TRAUMA PATIENT CARE

- Routine Medical Care
- Transport Decision - Determine need for rapid intervention/transport
- Critical Interventions - done prior to and/or during transport
  - ➔ Secure airway
  - ➔ Assure adequate breathing, i.e., occlusive dressing, pleural decompression
  - ➔ Control life-threatening bleeding (***use a tourniquet*** if extremity bleeding is uncontrollable see **page xxx**)
- Safety Equipment: Make a note on the PCR about the use of the following:
  - ➔ Seat belts (lap/shoulder)
  - ➔ Air Bags (deployed)
  - ➔ Helmets
  - ➔ Other safety equipment
- Transport - give report en route

1. Control the Airway - Consider supraglottic airway device, endotracheal intubation or cricothyrotomy, if indicated. (See #10 below for patients with closed head trauma)
2. Spinal immobilization (see **page 141**)
3. Administer Oxygen - 15L by non-rebreather mask
4. Control major external hemorrhage
5. Determine patient severity (see "Trauma Patient Criteria" - see **page 24**):

Meets Physiologic and/or Anatomic Factors	Meets Mechanism of Injury Criteria
➔ Transport to the Trauma Center code 3. ➔ Establish two (2) large bore IVs (or IO where appropriate) with Normal Saline (NS) - wide open if appropriate	➔ Transport to the Trauma Center code 2. ➔ Establish one (1) large bore IV/ IO with Normal Saline (NS) See "Trauma Patient Criteria (**page 24**) for additional judgment decisions on code 2 transports

6. Splint fractures and dress wounds ONLY if time permits
7. Contact the Trauma Base, if appropriate
8. Contact the Trauma Center, as soon as possible
9. Administer ***Naloxone*** and ***Dextrose*** to a critical trauma patient en route to the trauma center, in the following situations:
   - 9.1 Patient exhibits an altered level of consciousness that does not correspond with the involved mechanism of injury
   - 9.2 The history and/or physical assessment indicate that altered level of consciousness (ALOC) is due to the use of narcotics
   - 9.3 See Altered Level of Consciousness protocol for dose and administration
     - ➔ Adult: **page 30** | Pediatric: **page 56**
10. Care of the patient with a closed head injury (GCS < 8):
    - 10.1 Advanced airway (King-LTD or ETT) – End-tidal CO_2 should be between 30-35 mmHg
    - 10.2 Track or ventilate to a rate of approx 12 times/minute or 1:5 with 100% O_2
    - 10.3 IV/ IO NS wide open for patients with BP < 90/systolic. Recheck BP q 5 minutes