6. Exposure
    a. Rapid evaluation of entire skin surface, including back (log roll), to identify blunt or penetrating injuries

Treatment and Interventions

1. Hemorrhage control:
    a. Control any severe external hemorrhage [See Extremity Trauma/External Hemorrhage Management Guideline]
2. Airway:
    a. If thermal or chemical burn to the airway is suspected, early airway management is vital
    b. Secure airway, utilizing airway maneuvers, airway adjuncts, supraglottic device, or endotracheal tube [See Airway Management Guideline]
3. Breathing:
    a. Administer oxygen as appropriate with a target of achieving 94–98% saturation.
    b. Assist respirations as needed
    c. Cover any open chest wounds with a semi-occlusive dressing
    d. If the patient has evidence of tension pneumothorax, perform needle decompression
4. Circulation:
    a. Establish IV access with two large bore IVs or IOs
        i. Administer resuscitative fluids, per the General Trauma Management Guideline
        ii. If the patient is burned, administer normal saline (NS) or lactated Ringer's (LR) per the Burns Guideline
5. Disability:
    a. If evidence of head injury, treat per the Head Injury Guideline
    b. Apply spinal precautions, per the Spinal Care Guideline
    c. Monitor GCS during transport to assess for changes
6. Exposure:
    a. Keep patient warm to prevent hypothermia

Patient Safety Considerations

1. Ensuring scene safety is especially important at the scene of an explosion
    a. Always consider the possibility of subsequent explosions
    b. Structural safety, possible toxic chemical contamination, the presence of poisonous gasses, and other hazards might cause a delay in patient extraction
2. Remove patient from the scene as soon as is practical and safe
3. If the patient has sustained burns (thermal, chemical, or airway), consider transport to a specialized burn center

Notes/Educational Pearls

Key Considerations

1. Scene safety is of paramount importance when responding to an explosion or blast injury
2. Patients sustaining blast injury may sustain complex, multi-system injuries, including blunt and penetrating trauma, shrapnel, barotrauma, burns, and toxic chemical exposure
3. Consideration of airway injury, particularly airway burns, should prompt early and aggressive airway management
4. Minimize IV fluid resuscitation in patients without signs of shock. Consider injuries due to barotrauma