



Protocol 700-T1-P: Trauma

Revision 10/4/22
Effective 11/1/22

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Control bleeding using:
 - Direct Pressure.
 - Tourniquets.
 - Pressure Bandages.
 - Hemostatic Gauze.
- ❖ Spinal precautions as indicated.
- ❖ Splint as appropriate in position of comfort.
 - A traction splint is indicated for mid-shaft femur fractures.
- ❖ Cover eviscerations with moist, sterile dressings.
- ❖ Cover open chest wounds with approved chest seal dressings. Evaluate frequently.
- ❖ Prepare for transport/ transfer of care.
- ❖ Refer to Trauma Triage Tool (Policy 626 *Trauma Triage*) during assessment and treatment

ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Transport.
- ❖ Contact Base Station as indicated.

Traumatic Brain Injury

- ❖ Ensure continuous pulse oximetry, capnography and frequent blood pressure checks
- ❖ Avoiding the “H-Bombs” improves survival 2x for adults/700x for pediatrics:
 - Hypoventilation
 - Maintain ETCO2 between 35-45
 - Hypoxia
 - Maintain O2 Sat \geq 90
 - Hypotension
 - Maintain SBP \geq 90 mmHg

Special Considerations

- ❖ If a trauma patient is being transported to a local hospital, make early notification.
- ❖ Most fractures on multi-systems trauma patients should be splinted to the backboard.
- ❖ Remember that the top causes of preventable trauma fatality include hypoxia, open chest wounds, and uncontrolled external hemorrhage.
- ❖ Try to adhere to the “time rule” when managing critical trauma:



- ❖ If the intervention is not critical for managing an immediate life threat, then it should not be done on scene as time is always more important.

Documentation

- ❖ Trauma is a System Quality Indicator (See Policy 101 *Quality Improvement Program and System Evaluation* and Policy 502 *Santa Cruz County Patient Care Record (PCR) and Transfer of Care Document*)
- ❖ Minimum documentation elements include:

- Scene times (TRA-1)
- PAM scale recorded
- Appropriate destination (TRA-2)