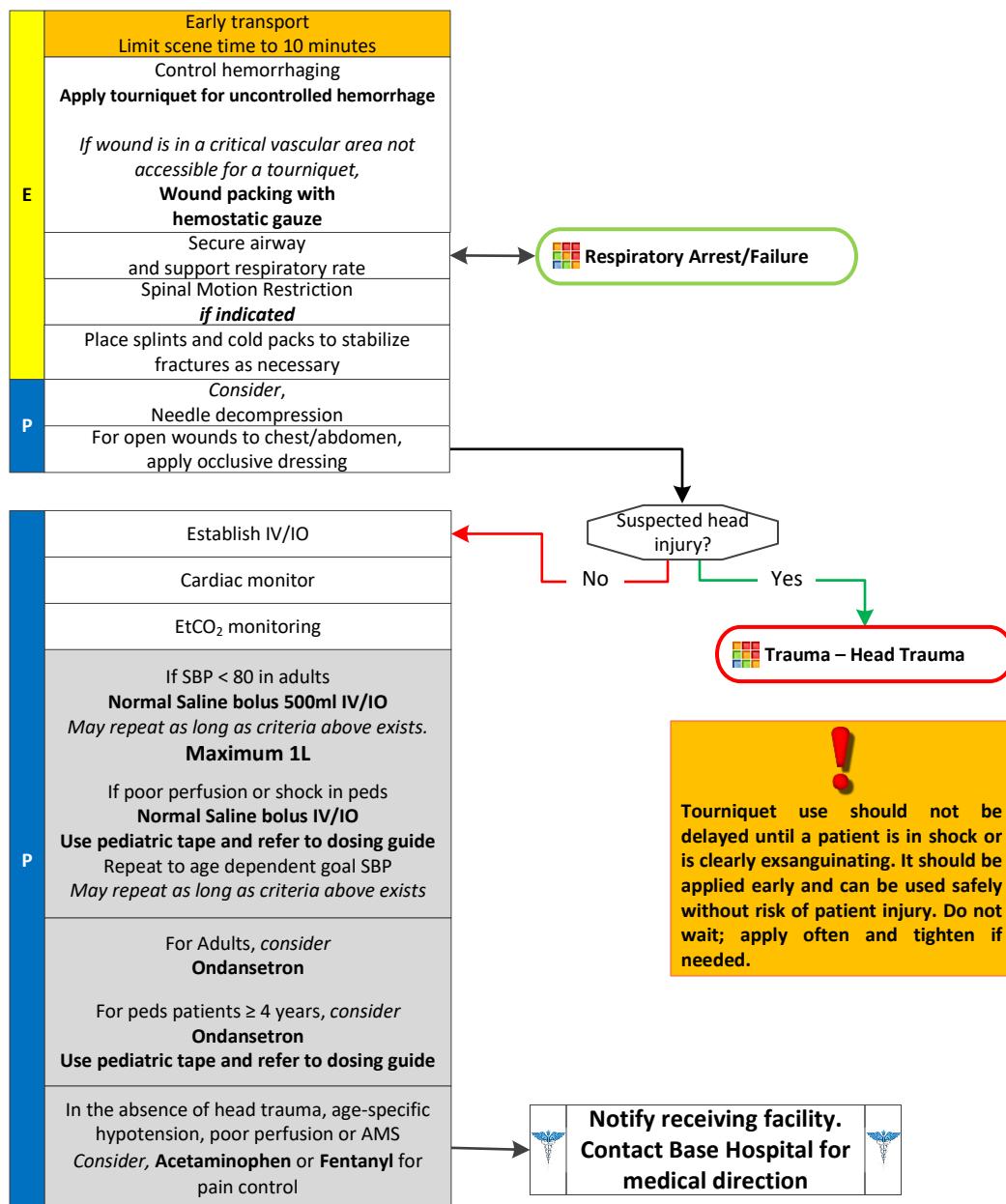


Multi-System Trauma

For any traumatic injuries that involve multiple systems or isolated chest or abdominal injuries. For injuries involving the head, use Head Trauma protocol

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> Time of injury Mechanism (blunt vs. penetrating) Damage to structure or vehicle Location of patient in structure or vehicle Restraints or protective equipment use Past medical history Medications 	<ul style="list-style-type: none"> Evidence of trauma Pain, swelling, deformity, lesions, or bleeding AMS Unconscious Respiratory distress or failure Hypotension or shock Arrest 	<ul style="list-style-type: none"> Chest: <ul style="list-style-type: none"> Tension pneumothorax Flail chest Pericardial tamponade Open chest wound Hemothorax Intra-abdominal bleeding Pelvis or femur fracture Spinal injury Head injury Hypothermia



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Pearls

- Prevention and reversal of hypothermia associated with shock from severe traumatic injury is critical. Apply blankets early and consider activation of heater in the patient compartment of the ambulance.
- ALS procedures in the field do not significantly improve patient outcome in critical trauma patients.
- Basic airway management is preferred unless unable to effectively manage with BLS maneuvers. Utilize modified jaw thrust technique to open the airway.
- Intubation of head injury patients is best addressed at the hospital.
- Hypotension is age dependent and is not always a reliable sign. It should be interpreted in context with the patient's typical BP, if known. Shock may be present with a seemingly normal blood pressure initially.
 - Neonate: < 60mmHg or weak pulses
 - Infant: < 70mmHg or weak pulses
 - 1-10 years: < 70mmHg + (age in years x2)
 - Over 10 years: <80mmHg
 - Over 65 years: <110mmHg
- Stabilize flail segments with bulky dressing.
- Cover eviscerated bowel with dry sterile dressing.
- Stabilize impaled object(s) with bulky dressing. Do not remove.
- Avoid hyperventilation. Maintain an EtCO₂ of 35 or greater, which may be unreliable if the patient was subject to multisystem trauma or poor perfusion.
- An important item to monitor and document is a change in the level of consciousness by repeat examination.
- Do not overlook the possibility of associated domestic violence or abuse.

