4.04 CHEST, ABDOMINAL, AND PELVIC TRAUMA – EMSAC JANUARY 2024

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 the trauma center ~~team at ZSFG.~~

Hemodynamically stable?

Yes

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?

No

Normal Saline
500mL bolus IV/IO if lungs are clear.
🔁 Reassess and repeat if indicated.

Pain score 1-6

Ibuprofen
600 mg PO x 1 dose

Ketorolac
Dose: 15 mg IV/IO bolus x1 dose

--or--

30 mg IM x1 dose

Pain score 6-10

~~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.

Mandatory reporting of 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 – EMSAC 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 the trauma center ~~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 4mg ODT PO • All routes q20 minutes up to total dose 12 mg PRN • **Pain score 1-6:** • **Ibuprofen** 600 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.~~

- ~~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.~~
- Mandatory reporting of 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.~~