INDICATION

- Treatment of adult or pediatric patients presenting with a trauma related chief complaint

BLS

- Ensure scene safety for crews and bystanders.
- Exercise body substance isolation 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 BP-01.
- 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.
  - Oxygen should be administered in the presence of hypoxemia, dyspnea, shock, or SpO2 <94%. Avoid hyperoxygenation.
  - Traumatic Brain Injury (TBI) patients should receive supplemental oxygen.
- Perform necessary BLS Interventions:
  - 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, obtain:
  - 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.
If indicated:

- Perform necessary ALS Interventions:
  - [Endotracheal Intubation AP-01](https://example.com/)
  - [Needle Thoracostomy AP-05](https://example.com/) when providers suspect a tension pneumothorax.
  - Patients with potentially critical conditions should receive 2 large bore IVs or;
    - If unable to obtain IV access, [Intraosseous Infusion AP-08](https://example.com/).
  - Patients exhibiting signs and symptoms consistent with shock or who are hemodynamically compromised, should receive a [Fluid Challenge AP-09](https://example.com/).
  - Tranexamic Acid, per [Major Hemorrhage Control T-03](https://example.com/).
  - [Pain Management AP-13](https://example.com/).
  - [Sedation AP-14](https://example.com/).
  - Administer medications in accordance with the specified Field Treatment Guideline.

- Obtain additional field diagnostic testing if appropriate and time permits:
  - Apply the cardiac monitor, blood glucose, temperature, carbon monoxide level, and stroke scale.
  - [12-Lead ECG BP-03](https://example.com/).
  - [Waveform Capnography AP-12](https://example.com/).
  - 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.
    - Transport to the nearest appropriate treatment facility as defined in Napa County EMS Agency [Administrative Policy 501, Patient Destination](https://example.com/).
    - 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

- 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.
- TBI patients who experience one episode of Sp02 < 90% can lead to a 150% increase in mortality.