

TRAUMATIC EMERGENCIES

BLS PROCEDURE

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- For the following traumatic emergencies:
 - Head Trauma
 - Traumatic Paralysis/ Spinal Trauma
 - Eye Trauma
 - Open/ Sucking Chest Wounds
 - Flail or Crushed Chest
 - Tension Pneumothorax
 - Evisceration of Abdomen
 - Extremity Trauma
 - Amputations
 - Pelvic Instability
 - Impaled Objects
 - Burns
 - Trauma in pregnant patients

CONTRAINDICATION

- Patients meeting anatomic, physiologic, high energy transfer and other mechanism of injury on the Marin County Trauma Triage Tool should be transported with ALS level of care.

EQUIPMENT

- Airway management per patients condition
- BP monitor
- Suction

PROCEDURE

- BLS RMC
- Spinal immobilization
- Control bleeding
- Prevent further injuries
- Prepare for early and rapid transport to the appropriate facility
- The following BLS care should be provided for the following injuries:
 - **Head Trauma**
 - Suction as needed
 - Frequent evaluation of LOC
 - Support airway if emesis occurs
 - Calm/ reassure patient
 - **Traumatic Paralysis**
 - Frequent evaluation of CSM, neuro checks
 - **Eye Trauma**
 - Cover both eyes

- **Open/ Sucking Chest Wound**
 - Fowlers position unless contraindicated
 - Occlusive dressing if sucking wound
 - Monitor for tension pneumothorax
- **Flail or Crushed Chest**
 - Splint chest wall if flail with bulky dressing or towel
 - Assist with positive pressure ventilations
- **Tension Pneumothorax**
 - Fowlers position unless contraindicated
 - Remove occlusive dressing if present
- **Evisceration of Abdomen**
 - Cover abdominal wound with moist, bulky dressing
 - Keep patient warm
- **Extremity Trauma**
 - Expose extremity
 - Check/ recheck CSM
 - Dress wound if needed
 - Immobilize extremity
 - Elevate and apply cold pack
- **Amputations**
 - If complete amputation - cover amputated part with dry gauze and place in plastic bag, place bag in cold pack
 - If incomplete amputation - treat as open extremity injury
- **Pelvic Instability**
 - Immobilize
- **Impaled Objects**
 - Supine or shock position
 - Immobilize impaled object so internal end does not move when patient is moved
 - Dress wound without dislodging object
 - Prioritize and treat life threatening injuries
 - Anticipate rapid deterioration
- **Burns**
 - Thermal/ Electric:
 - Eliminate source
 - Remove jewelry, but do not remove stuck clothing
 - Expose affected areas
 - Evaluate depth/ surface area
 - Apply dry dressing on any burn involving >10% of body surface area
 - Keep patient warm to avoid hypothermia
 - Chemical:
 - Same treatment as above *and*
 - Remove all clothing
 - Identify chemical if possible
 - Unless contraindicated, brush dry chemicals off and flush affected areas with copious amounts of water

- Inhalation:
 - Reevaluate airway frequently

- **Trauma in Pregnancy**
 - Assess for vaginal bleeding
 - Assess for gestational age
 - If gestational age > 20 weeks, tilt backboard to left recumbent position

SPECIAL CONSIDERATION

- Consider and evaluate whether the injury resulted from abuse, neglect, assaultive or abusive behavior, suicide, homicide, and/ or is the scene of a crime

RELATED POLICIES/ PROCEDURES

- Destination Guidelines GPC 4
- Suspected Child, Dependent Adult and/ or Elder Abuse GPC 9