



TRAUMA CARE

Effective: January 1, 2024
Replaces: January 1, 2021

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 suspected pelvic fracture apply pelvic binding (if available)
- 1.8. If patient is a major trauma victim all BLS and ALS care except for 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. **500 ml Fluid bolus** to maintain a systolic blood pressure of 90 mmHg (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 or morphine allergy
 - 2.3.1. **Intravenous acetaminophen 1000 mg** (for adult patients weighing 50 kg or more), delivered over fifteen (15) minutes using a macro-drip set, **60 gtts/min** (dose is 15 mg/kg for adult patients weighing less than 50 kg)
- 2.4. Severe pain management or acetaminophen allergy (if SBP > 100 mmHg)
 - 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