



TRAUMATIC INJURIES	
ADULT	PEDIATRIC – (14 years and under)
BLS Procedures	
<ul style="list-style-type: none"><li>• Administer oxygen as indicated<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li><li>• Trauma Guidelines<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-1b SBC Trauma Assessment/Treatment Guidelines</a></li><li>◦ Spinal Motion Restriction<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Policy 540: Spinal Motion Restriction</a></li></ul></li><li>◦ Determine Glasgow Coma Scale (GCS)<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Appendix B</a></li></ul></li></ul></li></ul> Utilize approved hemostatic dressings where appropriate	<ul style="list-style-type: none"><li>• Administer oxygen as indicated<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li><li>• Trauma Guidelines<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-1b SBC Trauma Assessment/Treatment Guidelines</a></li><li>◦ Spinal Motion Restriction<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Policy 540: Spinal Motion Restriction</a></li></ul></li><li>◦ Determine Glasgow Coma Scale (GCS)<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Appendix B</a></li></ul></li></ul></li></ul> Utilize approved hemostatic dressings where appropriate
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
<ul style="list-style-type: none"><li>• Vascular Access<ul style="list-style-type: none"><li>◦ Do not delay transport for vascular access</li></ul></li><li>• Cardiac monitor</li><li>• Airway management<ul style="list-style-type: none"><li>◦ Refer to Policy 533-02: Airway Management</li></ul></li><li>• Pain Control<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-03: Pain Control</a></li></ul></li></ul> <p><i>Traumatic Injury – Hypotension SBP ≤ 90mmHg</i> <b>Normal Saline</b></p> <ul style="list-style-type: none"><li>• IV/IO Bolus – 1L <b>Normal Saline</b><ul style="list-style-type: none"><li>◦ Maintain SBP &gt; 90mmHg</li></ul></li><li>• Refer to <a href="#">Policy 533-20: Shock-Hypotension</a></li><li>• Refer to <a href="#">Policy 533-23: Tranexamic Acid (TXA)</a></li></ul> <p><i>Suspected Pneumothorax/Hemothorax</i></p> <ul style="list-style-type: none"><li>• Place patient in seated position if possible</li><li>• Refer to <a href="#">Policy 536: Needle Thoracostomy</a></li></ul>	<ul style="list-style-type: none"><li>• Vascular Access<ul style="list-style-type: none"><li>◦ Do not delay transport for vascular access</li></ul></li><li>• Cardiac monitor</li><li>• Airway management<ul style="list-style-type: none"><li>◦ Refer to Policy 533-02: Airway Management</li></ul></li><li>• Pain Control<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-03: Pain Control</a></li></ul></li></ul> <p><i>Traumatic Injury – Hypotension - Refer to <a href="#">Appendix A</a></i> <b>Normal Saline</b></p> <ul style="list-style-type: none"><li>• IV/IO Bolus – 20mL/kg<ul style="list-style-type: none"><li>◦ May repeat x1 for persistent signs of shock</li></ul></li><li>• Maintain SBP appropriate for age</li><li>• Refer to <a href="#">Policy 533-20: Shock-Hypotension</a></li></ul> <p><i>Suspected Pneumothorax/Hemothorax</i></p> <ul style="list-style-type: none"><li>• Place patient in seated position if possible</li><li>• Weight &lt; 40kg: 3cm Needle</li><li>• Weight ≥ 40kg: 8.0-8.5cm Needle</li><li>• Refer to <a href="#">Policy 536: Needle Thoracostomy</a></li></ul>
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information	
<ul style="list-style-type: none"><li>• Maintain a high index of suspicion for patients with an altered sensorium (drugs, alcohol, head injuries, ALOC)</li><li>• Documentation should include detailed description of injury, such as presence of localized swelling, angulation/rotation, laceration, open/closed fracture, neurovascular compromise, estimated blood loss, etc.)</li><li>• For BH and destination refer to <a href="#">Policy 510: Trauma Triage and Patient Destination</a></li></ul>	<ul style="list-style-type: none"><li>• Maintain a high index of suspicion for patients with an altered sensorium (drugs, alcohol, head injuries, ALOC)</li><li>• Documentation should include detailed description of injury, such as presence of localized swelling, angulation/rotation, laceration, open/closed fracture, neurovascular compromise, estimated blood loss, etc.)</li><li>• For BH and destination refer to <a href="#">Policy 510: Trauma Triage and Patient Destination</a></li></ul>