

GENERAL TRAUMA – ATTACHMENT A	
ADULT	PEDIATRIC (≤34 KG)
BLS TRAUMA PROTOCOL ATTACHMENT	
FACIAL TRAUMA	
<p>Head Injuries</p> <ul style="list-style-type: none"> • Hemorrhage – direct pressure and dressings or approved hemostatic dressings <p>Eye Injuries</p> <ul style="list-style-type: none"> • Trauma/foreign body <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Flush continuously with Normal Saline for at least 15 min or until arrival at the hospital ○ Remove contact lenses if possible <p>Avulsed Teeth</p> <ul style="list-style-type: none"> • Place in saline gauze and transport with patient 	
IMPALED OBJECTS	
<ul style="list-style-type: none"> • Immobilize the object to prevent further movement 	
TORSO INJURIES	
<p>Penetrating wound</p> <ul style="list-style-type: none"> • Use chest seal device or occlusive dressing <p>Flail Chest</p> <ul style="list-style-type: none"> • Support flail segment and monitor respirations 	
ABDOMINAL INJURIES	
<p>Evisceration</p> <ul style="list-style-type: none"> • Cover with moist saline dressing 	
PREGNANCY	
<ul style="list-style-type: none"> • If > 20 weeks pregnant place in left lateral position for transport 	
EXTREMITY INJURIES	
<p>Fractures</p> <ul style="list-style-type: none"> • 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 <p>Dislocation</p> <ul style="list-style-type: none"> • Splint in position found <p>Amputation</p> <ul style="list-style-type: none"> • 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 <p>Mangled extremity</p> <ul style="list-style-type: none"> • 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 	

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