If CSM is decreased or absent:
        - a. Manually reposition extremity into anatomical position
        - b. Re-evaluate CSM
      - ii. If no change in CSM after manually repositioning the extremity, splint in anatomical position and expedite transport
    - b. Cover open wounds with sterile dressings
    - c. Place ice pack on injury area (if closed wound)
    - d. Splint/elevate extremity with appropriate equipment
    - e. Uncontrolled Hemorrhage
      - i. Apply tourniquet (if applicable) – Refer to [Policy 544: Tourniquet](#)
      - ii. Refer to [Policy 533-23: Tranexamic Acid \(TXA\)](#)
- F. Dislocations
  - 1. Splint in position found with appropriate equipment
- G. Penetrating Injuries – DO NOT REMOVE IMPALED OBJECTS
  - 1. Stabilize object manually or with bulky dressings
  - 2. Control bleeding if present
- H. Femur Fractures
  - 1. Utilize traction splint only if isolated mid-shaft femur fracture is suspected
  - 2. Assess CSM before and after traction splint application
- I. Amputations
  - 1. Clean the amputated extremity with normal saline
  - 2. Wrap amputated limb in moist sterile gauze
    - a. Place wrapped limb in a plastic bag
  - 3. Place bag with amputated extremity into a separate bag containing ice packs
    - a. Prevent direct tissue contact with the ice packs
- IV. Refer to Santa Barbara County General Patient Guidelines for information regarding the following:
  - A. Base Hospital Contact Guidelines
  - B. Transportation and Destination Guidelines
  - C. Documentation and Confidentiality Guide