

GENERAL TRAUMA	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Assess for injuries meeting Trauma Triage Guidelines Policy #153 • Spinal Motion Restriction (SMR) Procedure #702 • Tourniquet/Hemorrhage Control Procedure #706 • MCI Policy #210 • EMS Air Resources Policy #155 <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> • <u>Communicate if SBP < 90mmHg at ANY time</u> • Pelvic injury – apply pelvic binder as indicated per Pelvic Binder Procedure #713 <ul style="list-style-type: none"> ○ High risk mechanism with: pelvic, low back, or groin pain <u>and</u> SBP <90 mmHg 	<p style="text-align: center;">Same as Adult</p> <ul style="list-style-type: none"> • Communicate ANY age specific hypotension see Universal Protocol #601 Attachment A
BLS Optional	
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602	
ALS Standing Orders	
<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> • Monitor patient <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> • Hypotension – utilize saline lock with drip set <ul style="list-style-type: none"> ○ Normal Saline up to 500 mL IV – may repeat X 1 for SBP of < 90 mmHg or if unable to palpate peripheral pulses ○ If hypotension continues – establish a second IV with saline lock • Tension pneumothorax see Needle Thoracostomy Procedure #705 	<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> • Monitor patient <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> • Hypotension – as identified for age group <ul style="list-style-type: none"> ○ Normal Saline IV/IO 20 mL/kg – may repeat x1 if no change in SBP • Tension pneumothorax see Needle Thoracostomy Procedure #705
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Additional Normal Saline • As needed 	<ul style="list-style-type: none"> • Additional Normal Saline • As needed
Notes	
<ul style="list-style-type: none"> • Destination and documentation per Trauma Triage and Destination Policy #153 • Early transport with treatment en route for high risk or unstable patients • A manual blood pressure is preferred for all unstable trauma patients • BLS responders – when in doubt regarding pelvic injury – avoid unnecessary movement, consider preparation for placement of pelvic binder until ALS evaluation • Pain Control – Pain Management Protocol #603 • Include Step Criteria with MIVT Base Hospital report – update 5 min out or with changes • IV access large bore (>18G) with a saline lock to facilitate tubing changes at the Trauma Center • Maintain body temperature/warm as indicated • Treatable/reversible considerations for critical trauma patients <ul style="list-style-type: none"> ○ Hypoxemia ○ Hypovolemia ○ Tension pneumothorax 	