

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.



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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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