TREATMENT PROTOCOL: GENERAL TRAUMA *

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 ❽
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 ❶
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 ❼
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 ❷❸❻

    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

    1mcg/kg IM one time

    1.5mcg/kg IN one time; maximum pediatric dose 50 mcg

    Morphine ❷❸❻

    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 ❼

    Do not repeat pediatric dose, maximum pediatric dose 4mg
16. **CONTINUE SFTP or BASE CONTACT ❹❺**
17. If pain unrelieved,

    Fentanyl ❷❸❻

    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 ❼

    Morphine ❷❸

TREATMENT PROTOCOL: GENERAL TRAUMA *

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 ❼

SPECIAL CONSIDERATIONS

❶ 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 70mmg (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

❷ 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

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

❹ 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.

❺ Receiving Hospital Report
Provider Code/Unit #
Sequence Number
Age/Gender
Level of distress
Mechanism of Injury/Chief Complaint
Location of injuries
Destination/ETA
<u>If patient meets trauma criteria/guidelines/judgment:</u>
Regions of the body affected
Complete vital signs/Glasgow Coma Scale (GCS)
Airway adjuncts utilized
Pertinent information (flail segment, rigid abdomen, evisceration)

❻ Ondansetron 4mg IV, IM or ODT may be administered prior to fentanyl or morphine administration to reduce potential for nausea/vomiting

TREATMENT PROTOCOL: GENERAL TRAUMA *

❼ 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.

❽ Hemostatic agents are for use by approved providers only