4.01 GENERAL TRAUMA ASSESSMENT

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness, NPO, **Oxygen**

If applicable:

- Stabilize spine and any suspected fractures, bandage wounds, place amputated extremitie(s) in a plastic bag on ice/cold pack
- Apply combat gauze (ex. "Quick Clot") for excessive bleeding with signs of shock.
- Stabilize impaled objects with bulky damp dressing.
- If open chest wounds with air leak, apply occlusive dressing.
- Cover any exposed eviscerated organs with moist saline gauze.
- *For pregnancy > 20 weeks, place in left lateral position or manually displace uterus. (If spinal motion restriction initiated, tilt spine board to the left or manually displace uterus)*

ALS

Advanced airway management as indicated, establish IV access

Follow **Policy 3020 Field to Hospital** for report formats to the trauma center.

Hemodynamically stable?

- **No** → **Normal Saline**
  500 mL bolus IV/IO if lungs are clear.
  Reassess and repeat if indicated.
- **Yes** → **Nausea?**

Nausea? → **Ondansetron**
4 mg slow IVP/IM over 2-5 minutes
- or -
4 mg ODT PO
All routes q20min up to total dose 12 mg PRN

Pain?

- Pain score 1-3 →
  - **Ibuprofen**
    600 mg PO x 1 dose
  - **Ketorolac**
    Dose: 15 mg IV/IO bolus x1 dose
    --or--
    30 mg IM x1 dose
- Pain score 4-10 →
  - **Ketamine**
    IV/IO 0.25mg/kg in 100 mL of NS/D5W slow infusion over 10 minutes
    -or-
    IN 0.5 mg/kg
    Max dose for all routes is 30mg. Repeat dosing every 20 minutes, up to 2 doses WITH BASE CONTACT
  - **OR**
  - **Fentanyl**
    50 mcg IV/IO slow IV push (over 1 minute).
    May be repeated every 5 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.
    --or--
    100 mcg IN or IM (IN preferred).
    May be repeated every 10 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

Mandatory reporting of any incident of suspected abuse to emergency department staff

Contact Base for repeat doses of pain medications.

Effective:10/01/24
Supersedes: 10/29/18

4.01 GENERAL TRAUMA ASSESSMENT

BLS Treatment

- Assess **Vital Signs**, ABC's and responsiveness, NPO, **Oxygen**
  If applicable:
- Stabilize spine and any suspected fractures, bandage wounds, place amputated extremitie(s) in a plastic bag on ice/cold pack
- Apply combat gauze (ex. "Quick Clot") for excessive bleeding with signs of shock.
- Stabilize impaled objects with bulky damp dressing.
- If open chest wounds with air leak, apply occlusive dressing.
- Cover any exposed eviscerated organs with moist saline gauze.
- For pregnancy > 20 weeks, place in left lateral position or manually displace uterus. (If spinal motion restriction initiated, tilt spine board to the left or manually displace uterus)

ALS Treatment

- Advanced airway management as indicated, establish IV access
- Follow **Policy 3020 Field to Hospital** for report formats to the trauma center.
- **If hemodynamically unstable:**
- **Normal Saline** 500mL bolus IV/IO if lungs are clear. Reassess and repeat if indicated.
- **Nausea:**
- **Ondansetron** 4 mg slow IVP/IM over 2-5 minutes or 4mg ODT PO
- All routes q20 minutes up to total dose 12 mg PRN
- **Pain score 1-3:**
- **Ibuprofen** 600 mg PO x 1 dose
- **Ketorolac** Dose: 15 mg IV/IO bolus x 1 dose or 30 mg IM x 1 dose
  Pain score 4-10:
  Ketamine IV/IO 0.25 mg/kg in 100ml of NS/D5W slow infusion over 10 minutes or IN 0.5mg/kg
  Max dose for all routes is 30 mg
  Repeat dosing every 20 minutes, up to 2 doses WITH BASE CONTACT
  OR
  Fentanyl 50 mcg IV/IO slow IV push (over 1 minute). May be repeated every 5 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.
  --or--
  100 mcg IN or IM (IN preferred). May be repeated every 10 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.

Comments

- Mandatory reporting of any incident of suspected abuse to emergency department staff.
- Contact Base for repeat doses of pain medications.