

**DRAFT
VERSION**

BLS – FAQ Link

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

If applicable:

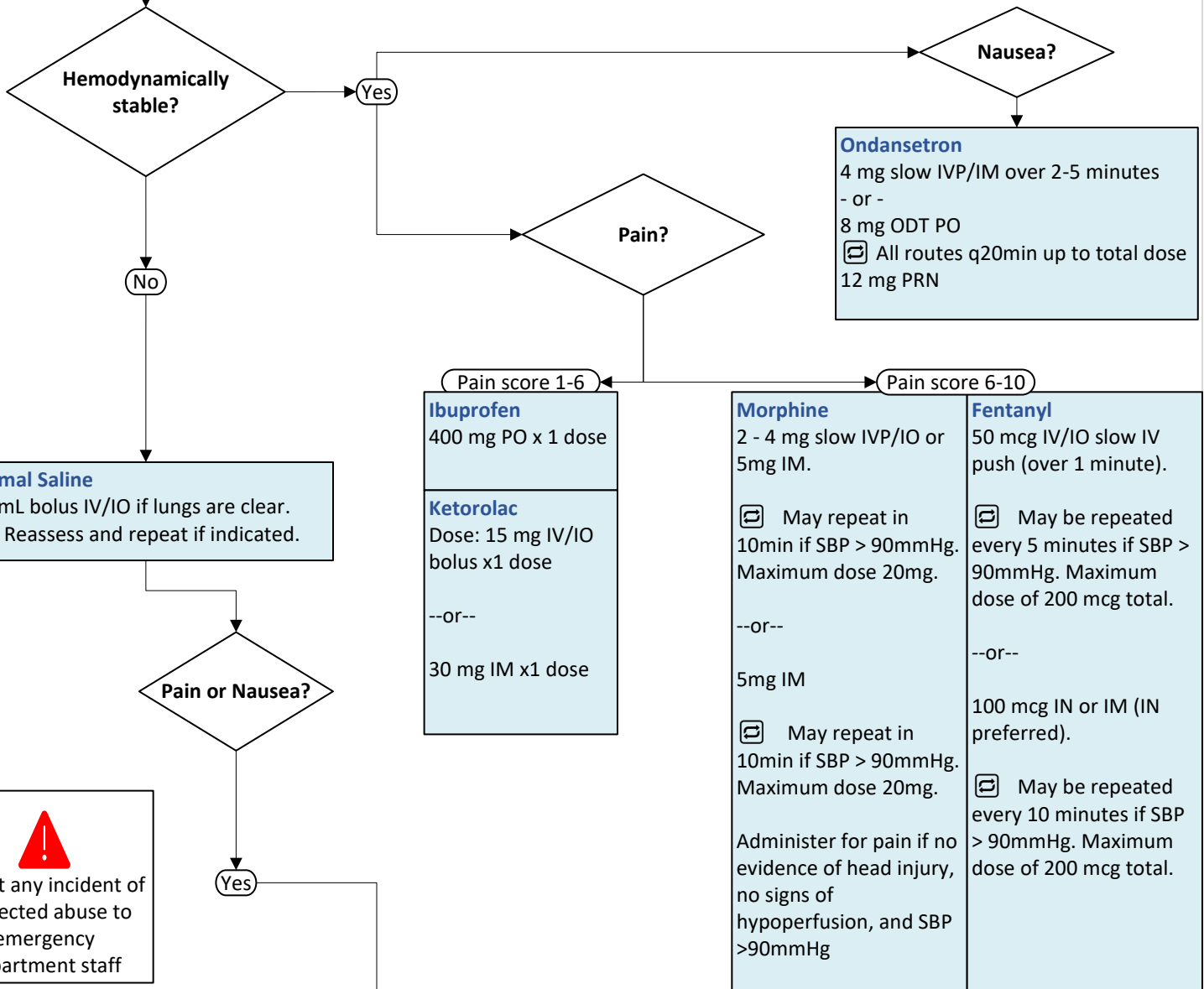
- Stabilize spine and any suspected fractures, bandage wounds
- Bandage wounds and control bleeding with direct pressure.
- Stabilize impaled objects with bulky damp dressing.
- If open chest wounds with air leak, apply occlusive dressing taped on 3 sides.
- Cover any exposed eviscerated organs with moist saline gauze.

See **Protocol 5.01 Trauma in the Obstetric Patient** for pregnancy 20 weeks or greater


ALS

Advanced airway management as indicated, establish IV access

Follow **Policy 3020 Field to Hospital** for report formats to trauma team at ZSFG.




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: 03/01/15

4.04 CHEST, ABDOMINAL AND PELVIC TRAUMA – Public Comment January 2024

BLS Treatment

- Assess **Vital Signs**, ABC's and responsiveness, NPO, apply **Oxygen** as needed
- If applicable:
 - **Stabilize spine and any suspected fractures**
 - ~~Assess circulation, airway, breathing, and responsiveness.~~
 - ~~Oxygen~~ as indicated.
 - ~~Provide Spinal Motion Restriction~~ as indicated or position of comfort as indicated.
 - ~~Appropriately splint suspected fractures/instability as indicated.~~
- Bandage wounds/ and control bleeding as indicated, **with direct pressure.**
- If open chest wounds with air leak, apply occlusive dressing taped on 3 sides.
- Cover any exposed eviscerated organs with moist saline gauze.
- ~~Immobilize impaled objects in place.~~
- ~~For pregnancy 20 weeks or greater, place in left lateral position. If spinal motion restriction initiated, tilt spine board to the left.~~
- **See Protocol 5.01 Trauma in the Obstetric Patient for pregnancy 20 weeks or greater**

ALS Treatment

- **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 x1 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 > 90mmHg.**
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.
- **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.
- ~~Needle Thoracostomy for suspected tension pneumothorax.~~
- ~~IV/IO Normal Saline at TKO.~~

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- ~~If SBP <90, administer **Normal Saline** fluid bolus.~~
- ~~For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP > 90: may administer **Morphine Sulfate**.~~
- ~~For nausea/vomiting: may administer **Ondansetron**.~~

Comments

- ~~Consider pre-existing respiratory medical conditions causing distress.~~
- ~~Chest injuries causing respiratory distress are commonly associated with significant internal blood loss. Reassess frequently for signs and symptoms of hypovolemia / shock.~~
- ~~Significant intra-thoracic or intra-abdominal injury may occur without external signs of injury, particularly in children.~~
- 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.

Base Hospital Contact Criteria

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