



Trauma



February GEMRU Training
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General Trauma

-scene safe, BSI, call ALS, trauma alert

- consider c-spine, log roll if prone

-we don't backboard

-acronyms: XCAB, AVPU, SAMPLE, OPQRST,

DCAPBTLS, PMS

-don't forget CPR and Glasgow Coma Scale!

-secondary assessment probably will not be completed on time

Control bleeding with:

1. Pressure
2. Elevation
3. Pressure point
4. Tourniquet/quikclot

-***STERILE*** Saline: once it is opened you can't use the bottle again

TABLE 38-2

Glasgow Coma Scale

BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score:	<i>Best response</i>	15
	<i>Comatose client</i>	8 or less
	<i>Totally unresponsive</i>	3

Adult Trauma Alert Criteria

The presence of any of the 4 listed items below requires Trauma Alert activation:

- ☐ 1. Meets color coded triage system (any one RED, or any two BLUE criteria met)
- ☐ 2. GCS ≤ 12 (GCS is a stand-alone criteria, even if color coded criteria not met)
- ☐ 3. Meets Local Criteria: **High Voltage Electrical Injury (>1000 volts)**
- ☐ 4. Patient does not meet any above criteria but, in the judgement of the paramedic, should be transported as a Trauma Alert. Document reason on run report.

Component	BLUE Criteria	RED Criteria
Airway	Respiratory rate ≥ 30	Active airway assistance ¹
Circulation	Sustained heart rate ≥ 120	Any of the following: <ul style="list-style-type: none"> Lack of radial pulse with sustained heart rate ≥ 120 Blood Pressure < 90 mmHg
Best Motor Response (Glasgow Coma Scale)	BMR of 5	Any of the following: <ul style="list-style-type: none"> BMR < 4 Suspicion of spinal cord injury: <ul style="list-style-type: none"> Paralysis Loss of sensation
Cutaneous	Any of the following: <ul style="list-style-type: none"> Soft tissue loss² GSW to extremity 	Any of the following: <ul style="list-style-type: none"> 2nd or 3rd degree burns $> 15\%$ TBSA Amputation proximal to wrist or ankle Penetrating injury to head, neck or torso³
Long Bone Fracture ⁴	Any of the following: <ul style="list-style-type: none"> Single fracture site due to MVC Fall from ≥ 10 feet 	Fracture or 2 or more long bones ⁴
Age	55 years or older	N/A
Mechanism of Injury	Any of the following: <ul style="list-style-type: none"> Ejection from a vehicle⁵ Deformed steering wheel⁶ 	N/A

1. Airway assistance beyond administration of oxygen

2. Major degloving injuries, or major flap avulsion (>5 in.)

3. Excluding superficial wounds in which the depth of the wound can be determined

4. Longbones include humerus, radius+ulna, femur, tibia+fibula

5. Excluding motorcycle, moped, all terrain vehicle, bicycle, or open body of a pickup truck

6. Only applies to driver of vehicle

Eye Emergencies

What to Do

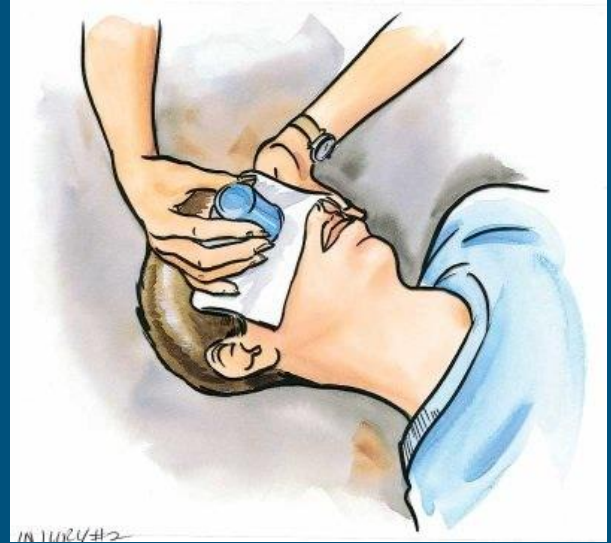
- scene safe, BSI, call ALS, trauma alert

Don't take object out!

- secure object in place (ie. styrofoam cup) and cover other eye

- flush eye with saline if needed

- PEARL



Burns



Definitions

-First Degree: cause minimal skin damage, effects top layer of skin(superficial burn)

- S/Sx: redness, pain, minor swelling

-Second Degree: more serious, extends beyond top layer of skin(partial thickness burn)

