

TRAUMA PATIENT CARE (#7101)

- **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
- **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 enroute

1. Control the Airway - Consider **Endotracheal Intubation, ETDLA device or cricothyrotomy**, if indicated. (*See #10 below for patients with closed head trauma*)
2. Spinal immobilization (see policy #10117)
3. Administer **Oxygen** - 15L by non-rebreather mask
4. Control major external hemorrhage.
5. Determine patient severity (see "Trauma Patient Criteria" - policy #7100):

Meets Physiologic and/or Anatomic Factors	Meets Paramedic Consideration Criteria
<ul style="list-style-type: none"> ✓ Transport to the Trauma Center code 3. ✓ Establish two (2) large bore IVs with Normal Saline (NS) - wide open if appropriate. 	<ul style="list-style-type: none"> ✓ Transport to the Trauma Center code 2. ✓ Establish one (1) large bore IV with Normal Saline (NS) <i>See "Trauma Patient Criteria (policy # 7100) for additional judgment decisions on code 2 transports</i>

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 enroute to the trauma center, in the following situations:
 - ✓ Patient exhibits an altered level of consciousness that does not correspond with the involved mechanism of injury.
 - ✓ The history and/or physical assessment indicate that altered level of consciousness (ALOC) is due to the use of narcotics.
 - ✓ See Altered Level of Consciousness protocol for dose and administration.
Adult: Policy #7203 | Pediatric: Policy #7310
10. **Care of the patient with a closed head injury (GCS < 8):**
 - ✓ **Intubate** – End-tidal CO₂ should be between 30-35 mmHg.
 - ✓ Track or ventilate to a rate of approx 12 times/minute or 1:5 with 100% O₂.
 - ✓ **IV NS** wide open for patients with BP < 90/systolic. Recheck B/P q 5 minutes