TRAUMATIC INJURIES
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
▪ Suspected or apparent injuries which meet conditions listed on the Marin County Trauma Triage Tool

CRITICAL INFORMATION
▪ Rapid transport to the appropriate trauma receiving facility is important and must be taken into account in the field management of trauma patients

TREATMENT
▪ ALS RMC
▪ Trauma center notification
▪ Control of bleeding
▪ If SBP < 100, consider 2 large bore IVs; fluid challenge 250-500 ml
▪ Pain management as appropriate
▪ For head injury patients, consider Zofran to prevent vomiting which could increase intracranial pressure
▪ Prepare for early and rapid transport to the appropriate trauma center

SPECIAL CONSIDERATION
▪ If injury may have resulted from abuse, neglect, assault, attempted suicide/ homicide and/ or other crimes, refer to Suspected Abuse/Neglect/Human Trafficking Policy for reporting.

RELATED POLICIES/ PROCEDURES
▪ Destination Guidelines GPC 4
▪ Suspected Abuse/Neglect/Human Trafficking GPC 9
▪ Spinal Immobilization GPC 13
▪ Adult Pain Management ATG 2
▪ Trauma Triage Tool 4613a
▪ Severe Nausea and Vomiting M 5
CRUSH SYNDROME
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- Extended extremity or torso entrapment (usually > 2 hours)

CRITICAL INFORMATION
- Rapid transport to the appropriate trauma receiving facility is important and must be taken into account in the field management of trauma patients

TREATMENT
- ALS RMC
- Pre-extrication:
  - **Albuterol** 5.0 mg in 6 ml NS HHN. Consider use of patient actuated nebulizer with prolonged scene times and/or transport times > 10 min.
  - **Sodium Bicarbonate** 1 mEq/kg up to 100 mEq IVP/IO (flush line with NS before and after administration)
  - **NS** 20 ml/kg IV/IO bolus, prior to release of compression, in addition to standard trauma fluid resuscitation
  - Pain management as appropriate
- Post-extrication:
  - **Albuterol** 5.0 mg in 6 ml NS HHN if wheezing or evidence of hyperkalemia. Consider use of patient actuated nebulizer with prolonged scene times and/or transport times > 10 min.
  - If suspected hyperkalemia (absent P waves, peaked T waves, prolonged QRS and/or evidenced by hypotension), **Calcium Chloride** 1 gm IV/IO slowly over 5 min. (flush line with NS before and after administration)

SPECIAL CONSIDERATION
- Do not run Sodium Bicarbonate and Calcium Chloride concurrently; either flush line well or use two lines.

DOCUMENTATION- ESSENTIAL ELEMENTS
- Length of entrapment time
- Additional contributing factors

RELATED POLICIES/ PROCEDURES
- Destination Guidelines GPC 4
- Trauma Triage Tool 4613a
- Spinal Immobilization GPC 13
- Adult Pain Management ATG 2
MANAGEMENT OF LESS-TAN-LETHAL INTERVENTIONS
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- Injuries incurred from police interventions such as taser, bean bags, or chemical agents

CRITICAL INFORMATION
- Assess for symptoms of excited delirium: bizarre/aggressive behavior, dilated pupils, hyperthermia, incoherent speech, inconsistent breathing pattern, fear/panic, profuse sweating
- Suspected or known substance abuse
- Level of consciousness prior to injury
- Past medical history of cardiac or respiratory disease

TREATMENT
- BLS/ALS RMC
- Remove clothing if injured with pepper spray or tear gas
- Irrigate eyes with NS as needed
- Bio-Shield® or other OTC agent may be used to assist in minimizing chemical agent exposure
- If taser injury
  - Remove embedded probes and dispose of in sharps container. If probes cannot be removed due to patient’s agitation / location of probe/ or safety hazard, cover the probe with gauze
  - Do NOT remove probes if located in the following areas:
    - Face
    - Neck
    - Groin
    - Spinal column or any area deemed to be problematic
- Pain management as appropriate
- All patients who sustain a taser injury must be transported to a hospital
- Treat according to Adult Sedation Protocol if agitation / combativeness interferes with critical ALS interventions and airway control or that endangers patient or caregiver

RELATED POLICIES/ PROCEDURES
- Destination Guidelines GPC 4
- Adult Pain Management ATG 2
- Trauma Triage Tool 4613a
- Adult Sedation ATG 3
- Patient Restraint GPC 3