



- e. **Head injury/Hypothermia**
  - i. Perform initial neurologic status assessment of GCS/AVPU (**A**lert, **V**erbal, **P**ainful, **U**nconscious) and pupillary size and responsiveness [See [Appendix VII. Neurologic Status Assessment and Head Injury Guideline](#)]
  - ii. Assess for gross motor movement of extremities
  - iii. Evaluate for clinical signs of traumatic brain injury with herniation including:
    - 1. Unequal pupils
    - 2. Lateralizing motor signs
    - 3. Posturing
  - iv. Prevent hypothermia

### **Immediate Treatment and Interventions**

- 1. Massive or exsanguinating hemorrhage control
  - a. First stop severe external and extremity hemorrhage with extremity tourniquets or appropriate wound packing with hemostatic gauze. Be sure to roll patient and examine the back as well. [See [Extremity Trauma/External Hemorrhage Management Guideline](#)]
  - b. Utilize junctional tourniquets if needed for junctional area hemorrhage
- 2. Airway
  - a. If impending airway obstruction or altered mental status resulting in inability to maintain airway patency, immediately ensure patent airway. [See [Airway Management Guideline](#) and [Spinal Care Guideline](#)]
  - b. Consider airway adjuncts as appropriate avoiding nasal airway adjuncts in patients with oral or other facial injuries. [See [Airway Management Guideline](#)]
- 3. Respiratory/Breathing
  - a. If absent or diminished breath sounds in a hypotensive trauma patient, especially those with chest trauma and/or tracheal deviation, consider tension pneumothorax and perform needle decompression of side without breath sounds or side opposite tracheal deviation; may need second or third needle decompression on same side if there is a rush of air but patient again has symptoms
  - b. For open chest wound, place semi-occlusive dressing
  - c. Monitor oxygen saturation (SpO<sub>2</sub>) and, if indicated, provide supplemental oxygen to maintain SPO<sub>2</sub> greater than 94% and respiratory support if needed. [See [Respiratory Section](#)]
- 4. Circulation
  - a. If pelvis is unstable, place pelvic binder or sheet to stabilize pelvis
  - b. Establish IV access if needed (large bore preferred)
  - c. Fluid resuscitation
    - i. **Adults**
      - 1. If SBP greater than 90 mmHg and heart rate less than 120 BPM, no IV fluids required
      - 2. If SBP less than 90 mmHg or HR greater than 120 BPM, initiate resuscitation:
        - a. Blood products are recommended if available
        - b. If blood products not available, consider 500 mL bolus of IV fluid, repeat as needed for persistent signs and symptoms of shock
          - i. If signs and symptoms of shock persist after a total of 2 L crystalloid bolus, contact online medical direction