

General Trauma Care (Adult and Pediatric)

CFR and All Provider Levels

1. Control external bleeding
2. Perform spinal injury precautions as needed
3. ABCs and vital signs
4. Airway management and appropriate oxygen therapy
5. For evisceration injuries:
 - Do NOT reinsert or reduce the protruding organ
 - Do NOT pour liquid directly onto the wound
 - Place saline-moistened, sterile dressings over the organ
 - Secure dry, bulky dressings over the moistened dressings
 - Place an occlusive dressing over the moistened dressings to maintain body heat
 - Position the patient appropriately with knees slightly bent
6. For open chest injuries, cover with occlusive dressing; if dyspnea increases, release the dressing momentarily during exhalation
7. For impaled objects:
 - Unless it compromises the airway, DO NOT remove the object
 - Support and secure the object with bulky dressings
8. Treat extremity injuries

CFR STOP

EMT

9. Stabilize potentially unstable pelvic fractures
10. Transport patient to the closest appropriate Trauma Center (Appendix I: Hospital Specialty Capabilities) as needed

EMT STOP

Paramedic

11. Perform needle decompression for a suspected tension pneumothorax (Appendix M: Needle Decompression of Tension Pneumothorax) as needed
12. Begin cardiac monitoring
13. Obtain intravascular access
14. Administer crystalloid fluids 20 ml/kg IV (maximum 2 L) as needed to maintain SBP > 90 mmHg or MAP > 65 mmHg
15. Treat for pain as needed

Paramedic STOP

Medical Control Options

Key Points / Considerations

- Transport patients with criteria as determined by General Operating Procedures and Appendix: E Trauma Center Transport Criteria to the closest appropriate Trauma Center
- Decreased breath sounds or muffled heart sounds indicate life-threatening chest injuries. The patient should be transported immediately
- The first priority for trauma patients is to stop further external bleeding
- Crystalloid fluid is a temporizing measure for patients in shock from blood loss and require definitive care at a hospital. Do not delay transport to obtain intravascular access or administer crystalloid fluids
- Stabilize any unstable pelvic fractures by using conventional methods or a commercial pelvic binder if available