

- a. Tension pneumothorax
 - i. Hypotension or other signs of shock associated with decreased or absent breath sounds, jugular venous distension, and/or tracheal deviation
 - b. Tympanic membrane perforation resulting in deafness which may complicate the evaluation of their mental status and their ability to follow commands
5. Primary transport to a trauma or burn center is preferable, whenever possible

Pertinent Assessment Findings

1. Evidence of multi-system trauma, especially:
 - a. Airway injury/burn
 - b. Barotrauma to lungs
 - c. Toxic chemical contamination

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01) (for additional information, go to www.nemsis.org)

- 9914045 – Exposure - Explosive/Blast Injury

Key Documentation Elements

- Airway status and intervention
- Breathing status:
 - Quality of breath sounds (equal bilaterally)
 - Adequacy of respiratory effort
 - Oxygenation
- Documentation of burns, including **Total Burn Surface Area (TBSA)** [See [Burns Guideline](#)]
- Documentation of possible toxic chemical contamination

Performance Measures

- Airway assessment and early and aggressive management
- Appropriate IV fluid management
- Transport to trauma or burn center
- **National EMS Quality Alliance (NEMSQA) Performance Measures** (for additional information, see www.nemsqa.org)
 - Pediatrics—03: Documentation of Estimated Weight in Kilograms
 - Trauma—01: Pain Assessment of Injured Patients

References

1. Explosions and Blast Injuries; A Primer for Clinicians. CDC.gov. www.cdc.gov/masstrama/preparedness/primer.pdf. Accessed March 11, 2022
2. Mathews ZR, Koyfman A. Blast Injuries. *J Emerg Med.* 2015 Oct;49(4):573–87. doi: 10.1016/j.jemermed.2015.03.013. Epub 2015 Jun 10. PMID: 26072319.
3. Plurad DS. Blast injury. *Mil Med.* 2011 Mar;176(3):276–82. doi: 10.7205/milmed-d-10-00147. PMID: 21456353.

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