



- c. Trauma resuscitation target SBP 90 mmHg (palpable radial pulse or alert mental status)
  - d. Reassess SBP after bolus given
- 3. Head injury: target SBP greater than 110 mmHg. Hypotension should be avoided to maintain cerebral perfusion
- ii. **Pediatrics**
  - 1. If patient demonstrates tachycardia for age with signs of poor perfusion (low BP, greater than 2-second capillary refill, altered mental status, hypoxia, weak pulses, pallor, or mottled/cool skin), give 20 mL/kg crystalloid bolus and reassess. Repeat as needed for persistent signs and symptoms of shock
    - a. If signs and symptoms of shock persist after a total of 60 mL/kg crystalloid bolus, contact online medical direction
  - 2. Target normal BP for age [See [Appendix VIII. Abnormal Vital Signs](#)]
  - d. Blood product administration may be considered based on local availability and protocols
  - e. Tranexamic acid (TXA) administration may be considered within three hours of injury and signs of hemorrhagic shock
- 2. Disability/Head/Hypothermia
  - a. If clinical signs of traumatic brain injury [See [Head Injury Guideline](#)]
  - b. Avoid/treat hypothermia
    - i. Remove wet clothing
    - ii. Cover patient to warm and/or prevent further heat loss
- 3. **NOTE:** Patients with major hemorrhage, hemodynamic instability, penetrating torso trauma, or signs of traumatic brain injury often require rapid surgical intervention. Minimize scene time (goal is under 10 minutes) and initiate rapid transport to the highest level of care within the trauma system
- 4. Repeat primary assessment or secondary assessment should be conducted en route to the trauma center
- 5. Decisions regarding transport destination should be based on the ACS-COT [2022 National Guideline for the Field Triage of Injured Patients](#)

### **Secondary Assessment, Treatment, and Interventions**

- 1. Assessment
  - a. Obtain medical history from patient or family including:
    - i. Allergies
    - ii. Medications
    - iii. Past medical and surgical history
    - iv. Last meal
    - v. Events leading up to the injury
  - b. Secondary survey: Head to toe physical exam including re-assessment of interventions from primary survey
    - i. Head/Face
      - 1. Palpate head and scalp and face and evaluate for soft tissue injury or bony crepitus indicating injury to skull or facial bones
      - 2. Assess for globe injury and subjective change in vision
      - 3. See [Facial/Dental Trauma Guideline](#)
    - ii. Neck
      - 1. Check for: