



TRAUMA CARE

Effective: January 1, 2021
Replaces: June 28, 2017
Review: January 1, 2023

1. Routine Treatment

- 1.1. Routine Medical Care – Adult (700-S04)
- 1.2. Complete rapid trauma assessment
- 1.3. Determine if the patient is a major trauma victim (Policy 605), and select the appropriate trauma center (Policy 602)
- 1.4. If the patient is asystolic terminate resuscitative efforts
 - 1.4.1. If a viable pulseless rhythm is present treat accordingly (700-A07)
 - 1.4.2. Automated CPR devices are prohibited on traumatic arrests (700-M13)
- 1.5. Address life threatening interventions
 - 1.5.1. Secure **Airway**, if applicable (700-M01)
 - 1.5.2. **Oxygen** – titrate as appropriate
 - 1.5.3. Complete any interventions that may address compromised respirations (occlusive dressings, pleural decompression)
 - 1.5.4. Address uncontrolled hemorrhages / apply tourniquets if applicable (700-M17)
 - 1.5.5. Elevate head 30 degrees for suspected intracranial pressure
- 1.6. Apply Spinal Motion Restriction (SMR) as per (700-M11)
- 1.7. If patient is a major trauma victim all BLS and ALS care with the exception of airway management and spinal motion restriction is to be completed en route to the selected Trauma Center

2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
 - 2.1.1. Second **Vascular Access** or saline lock may be established if appropriate
 - 2.1.2. **250ml Fluid bolus** to maintain a systolic blood pressure of 90mmHg (700-A10)
 - 2.1.2.1. May repeat fluid bolus to maintain blood pressure
 - 2.1.3. Reassess vital signs after every bolus
 - 2.1.4. **Vascular Access (IO)** may be used if IV access is not available
- 2.2. Consider pain management if patient is hemodynamically stable and alert and oriented:
- 2.3. Minor to moderate pain management (six or less on the pain scale)
 - 2.3.1. **Intravenous acetaminophen (Ofirmev) 1000mg IV Piggyback or IV Drip**, delivered over fifteen (15) minutes. Directly puncture the vial using a macro-drip set, open drip chamber vent valve and deliver at a rate of **60 gtts/min.**
- 2.4. Severe pain management (seven or greater on the pain scale)
 - 2.4.1. **Morphine Sulfate 2–5 mg IV**, every 3-5 minutes, max dose 20 mg
 - 2.4.2. If vascular access cannot be obtained, **Morphine Sulfate 5 mg IM**, every 3-5 minutes, max dose 20 mg
- 2.5. **BASE CONTACT**: if additional **Morphine Sulfate** above 20 mg is needed

3. Special Considerations

- 3.1. Do not remove impaled and or penetrating objects unless they pose a risk to airway management, pad and secure the impaled object prior to transport