Blast Injuries

Aliases
None noted

Patient Care Goals

1. Maintain patient and clinician safety by identifying ongoing threats at the scene of an explosion
2. Identify multi-system injuries which may result from a blast, including possible toxic contamination
3. Prioritize treatment of multi-system injuries to minimize patient morbidity

Patient Presentation

Inclusion Criteria

1. Patients exposed to explosive force. Injuries may include any or all the following:
   a. Blunt trauma
   b. Penetrating trauma
   c. Burns
   d. Pressure-related injuries (barotrauma)
   e. Toxic chemical contamination
   f. Chemical, biological, radiological, nuclear, and explosive devices, or agents

Exclusion Criteria
None noted

Patient Management

Assessment

1. Hemorrhage Control
   a. Assess for and stop severe hemorrhage [See Extremity Trauma/External Hemorrhage Management Guideline]
2. Airway
   a. Assess airway patency
   b. Consider possible thermal or chemical burns to the airway
3. Breathing
   a. Evaluate the adequacy of respiratory effort, oxygenation, quality of lung sounds, and chest wall integrity
   b. Consider possible pneumothorax or tension pneumothorax (because of penetrating/blunt trauma or barotrauma)
   c. Continually reassess for blast lung injury
4. Circulation
   a. Look for evidence of hemorrhage
   b. Assess BP, pulse, skin color/character, and distal capillary refill for signs of shock
5. Disability
   a. Assess patient responsiveness (e.g., **AVPU**) and level of consciousness (e.g., **GCS**) [See Appendix VII: Neurologic Status Assessment]
   b. Assess pupils
   c. Assess gross motor movement of extremities