

Subject: Major Trauma Treatment Policy

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| <b>I. Definition</b>   |   |
| A. Major trauma is any injury that has potential to cause disability or death.   |   |
| <b>II. Basic Life Support</b>  |   |
| A. Provide General Medical Care.<br>B. Do not delay transport.<br>C. Early trauma center notification for patients meeting Trauma Triage Criteria per <i>treatment guideline 7 Draft Trauma Triage</i> .<br>D. Consider spinal motion restriction per <i>procedure guideline Draft Spinal Motion Restriction</i> .<br>E. Remove or cut away patients clothing:<br>1. Cover patient with blanket to maintain body temperature and privacy.<br>F. If significant bleeding is present, refer to <i>treatment guideline Draft Uncontrolled Bleeding/Amputation and Draft Hemostatic Agents</i> .<br>G. If suspected fracture present:<br>1. Pulses distal to the suspected fracture should be checked before and after movement or stabilization.<br>I. Provide pain management:<br>1. Stabilize suspected fractures in patients' position of comfort.<br>2. Apply cold compress if indicated. |   |
| <b>III. Advanced Life Support</b>  |   |
| A. Establish IV or IO .<br>1. Place second IV when time allows.<br>B. Consider pain management per <i>treatment guideline Draft Pain</i>   |   |
| <b>Adult</b>   | <b>Pediatric (less than 14 years of age)</b>  |
| A. Treat suspected shock in patients with:<br>1. Significant mechanism of injury.<br>2. Skin signs are pale cool, and diaphoretic.<br>3. SBP < 90 mmHg.<br>a. Administer NS fluid bolus 250 ml IV as needed to maintain SBP 90 mmHg.<br>(1) Max 1 L judiciously.<br>(2) Warm fluids preferred.<br>b. Consider administering Tranexamic Acid for suspected hemorrhagic shock per <i>procedure guideline Draft Tranexamic Acid Administration</i> .<br>B. Head injury with evidence of herniation:<br>1. Ventilate patient to maintain capnography between 30 mmHg to 35 mmHg.<br>2. Consider sedation if patient is combative, extremely agitated, or clenched (trismus) per <i>treatment guideline Draft Sedation</i> .  | A. Treat suspected shock in patients with:<br>1. Significant mechanism of injury.<br>2. Skin signs are pale, cool, and diaphoretic.<br>3. SBP is less than age-appropriate parameters.<br>a. Administer NS fluid bolus 20 ml/kg IV to maintain age appropriate SBP. |

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| <b>IV. Special Considerations</b>  |                  |
| A. Expedite transport; on-scene time should be less than 10 minutes in the absence of prolonged extrication. |                  |
| <b>V. Base Orders</b>  |                  |
| A. None  |                  |
| <b>VI. Contraindications</b>   |                  |
| A. None.   |                  |
| <b>VII. Associated Policies</b>  |                  |
| A. General Medical Care  | Policy No. Draft |
| B. Pain Management   | Policy No. Draft |
| C. Uncontrolled Bleeding/Amputation  | Policy No. Draft |
| D. Sedation  | Policy No. Draft |
| E. Tranexamic Acid Administration  | Policy No. Draft |
| F. Hemostatic Agents   | Policy No. Draft |
| G. Trauma Triage   | Policy No. Draft |
| F. Spinal Motion Restriction   | Policy No. Draft |