

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.33 Trauma Baseline Care Standards	Last Reviewed/Update Date	
Author / Owner		Medical Director	

The following actions will be taken on each ambulance trauma call. Once a specific patient condition is determined by the EMS provider, he or she will treat that condition according to specific protocols.

1. Scene Size-up

- Review the dispatch information.
- BSI PRN.
- Make sure scene is safe.
- Determine mechanism of injury.
- Determine number and location of patients.
- Request additional resources if needed.

2. Primary Assessment

- The primary care provider must conduct a primary assessment for each patient to determine any life-threatening injuries or conditions. Any life-threatening conditions must be addressed immediately per specific protocol. Call for trauma code as soon as possible PRN (see trauma transport scheme below).
- Airway, oxygen therapy, and breathing as per the Airway Management protocol. (Manually stabilize C-spine PRN).
- Treat any massive flail segment that causes respiratory compromise.
- Treat tension pneumothorax per protocol.
- Control hemorrhage.

3. Secondary Assessment

- A detailed secondary assessment must be performed after the primary assessment is complete and any life-threatening conditions are addressed.
- Apply C-Collar and fully immobilize the spine if:
 - Patient complains of head, neck, or back pain.
 - Patient exhibits any neuro deficits including decreased LOC.
 - Patient is intoxicated.
 - Patient has a distracting injury that may mask head, neck, or back pain.
 - Mechanism of Injury is substantial.
 - At the discretion of the primary care provider.

- Establish an IV of Normal Saline. Use a large bore (18ga. or larger). If BP <90 mmHG, start a second IV Normal Saline. Infuse at a bolus rate; titrate to BP of 90 mmHg.
- Monitor ECG and O₂ saturations.
- Apply traction splint for femur fracture.
- Splint other extremity fractures in position of comfort. Consult with medical control if distal CMS deficits are noted.
- At least two sets of vital signs must be recorded or vital signs every 15 minutes. If the patient is unstable, vital signs must be recorded every 5 minutes. Vital signs include:
 - Mental Status (AVPU).
 - Blood Pressure
 - Pulse
 - Respirations
 - Circulation/Motor/Sensory (CMS) in all four extremities.
 - Glasgow Coma Scale (GCS).
- Treat specific conditions according to protocol.
- If patient is unstable, call for helicopter transport if available.
- Transport and trauma team activation per decision scheme below:

A patient with any one of the following criteria must be transported to a trauma designated hospital and a trauma code must be activated.

Glasgow Coma Scale.....<14
Systolic Blood Pressure.....<90
Respiratory Rate.....<10 or > 29

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail Chest
- Combination trauma with burns
- Two or more long-bone fractures
- Amputation proximal to wrist and ankle
- Pelvic Fractures
- Open or depressed skull fractures
- Paralysis
- Major Burns

A patient with any one or more of the following criteria must be transported to a trauma designated hospital and a trauma code may be activated at the discretion of the EMS provider.

- Ejection from an automobile
- Death in the same passenger compartment
- High speed auto crash, with initial speed > 40mph, major auto deformity >20 inches, and intrusion into passenger compartment > 12 inches
- Auto-pedestrian/auto-bicycle with significant impact (>5 mph)
- Pedestrian thrown or run over
- Motorcycle crash > 20mps or rider separated from bike
- Falls > 20 feet
- Rollover
- Extrication time > 20 minutes
- Age <5 or >55
- Cardiac Disease or Respiratory Disease
- Insulin-Dependant Diabetes, cirrhosis, or morbid obesity
- Pregnancy
- Immunosuppressed patients
- Patients with bleeding disorders or on anticoagulants.

Medical Director's Signature

Date

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