Follow Initial Protocol for All Patients

**Goals:**
- Rapid Assessment/Treatment
- Prevent worsening of injuries
- Rapid/Safe transport to trauma center

**Signs/Symptoms:**
- Patients who have sustained an injury
- Penetrating/Blunt Injury
- Burns

**Documentation Key Points:**
- Mechanism of Injury
- Primary/Secondary Survey
- Scene Time
- Procedures and Patient Response

---

**F6. Spinal Motion Restriction**

- Airway Assessment → Maintain Cervical Spine Percautions → E1. Airway Management/Crash Airway
- Hemorrhage control → G38. Needle Decompression/Thoracotomy
- Absent/Diminished Lung Sounds?
  - No → Consider permissive hypotension → Adult Goal of SBP 90 mmHg or MAP of 60 mmHg
  - Yes → Head Injury Goal SBP 110 mmHg → E1. Airway Management/Crash Airway
- Decreased Circulation?
  - Yes → Head Injury Goal SBP 110 mmHg
  - No → Decreased Circulation in Pediatrics

**Special Considerations**
- Life threatening injuries identified on primary survey should be managed immediately
- Complete serial vital signs to treat patient
- Whenever a change in patient condition occurs, be sure to reassess entire patient for development of new injuries (Pneumothorax, increasing ICP, etc.)
- Avoid long scene times, rapid transport to trauma center

---

**Protocol: F4. General Trauma Care**

- Date of Most Recent Update: 6/2020
- Original Adoption Date: 6/20
- Past Protocol Updates:
  - Medical Director: Chad Torstenson, MD; Cory Vaudt, DO