

4.01 GENERAL TRAUMA ASSESSMENT – PUBLIC COMMENT JANUARY 2024

BLS – FAQ Link

**DRAFT
VERSION**

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

If applicable:

Stabilize spine and any suspected fractures, bandage wounds, place amputated extremite(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 taped on 3 sides.

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 trauma team at ZSFG.

Hemodynamically stable?

Yes

No

Nausea?

Pain?

Ondansetron

4 mg slow IVP/IM over 2-5 minutes

- or -

8 mg ODT PO

All routes q20min up to total dose

12 mg PRN

Pain score 1-6

Pain score 6-10

Normal Saline

500mL bolus IV/IO if lungs are clear.

Reassess and repeat if indicated.

Ibuprofen

400 mg PO x 1 dose

Ketorolac

Dose: 15 mg IV/IO bolus x1 dose

--or--

30 mg IM x1 dose

Morphine

2 - 4 mg slow IVP/IO or 5mg IM.

May repeat in 10min if SBP > 90mmHg. Maximum dose 20mg.

--or--

5mg IM

May repeat in 10min if SBP > 90mmHg. Maximum dose 20mg.

Administer for pain if no evidence of head injury, no signs of hypoperfusion, and SBP >90mmHg

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.

Pain or Nausea?

Yes

 Report any incident of suspected abuse to emergency department staff

Make Base Hospital Contact

If there is any question with the hemodynamic status of the patient requiring the administration of pain or nausea medications.

Effective: xx/xx/xx
Supersedes: 10/29/18

4.01 GENERAL TRAUMA ~~EVALUATION AND OVERVIEW~~ ASSESSMENT – Public Comment January 2024

BLS Treatment

- ~~• Assess circulation, airway, breathing, and responsiveness.~~
- ~~• Oxygen as indicated.~~
- ~~• Provide Spinal Motion Restriction as indicated or position of comfort as indicated.~~
- ~~• Splint suspected fractures/instability as indicated.~~
- ~~• Bandage wounds/control bleeding as indicated.~~
 - ~~○ Apply tourniquet if appropriate.~~
 - ~~○ Combat Gauze (such as “Quick Clot”) may be utilized for excessive bleeding with signs and symptoms of shock. Combat gauze should contain Kaolin, not Z-Lite.~~
- Assess **Vital Signs, ABC's and responsiveness, NPO, Oxygen**
If applicable:
- Stabilize spine and any suspected fractures, bandage wounds, place amputated extremity(ies) 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 taped on 3 sides.
- 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

- ~~• IV/IO Normal Saline at TKO.~~
- ~~• If SBP <90, administer Normal Saline fluid bolus.~~
- Advanced airway management as indicated, establish IV access
- Follow **Policy 3020 Field to Hospital** for report formats to trauma team at ZSFG.
- **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 8mg ODT PO
- All routes q20 minutes up to total dose 12 mg PRN
- **Pain score 1-6:**
- **Ibuprofen** 400 mg PO x 1 dose
- **Ketorolac**
Dose: 15 mg IV/IO bolus x 1 dose or 30 mg IM x 1 dose
- **Pain score 6-10:**
- **Morphine** 2-4 mg slow IVP/IO or 5 mg IM. May repeat in 10 min if SBP > 90 mmHg.
Maximum dose 20 mg.
- **-- or --**
5 mg IM. May repeat in 10 min if SBP >90mmHg. Maximum dose 20 mg. Administer for pain if no evidence of head injury, no signs of hypoperfusion, and SBP >90mmHg.

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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

- ~~• Minimize on scene time for unstable patients or patients who meet trauma triage criteria. Secondary survey and IV therapy should be done en route to hospital.~~
- ~~• Give ZSFG early notification. Follow **Policy 3020 Field to Hospital** for report formats to trauma team.~~
- ~~• For vehicular crashes/bike incidents, protective devices should be reported.~~
- ~~• Do not use Combat Gauze on mucus membranes.~~
- Report any incident of suspected abuse to emergency department staff.
- **Make Base Hospital Contact** if there is any question with the hemodynamic status of the patient requiring the administration of pain or nausea medications.