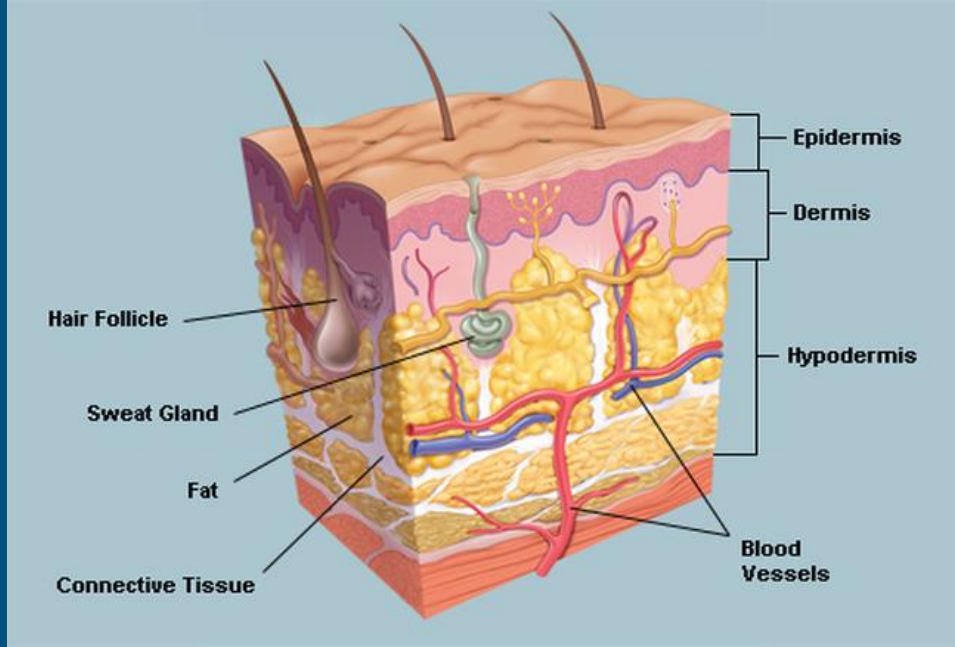
- S/Sx: blister, extremely red, and more painful

-Third Degree: most severe, extend through all layers of the skin(full thickness burn)

- S/Sx: waxy and white color, char(necrotic), raised and leathery tissue, dark brown color, no blisters, not painful, but wounds around burn may be painful

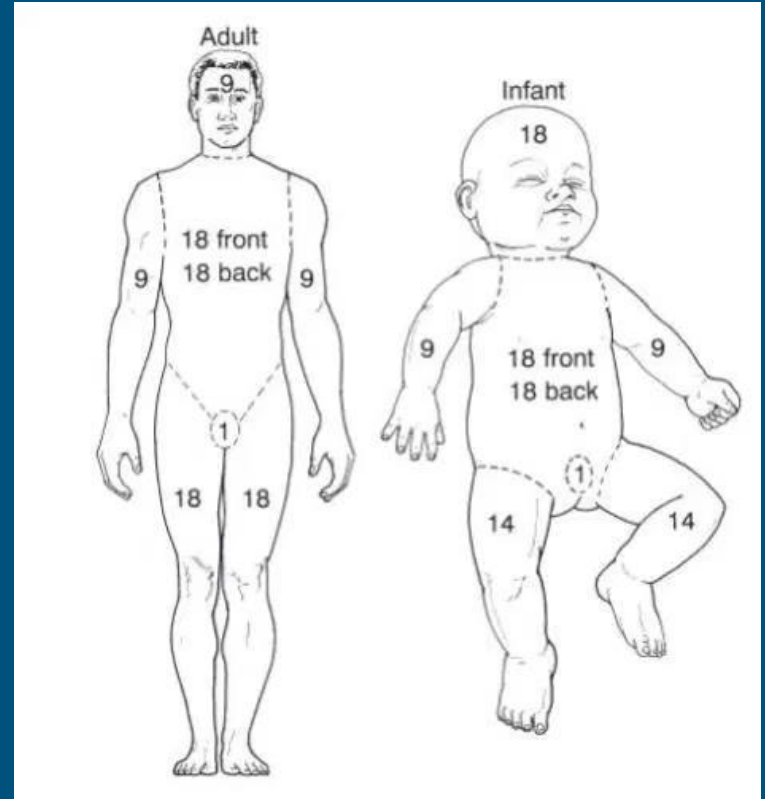
-Fourth Degree: extends past the skin and into tendons, bones, muscles, or ligaments(full thickness burn)

- S/Sx: same as third degree



What to Do

- scene safe, BSI, call ALS, trauma alert if needed
- wrap burns according to where they are on the body (ie. head, neck, joint, spiral, pressure dressing)
- avoid placing ice packs and cold water on the burned area
- closely monitor airway
- >10% of the body do not use saline to clean the area
- <10% of the body you can use saline to clean area if needed
- the patient's palm of their hand is about 1%



Vaginal Bleeding

What to Do

- scene safe, BSI, call ALS, trauma alert if needed
- don't put or pack anything in the vagina
- gently place gauze or something to soak up the blood over the vagina
 - Keep count of how many gauzes you use to report to ALS the amount of blood loss
- treat for shock if needed
- ask if it's possible they are pregnant
- sexual assault concerns

Scenarios!!

I WANT YOU



TO SIGN UP FOR
SHIFTS