TRAUMATIC EMERGENCIES
BLS PROCEDURE
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- For the following traumatic emergencies:
  - Head Trauma
  - Traumatic Paralysis/ Spinal Trauma
  - Eye Trauma
  - Open/ Sucking Chest Wounds
  - Flail or Crushed Chest
  - Tension Pneumothorax
  - Evisceration of Abdomen
  - Extremity Trauma
  - Amputations
  - Pelvic Instability
  - Impaled Objects
  - Burns
  - Trauma in pregnant patients

CONTRAINDICATION
- Patients meeting anatomic, physiologic, high energy transfer and other mechanism of injury on the Marin County Trauma Triage Tool should be transported with ALS level of care.

EQUIPMENT
- Airway management per patient's condition
- BP monitor
- Suction

PROCEDURE
- BLS RMC
- Spinal immobilization
- Control bleeding
- Prevent further injuries
- Prepare for early and rapid transport to the appropriate facility
- The following BLS care should be provided for the following injuries:
  - **Head Trauma**
    - Suction as needed
    - Frequent evaluation of LOC
    - Support airway if emesis occurs
    - Calm/ reassure patient
  - **Traumatic Paralysis**
    - Frequent evaluation of CSM, neuro checks
  - **Eye Trauma**
    - Cover both eyes
- **Open/ Sucking Chest Wound**
  - Fowler's position unless contraindicated
  - Occlusive dressing if sucking wound
  - Monitor for tension pneumothorax

- **Flail or Crushed Chest**
  - Splint chest wall if flail with bulky dressing or towel
  - Assist with positive pressure ventilations

- **Tension Pneumothorax**
  - Fowler's position unless contraindicated
  - Remove occlusive dressing if present

- **Evisceration of Abdomen**
  - Cover abdominal wound with moist, bulky dressing
  - Keep patient warm

- **Extremity Trauma**
  - Expose extremity
  - Check/recheck CSM
  - Dress wound if needed
  - Immobilize extremity
  - Elevate and apply cold pack

- **Amputations**
  - If complete amputation - cover amputated part with dry gauze and place in plastic bag, place bag in cold pack
  - If incomplete amputation - treat as open extremity injury

- **Pelvic Instability**
  - Immobilize

- **Impaled Objects**
  - Supine or shock position
  - Immobilize impaled object so internal end does not move when patient is moved
  - Dress wound without dislodging object
  - Prioritize and treat life threatening injuries
  - Anticipate rapid deterioration

- **Burns**
  - Thermal/Electric:
    - Eliminate source
    - Remove jewelry, but do not remove stuck clothing
    - Expose affected areas
    - Evaluate depth/surface area
    - Apply dry dressing on any burn involving >10% of body surface area
    - Keep patient warm to avoid hypothermia
  - Chemical:
    - Same treatment as above and
    - Remove all clothing
    - Identify chemical if possible
    - Unless contraindicated, brush dry chemicals off and flush affected areas with copious amounts of water
- Inhalation:
  - Reevaluate airway frequently

- Trauma in Pregnancy
  - Assess for vaginal bleeding
  - Assess for gestational age
  - If gestational age > 20 weeks, tilt backboard to left recumbent position

SPECIAL CONSIDERATION
- Consider and evaluate whether the injury resulted from abuse, neglect, assaultive or abusive behavior, suicide, homicide, and/or is the scene of a crime

RELATED POLICIES/ PROCEDURES
- Destination Guidelines GPC 4
- Suspected Child, Dependent Adult and/or Elder Abuse GPC 9