

Protocol 700-T1-P

Trauma

Rev: 2/18

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Control bleeding using:
 - Direct Pressure.
 - Tourniquets.
 - Pressure Bandages.
 - Hemostatic Gauze.
- ❖ Spinal precautions as indicated.
- ❖ Splint as appropriate in position of comfort.
 - A traction splint is indicated for mid-shaft femur fractures.
- ❖ Cover eviscerations with moist, sterile dressings.
- ❖ Cover open chest wounds with approved chest seal dressings. Evaluate frequently.
- ❖ Prepare for transport/ transfer of care.
- ❖ Refer to PAM Triage Tool (Policy 626 *Trauma Triage*) during assessment and treatment

ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Transport.
- ❖ Contact Base Station as indicated.

Special Considerations

- ❖ If a trauma patient is being transported to a local hospital, make early notification.
- ❖ Most fractures on multi-systems trauma patients should be splinted to the backboard.
- ❖ Remember that the top causes of preventable trauma fatality include hypoxia, open chest wounds, and uncontrolled external hemorrhage.
- ❖ Try to adhere to the “time rule” when managing critical trauma:
- ❖ If the intervention is not critical for managing an immediate life threat, then it should not be done on scene as time is always more important.



David Ghilarducci MD
EMS Medical Director

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Documentation

- ❖ Trauma is a System Quality Indicator (See Policy 101 Quality Improvement Program and System Evaluation and Policy 502 San Benito County Patient Care Record (PCR) and Transfer of Care Document)
- ❖ Minimum documentation elements include:
 - Primary or Secondary Impression (esituation.11 or esituation.12)= *“Traumatic Injury”*
 - Scene times (TRA-1)
 - PAM scale recorded
 - Appropriate destination (TRA-2)



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