Subject: Treatment Guidelines – ALS
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 spinal motion restriction during assessment and care.
   C. Limit procedures at the scene to triage, assessment, control of external hemorrhage. Perform additional assessment and treatment enroute.
   D. Notify base hospital according to MedNet communications Policy # 2508 and Trauma Triage and Destination Policy # 7000.

II. Initial Trauma Treatment – Patients not in Cardiac Arrest.
   A. Primary Survey
      1. Secure the airway and perform spinal motion restriction if indicated.
      2. Control life-threatening external bleeding with direct pressure or with the use of a tourniquet on severe extremity bleeding. Pack actively bleeding wounds with hemostatic dressings or gauze.
      3. Ensure adequate breathing. Assist ventilations if needed. Apply a three sided occlusive non adhesive dressing or perform needle decompression per Policy # 5420 if indicated for penetrating chest trauma. Administer oxygen per Policy #6030.
      4. Initiate transport immediately for all suspected major trauma patients.
      5. Establish IV/IO access: Consider two (2) large bore (14-16 gauge) lines of NS when possible. If IV access is difficult, consider IO placement to humeral head or tibia.
      6. Administer IVF to patients in extremis (adults: 500 mL bolus repeat as needed, pediatrics: 20 mL/kg bolus repeat as needed) and titrate fluids to obtain systolic B/P of 90 mmHg (or age-appropriate normotension for pediatrics).
      7. Consider administration of Tranexamic Acid for suspected hemorrhagic shock per Policy # 5445.
      8. Rapidly assess disability/neuro status using AVPU and check pupils.
      9. Expose and examine patient. Prevent heat loss.

   B. Secondary Survey: Perform brief secondary exam as patient is being loaded for transport.
      1. Obtain V/S, evaluate rhythm on cardiac monitor, and assess pain. Medicate for pain per Policy # 6555.
      2. Perform head-to-toe assessment and obtain a brief medical history, including medications and allergies.
      3. Inspect posterior surfaces if not already completed in primary survey and if the patient is not secured to a backboard.

4. Initiate any specific treatment appropriate (see additional guidelines below).

III. System Specific Trauma Treatment Guidelines

A. Head and Neck Trauma:
1. Follow basic therapy guidelines.
2. Check oropharynx for teeth or other foreign objects. Suction, as indicated.
3. Ensure adequate ventilation. Consider oral intubation or IGEL placement for patients with GCS <8, who cannot maintain their own airway or for whom BVM and BLS airways are ineffective.

B. Chest Trauma:
1. Follow basic therapy guidelines.
2. Impaled objects: Stabilize impaled objects in position found. Do not remove unless object interferes with CPR.
3. Be prepared to support ventilations. Observe carefully for possible progression to tension pneumothorax.
4. 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.
5. Continuously evaluate for the development of tension pneumothorax. If tension pneumothorax develops, remove dressing momentarily to decompress, then re-apply. If tension pneumothorax is unrelieved, perform needle thoracostomy.
5. Tension pneumothorax: Perform needle thoracostomy.
6. Suspected cardiac tamponade/contusion: Observe for dysrhythmias.

C. Abdominal Trauma:
1. Follow basic therapy guidelines.
2. Impaled objects: Stabilize object and do not remove.
3. Eviscerating trauma: Cover eviscerated organs with saline moistened gauze. Do not attempt to replace organs into abdominal cavity. Periodically remoisten with saline to prevent the organs from drying out.
4. Genital trauma: Cover injured areas with saline moistened gauze.

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Associated Policies:

D. Extremity Trauma:
   1. Follow basic therapy guidelines.
   2. Evaluate neurovascular status of limbs distal to injuries. Apply splints as appropriate.
   3. Administer analgesia for isolated extremity trauma, per Policy # 6555.

E. Amputations:
   1. Follow basic therapy guidelines.
   2. 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.
   3. 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.

E. Burn Management:
   1. Follow basic therapy guidelines and BLS Burn Policy # 6025.
   2. Administer analgesia per Pain Management Policy # 6555.
   3. Consult with Base Hospital for fluid management guidelines.