



INDICATION	<ul style="list-style-type: none"> • Treatment of adult or pediatric patients presenting with a trauma related chief complaint
BLS	<ul style="list-style-type: none"> • Ensure scene safety for crews and bystanders. • Exercise body substance isolation measures and use appropriate personal protective equipment (PPE). • Evaluate any environmental hazards. • Determine number of patients. • Determine need for additional resources. • Determine mechanism of injury. • Determine patient's level of consciousness, ABCs/(CAB in cardiac arrest), vital signs, and chief complaint/symptoms. • Maintain an open airway with Airway/Respiratory Management M-20. • At a minimum, monitor and document vital signs every 15 minutes on stable patients and every 5 minutes for patients with critical conditions. • If indicated, determine if a valid POLST order or DNR verification form is in place, and act accordingly. • If patient is in cardiac arrest, refer to Traumatic Arrest T-02. • If indicated, administer supplemental oxygen using the appropriate delivery device. <ul style="list-style-type: none"> • Oxygen should be administered in the presence of hypoxemia, dyspnea, shock, or SpO2 <94%. Avoid hyperoxygenation. • Perform necessary BLS Interventions: <ul style="list-style-type: none"> • Splinting, Spinal Motion Restriction BP-05, and Pelvic Binder BP-07. • Control bleeding through the use of direct pressure, elevation, pressure dressings, and if necessary, Major Hemorrhage Control T-03. • Patients with potentially life-threatening injuries should be prepared for early transport to appropriate destination. Limit on scene time to less than 10 minutes when possible. <p>Obtain:</p> <ul style="list-style-type: none"> • History and Physical Exam of current event. • Past medical history. • Medications. • Allergies. • Perform full secondary assessment if time appropriate. • Consider use of pulse oximetry. • Ensure ALS response as appropriate.

ALS	<p>If indicated:</p> <ul style="list-style-type: none"> • Perform necessary ALS Interventions: <ul style="list-style-type: none"> • Endotracheal Intubation AP-01 • Needle Thoracostomy AP-05 when providers suspect a tension pneumothorax. • Patients with potentially critical conditions should receive 2 large bore IVs or; <ul style="list-style-type: none"> ▪ If unable to obtain IV access, Intraosseous Infusion AP-08. • Patients exhibiting signs and symptoms consistent with shock or who are hemodynamically compromised, should receive a Fluid Challenge AP-09. • Tranexamic Acid, per Major Hemorrhage Control T-03. • Pain Management AP-13. • Sedation AP-14. • Administer medications in accordance with the specified Field Treatment Guideline. • Obtain additional field diagnostic testing if appropriate and time permits: <ul style="list-style-type: none"> • Apply the cardiac monitor, blood glucose, temperature, carbon monoxide level, and stroke scale. • 12-Lead ECG BP-03. • Waveform Capnography AP-12. • Patients with potentially life-threatening injuries should be prepared for early transport to appropriate destination. Limit on scene time to less than 10 minutes when possible. <ul style="list-style-type: none"> • Transport to the nearest appropriate treatment facility as defined in Napa County EMS Agency Administrative Policy 501, Patient Destination. • Decisions to use lights and sirens should be based on the immediate trauma/surgical needs of the patient. • Notification to the receiving facility should occur as early as possible.
KEY CONCEPTS	<ul style="list-style-type: none"> • If indicated, activate EMS aircraft early. • Contact the base hospital for on-line medical control for all treatment outside of standing orders. • EMS crews should not administer interventions that require on-going medical assessment if a patient is not being transported to a receiving facility. For example, giving IV narcotics to a patient who intends to refuse transport • EMS personnel are not authorized to remove barbed electrodes from a stun gun or taser device. These patients should be transported to the closest appropriate medical facility for additional evaluation and treatment.