GENERAL TRAUMA

ADULT	PEDIATRIC (≤34 KG)
BLS	
• Universal Protocol #601 • Pulse Oximetry o O_2 administration per Airway Management Protocol #602 • 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 **Unstable** • Communicate if SBP < 90mmHg at ANY time **Pelvic injury** – High-risk mechanism with: pelvic, low back, or groin pain and SBP <90 mmHg • **Pelvic Binder** as indicated per Pelvic Binder Procedure #713	Same as Adult • Communicate ANY age specific hypotension see Universal Protocol #601 Attachment A
ALS Standing Orders	

Stable
• Monitor patient
 	
Unstable
Hypotension – utilize saline lock with drip set
• **Normal Saline** up to 500 mL IV
  o repeat X 1 for SBP of < 90 mmHg or if unable to palpate peripheral pulses
  o If hypotension continues – establish a second IV with saline lock
 	
Tension pneumothorax see Needle Thoracostomy Procedure #705
	Stable
	• Monitor patient
	
	Unstable
	Hypotension – as identified for age group
	• **Normal Saline** IV/IO 20 mL/kg
	  o repeat x1 if no change in SBP
	
	Tension pneumothorax see Needle Thoracostomy Procedure #705

Base Hospital Orders Only	

• Additional **Normal Saline**
 	
Neurogenic Shock Refractory to Fluids
• **Dopamine** 5-20 mcg/kg/min IV/IO infusion
OR
• **Push-Dose Epinephrine 10 mcg/mL** 1 mL IV/IO every 1-3 min
  o repeat as needed to maintain SBP >90mmHg
  o See notes for mixing instructions
	• Additional **Normal Saline**
	
	Neurogenic Shock Refractory to Fluids
	• **Dopamine** 5-20 mcg/kg/min IV/IO infusion
	OR
	• **Push-Dose Epinephrine 10 mcg/mL** up to 1 mL IV/IO every 1-3 min
	  o repeat as needed to maintain age appropriate SBP
	  o See notes for mixing instructions

• As needed	• As needed

Notes

- **Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000)**: Mix 9 mL of **Normal Saline** with 1 mL of **Cardiac Epinephrine 1:10,000 (0.1 mg/mL)**, mix well
- 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
    - Hypoxemia
    - Hemorrhage/Hypovolemia
    - Tension pneumothorax