1. Basic airway
2. Spinal motion restriction prn: do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal motion restriction
3. Control bleeding – with direct pressure, if unsuccessful, utilize tourniquets and/or hemostatic agents
4. Pulse oximetry
5. Oxygen prn
6. Advanced airway prn
7. Apply commercial vented chest seal or 3-sided dressing to sucking chest wounds
8. If tension pneumothorax suspected perform needle thoracostomy
9. Venous access en route
   Poor perfusion:
   Normal Saline Fluid Challenge
      250ml one time
   Pediatric: 20ml/kg IV
   See Color Code Drug Doses/L.A. County Kids
10. Blood glucose prn
11. Cardiac monitor prn: document rhythm and attach ECG strip if dysrhythmia identified, treat by the appropriate protocol
12. Splints/dressings prn, treatment for specific extremity injuries:
   - Poor neurovascular status – realign and stabilize long bones
   - Joint injury – splint as the extremity lies
   - Midshaft femur – splint with traction
13. Consider other protocols for altered level of consciousness with possible medical origin: Ref. No. 1243, Altered Level of Consciousness; Ref. No. 1247, Overdose/Poisoning (Suspected)
14. If evisceration of organs is present, apply moist saline and non-adhering dressing, do not attempt to return organs to body cavity
15. For pain management:
   Fentanyl
      50mcg slow IVP, titrate for pain relief, do not repeat
      50-100mcg IM/IN one time
   Pediatric: 1mcg/kg slow IV push, do not repeat
   Morphine
      2-4mg slow IV push, titrated to pain relief maximum 8mg
      Pediatric: 0.1mg/kg slow IV push
   See Color Code Drug Doses/L.A. County Kids
      Do not repeat pediatric dose, maximum pediatric dose 4mg
16. CONTINUE SFTP or BASE CONTACT
17. If pain unrelieved,
   Fentanyl
      50-100mcg slow IV push, titrate to pain relief
      May repeat every 5min, maximum total adult dose 200mcg
      50-100mcg IM/IN one time
   Pediatric: 1mcg/kg slow IV push (over 2 minutes)
      May repeat every 5min, maximum pediatric dose 50mcg
      1mcg/kg IM one time
      1.5mcg/kg IN one time See Color Code Drug Doses/L.A. County Kids
   Morphine

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2-12mg slow IV push, titrate to pain relief
May repeat every 5min, maximum total adult dose 20mg

18. If continued poor perfusion:
Normal Saline Fluid resuscitate
IV fluid administration in 250ml increments until SBP is equal to or greater than 90mmHg or signs of improved perfusion

Pediatric: 20ml/kg IV
See Color Code Drug Doses/L.A. County Kids

SPECIAL CONSIDERATIONS

1. Indications for needle thoracostomy include trauma patients with obvious chest trauma (e.g., open chest wounds, evidence of crush or flail segment) or with mechanism consistent with chest trauma who demonstrate:
   a. Decreased or absent breath sounds on affected side, and
   b. SBP less than 90mmHg (adult), less than 70mmHg (child/infant), and
   c. One or more of the following:
      i. Altered mental status
      ii. Severe respiratory distress, with RR greater than 30 breaths per minute or less than 10 breaths per minute
      iii. Severe hypoxia, with less than 90% oxygen saturation
      iv. Cool, pale, moist skin

2. Use with caution: in elderly; if SBP less than 100mmHg; sudden onset acute headache; suspected drug/alcohol intoxication; suspected active labor; nausea/vomiting; respiratory failure or worsening respiratory status

3. Absolute contraindications: Altered LOC, respiratory rate less than 12 breaths/min, hypersensitivity or allergy

4. Base hospital contact must be established for all patients who meet trauma criteria and/or guidelines; generally, this is the designated trauma center. SFTP providers may call the trauma center directly or establish base contact if transporting the patient to a non-trauma hospital.

5. Receiving Hospital Report
   Provider Code/Unit #
   Sequence Number
   Age/Gender
   Level of distress
   Mechanism of Injury/Chief Complaint
   Location of injuries
   Destination/ETA

   If patient meets trauma criteria/guidelines/judgment:
      Regions of the body affected
      Complete vital signs/Glasgow Coma Scale (GCS)
      Airway adjuncts utilized
      Pertinent information (flail segment, rigid abdomen, evisceration)

6. Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting
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7 If the child is longer than the pediatric length-based resuscitation tape (e.g., Broselow™) and adult size, move to the Adult protocol and Adult dosing.

3 Hemostatic agents are for use by approved providers only