

EL DORADO COUNTY EMS AGENCY PREHOSPITAL PROTOCOLS

Effective: July 1, 2015

Reviewed: July, 2019

Revised: July, 2017

GENERAL TRAUMA



EMS Agency Medical Director

ADULT/PEDIATRIC

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE – Be prepared to support ventilation with appropriate airway adjuncts.

CONTROL BLEEDING:

For Uncontrolled Extremity Bleeding:

- 1) Apply direct pressure/pressure bandage. Use hemostatic agent*, if still not controlled:
- 2) Apply approved tourniquet device:
 - Apply 2-3" proximal to wound
 - Tighten until control of bleeding
 - Document time and presence/absence of distal pulses

If bystanders or first responders placed non-approved or improperly placed tourniquet, assess need for tourniquet and re-apply an approved tourniquet if necessary.

For bleeding to head, neck, pelvis, or for penetrating trauma to extremities:

Pack wound with an approved hemostatic gauze until external bleeding is controlled (be aware that internal hemorrhage may still occur).

SMR*/FULL SPINAL PRECAUTIONS - if indicated.

ADMINISTER OXYGEN - at the appropriate flow rate, preferably high flow via non re-breather mask for any major trauma.

Attempt to have patient packaged prior to the medic unit's arrival, if possible.

PROTOCOL PROCEDURE Flow of protocol presumes patient has, or has the potential for, a significant traumatic injury. Rapid transport with IV(s) established en route is a standard. Consider air ambulance response for rapid transport from rural areas. Amputations not meeting critical trauma criteria should be transported to the closest appropriate hospital. Early notification to the hospital is essential for proper triage and notification of surgical personnel.

SPECIFIC TRAUMATIC INJURIES:

EXTREMITY INJURIES:

Splint extremity in position found. Return extremity to anatomical position only if distal pulse is absent. After splinting, check distal pulse frequently. Apply Traction splint to isolated mid-shaft femur fracture. Clean exposed bone ends prior to applying traction splint to open fractures. Apply pelvic binder device (KED or bed sheet) for suspected open-book pelvic fractures.

AMPUTATIONS/AVULSIONS:

Place amputated/avulsed part in a dry, sterile, and watertight container/bag. Place the sealed container/bag in ice water and transport with the patient.

FLAIL CHEST:

Closely monitor patient's airway, breathing, and consider CPAP.

OPEN CHEST WOUNDS:

Cover (do not pack) the wound with occlusive dressing."(Asherman Chest Seal)"

Continuously evaluate for the development of tension pneumothorax. If the patient's condition worsens after the application of occlusive dressing, remove dressing momentarily during forceful exhalation. Evaluate patient, then re-apply by securing the dressing on three sides only (dressing acts as a one-way-valve allowing air to escape, but not enter the chest). Closely monitor patient's airway and breathing.

OPEN NECK WOUNDS:

Cover wound with an occlusive dressing and apply direct pressure. If uncontrolled hemorrhage occurs, pack wound with hemostatic gauze before covering wound with occlusive dressing. Closely monitor patient's airway and breathing.

IMPALED OBJECTS:

Do not remove object unless it interferes with CPR or upper airway. Stabilize object in place.

ABDOMINAL EVISCERATIONS:

Cover injury with a sterile saline-soaked dressing. Cover saline-soaked dressing with an occlusive dressing.

ALS TREATMENT

CONTACT BASE STATION- preferably while en route to the scene for early notification of destination and surgical personnel.

RAPID TRANSPORT - as soon as possible with ALS procedures performed en route. Ideally, scene times for critical trauma should not exceed 10 minutes.

NORMAL SALINE - establish 2 large bore IVs via blood administration or macro drip tubing. Use IO if unable to establish IV. If patient is in shock, or is compensating for impending shock, refer to SHOCK protocol.

CONSIDER PAIN MANAGEMENT – refer to formulary for pain control options for those hemodynamically stable patients who are in moderate to severe pain.

FOR TRAUMATIC ARREST - Treat as per Pulseless Arrest Protocol. **Consider immediate bilateral needle chest decompression and aggressive fluid expansion with pressure infusers.**