

## TRAUMA

SECURE AIRWAY:	As appropriate while maintaining c-spine. Consider intubating while enroute. Ensure adequate ventilation.
OXYGEN:	As indicated
CONTROL BLEEDING:	Stop excessive (exsanguinating) hemorrhage
C-SPINE:	Protect if indicated by algorithm
TRANSPORT:	ASAP. Attempt to limit scene time to 10 minutes unless using air evacuation
ADVANCED AIRWAY (ALS)	As indicated
IV ACCESS (ALS):	Attempt at least two large bore lines WHILE ENROUTE (unless using air evacuation). A target systolic pressure of 90 -100 mmHg should be maintained, use 500 cc fluid boluses as indicated.
SECONDARY SURVEY:	Obtain full set of vital signs
DRESS & SPLINT:	Dress only those wounds with excessive hemorrhage (unless time allows attention to minor wounds). Splint as needed for stabilization of extremities.
CARDIAC MONITOR (ALS):	Treat rhythm as indicated
MORPHINE (ALS):	Isolated extremity trauma only. 2 - 4 mg increments slow IVP (if systolic B.P. greater than 100mmHg). May repeat as needed for pain not to exceed 20mg in 30 minutes.

### Considerations:

POSITION:	If patient is greater than six months pregnant, consider left lateral decubitus position. If in c-spine, tilt board at 30 degrees, left lateral. If head injury is suspect place HOB up 30 degrees.
NEEDLE THORACOSTOMY(ALS):	Relieve the tension pneumothorax by performing a needle thoracostomy or by removing the occlusive dressing covering an open chest wound.
IMPALED OBJECT:	Immobilize and leave in place. Remove object upon Base Physician order. Exception: May remove an impaled object from the face, cheek or neck if unable to ventilate due to object.
OPEN CHEST WOUND:	Cover wound with 3-sided occlusive dressing (do not seal). Continuously re-evaluate patient for a developing tension pneumothorax.
EVISCERATING TRAUMA:	Cover eviscerated organs or bowel with saline soaked gauze. Do not attempt to replace organs or bowel into abdominal cavity.
AMPUTATIONS:	If partial amputation, splint in anatomic position and elevate the extremity. Place complete amputated parts in a sealed clean and dry container or bag. Place container or bag in ice, if possible.
EXTREMITY TRAUMA:	Check neuro-vascular status before and after each extremity manipulation. Grossly angulated long bone fractures may be reduced with gentle unidirectional traction for splinting.

### Base Hospital Order:

MORPHINE (ALS):	2 - 4 mg increments slow IVP (if systolic B.P. greater than 100mmHg). May repeat as needed for pain not to exceed 20mg in 30 minutes in all other trauma.
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