

**GENERAL TRAUMA – ATTACHMENT A**

**ADULT**

**PEDIATRIC (≤34 KG)**

**BLS TRAUMA PROTOCOL ATTACHMENT**

**FACIAL TRAUMA**

**Head Injuries**

- Hemorrhage – direct pressure and dressings or approved hemostatic dressings

**Eye Injuries**

- Trauma/foreign body
  - Cover both eyes with dressings – avoid direct pressure
  - Do not remove foreign body or impaled object – stabilize with bulky dressings
- Chemical Contamination – Acid or alkali
  - Flush continuously with Normal Saline for at least 15 min or until arrival at the hospital
  - Remove contact lenses if possible

**Avulsed Teeth**

- Place in saline gauze and transport with patient

**IMPALED OBJECTS**

- Immobilize the object to prevent further movement

**TORSO INJURIES**

**Penetrating wound**

- Use chest seal device or occlusive dressing

**Flail Chest**

- Support flail segment and monitor respirations

**ABDOMINAL INJURIES**

**Evisceration**

- Cover with moist saline dressing

**PREGNANCY**

- If > 20 weeks pregnant place in left lateral position for transport

**EXTREMITY INJURIES**

**Fractures**

- Splint with traction or other splinting devices after gentle realignment as indicated – see Notes
- Neurovascular Compromise – attempt to place in anatomic position – checking for pulses and sensation pre/post alignment
- Cover open wounds with sterile dressing

**Dislocation**

- Splint in position found

**Amputation**

- Wrap amputated part in dry dressing and place in waterproof container/bag. Place on ice/cooling pack (do not freeze) and transport with patient.
- Bandage wound and moisten with sterile saline

**Mangled extremity**

- Check for distal pulses and sensation before and after splinting
- Stabilize/splint after gentle realignment
- Cover with clean/sterile dressing
- See Hemorrhage Control Policy #706 for persistent or uncontrolled venous or arterial bleeding

<b>BLS Optional Scope</b>	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
<b>ALS Procedures</b>	
See General Trauma Protocol #660	
<b>Base Hospital Orders Only</b>	
• As needed	• As needed
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• With multiple chest wounds consider chest seal devices or occlusive dressings</li> <li>• Padded box splints for simple fractures preferred (facilitates imaging)</li> <li>• Confirm and mark distal pulses before and after splinting, traction and patient movement</li> <li>• Traction splints for isolated mid-shaft femur fractures without pelvic pain (closed or open)</li> <li>• Remove rings or other items that may cause constriction</li> </ul>	