# Trauma Patient Care Guidelines

These guidelines were created to provide direction for each level of certified provider in caring for trauma patients. All of these directions, dosages, and provisions are subject to change with later notice or revision of the guidelines. The OLMC physician will always be the final word on treatment in the field. If there are ever any discrepancies between the guidelines and the OLMC physician these should be documented and brought to the attention of the physician at the receiving hospital. If the explanation is not sufficient, the provider should bring the issue to their medical director or the BEMSP for review.

**General Approach to Trauma Patient Care Guidelines**

- Assess your patient prior to initiating a guideline.
- Destination decisions for trauma patients should be in accordance with the ***Utah Trauma Field Triage Guidelines***.
- Early notification allows the receiving physician to activate the receiving hospital's trauma alert system.
- Providers should describe: vital signs, including GCS/AVPU, injuries, mechanism of injury and any complicating factors that will affect treatment (as per the ***Utah Trauma Field Triage Guidelines***) so that the hospital may activate the appropriate level of trauma response.
- Consider air transport for critically injured patients with long transport times to a trauma center (over (60 minutes).
- Consider delivery to the nearest hospital if your patient is *too* unstable for a prolonged transport or the patient has a compromised airway that you cannot secure.
- More than one guideline may apply.
- If conflicts arise between treatment guidelines, contact OLMC for clarification.
- Providers may provide treatment up to the level of their certification only.
- Air Medical Transport Service personnel function under their own clinical guidelines.
- Contact your receiving hospitals and OLMC as soon as clinically possible for each patient.
- OLMC with a physician may change your treatment plan.
- Any variations to a guideline by the OLMC physician should be clarified to ensure that the provider has properly characterized the situation.
- The OLMC Physician has the final word on treatment once contact is made.
- The OLMC Physician must approve usage of dosages in excess of the guidelines.

**General Pediatric Considerations**

- Pediatric reference tape-based dosing is preferred over calculated doses for infants and children.
- Pediatric lowest acceptable systolic blood pressures are: birth to 1 month = 60mmHg, 1 month to 1 year = 70mmHg, 1 year to 10 years is = 70mmHg + (age x 2) and over 10 years = 90mmHg. These are the blood pressures to use for Pediatrics (<15 years old) under step one of the Utah Trauma Field Triage Guidelines.