

Subject: Treatment Guidelines – BLS
Traumatic Injury and Shock Management

Associated Policies:

- I. Priorities
 - A. Perform scene survey for rescuer safety and mechanism of injury.
 - B. Maintain A,B,C's and rapid spinal restrictions throughout assessment and care.
 - C. Control external hemorrhage.
- II. Initial Trauma Treatment
 - A. Basic Therapy:
 - 1. All traumatically injured patients in extremis require rapid transport, second only to:
 - a. Airway management. Use the simplest effective method with in-line cervical immobilizations.
 - b. Administer oxygen per Policy # 6030.
 - c. Control of significant hemorrhage per Policy # 6049 (Hemorrhage Control)
 - d. Rhythm assessment for automatic defibrillation, if indicated.
 - e. Rapid spinal motion restriction per Policy # 6037. Ensure patient is packaged and ready for transport.
 - f. Expose and examine patient head to toe while keeping patient warm.
 - g. Obtain vital signs and GCS.
 - h. Obtain brief history, medications, and allergies, if possible.
 - i. Initiate any specific treatment appropriate (see additional guidelines below).
- III. System Specific Trauma Treatment Guidelines
 - A. Head and Neck Trauma:
 - 1. Follow Basic Treatment Guidelines.
 - 2. Check oropharynx carefully for teeth or other foreign objects. Suction, as indicated.
 - 3. Ensure adequate ventilation.
 - 4. Do not attempt to stop clear drainage (CSF) from nose or ears.
 - 5. Avoid placing pressure on injured eyes. Do not attempt to remove foreign objects from the globe of the eye, or to replace a torn or displaced globe.
 - 6. Cover injured eyes with saline moistened gauze. Patch the unaffected eye, if necessary to control eye movements.
 - 6. Save displaced teeth for hospital staff.
 - B. Chest Trauma
 - 1. Follow Basic Treatment Guidelines
 - 2. Impaled Objects: Attempt to stabilize impaled objects in position found. Do not remove unless object interferes with CPR.

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3. Flail Chest: Stabilize chest wall to reduce paradoxical chest wall movement. Be prepared to support ventilations.
 4. Open Chest Wound: Open chest wound: Cover the wound with a vented commercial chest seal. If a commercial seal is not available, place an occlusive (plastic or foil) non adhesive square over the wound and tape on three sides. If none of the above is available, an unvented chest seal may be used. Continuously evaluate for the development of tension pneumothorax. If tension pneumothorax develops, remove dressing momentarily to decompress, then re-apply.
- C. Abdominal Trauma
1. Follow Basic Treatment Guidelines
 2. Impaled Object: Stabilize the object in place; do not remove unless it interferes with CPR.
 3. Evisceration: Cover eviscerated organ(s) with sterile saline moist gauze. If possible, cover with plastic wrap to prevent hypothermia. Do not attempt to replace organs.
 4. Genital Trauma: Apply direct pressure for bleeding. Cover exposed areas with saline moistened gauze.
- D. Extremity Trauma
1. Follow Basic Treatment Guidelines.
 2. Evaluate neurovascular status of limbs distal to injuries.
 - a. Intact CSM: Splint/Immobilize the joint above and below the injured site in position found. Check CSM before and after splinting.
 - b. Impaired CSM: Apply gentle axial traction to restore circulation. Select and apply appropriate splint.
 3. Cover open fractures with sterile moist gauze.
- E. Amputations/Avulsions:
1. Follow Basic Treatment Guidelines.
 - a. Partial Amputation - Control bleeding Use tourniquet if bleeding is severe and uncontrollable with direct pressure. Cover the wound with sterile gauze. Splint in anatomic position and elevate the extremity.
 - b. Complete amputation: Control bleeding from the body with direct pressure or tourniquet as needed. Wrap the amputated part in moistened sterile gauze and place in a plastic bag or container. Place this in an outer container filled with crushed ice or onto a commercial ice pack. Do not freeze the part by placing it directly on ice.