Base Hospital Contact: Contact the Trauma Center for penetrating torso trauma not meeting criteria for determination of death per Ref 814. Otherwise notification of the receiving hospital is required ❶

1. Prioritize rapid transport for patients who do not meet Ref. 814 ❷

2. Immediately control major bleeding (MCG 1370)
   Apply tourniquet prn

3. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302) ❸
   Ventilate with high flow Oxygen 15 L/min

4. Begin chest compressions

5. Perform bilateral needle thoracostomy for suspected tension pneumothorax (MCG 1335)

6. Initiate cardiac monitoring (MCG 1308)
   Assess cardiac rhythm

7. If shockable rhythm (V-Fib/V-Tach) identified:
   Defibrillate V-Fib/V-Tach at 200J or per manufacturer’s instructions

8. Provide spinal motion restriction (SMR) if indicated (MCG 1360)
   Do not delay transport for SMR ❹

9. Establish vascular access en route (MCG 1375)
   Two large bore IV catheters (16 or 18 gauge) preferred
   Establish IO if unable to establish IV access

10. Normal Saline 2L IV/IO rapid infusion
    Administer through two sites simultaneously if possible
SPECIAL CONSIDERATIONS

1. For patients requiring transport to a Trauma Center per Ref. 506, contact the receiving Trauma Center for Base Medical Direction and notification. If the Base Hospital is contacted and the Base redirects transport to a Trauma Center, Base personnel will notify the Trauma Center.

2. Rapid transport after hemorrhage control is the priority for all patients with severe trauma. With the exception of hemorrhage control, needle thoracostomy, and initiation of CPR, all other procedures may be deferred for immediate ambulance loading of patient and performed en route.

3. Bag-mask ventilation is the preferred airway in all cardiac arrest patients. Advanced airway should be placed if there is an inability to maintain adequate ventilation despite basic airway maneuvers.

4. For patients in traumatic arrest, spinal motion restriction (SMR) using a backboard causes harmful delays in care. However, a backboard may be helpful to assist in patient movement and to support chest compressions.