# 4.04 CHEST, ABDOMINAL, AND PELVIC TRAUMA – EMSAC 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

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.

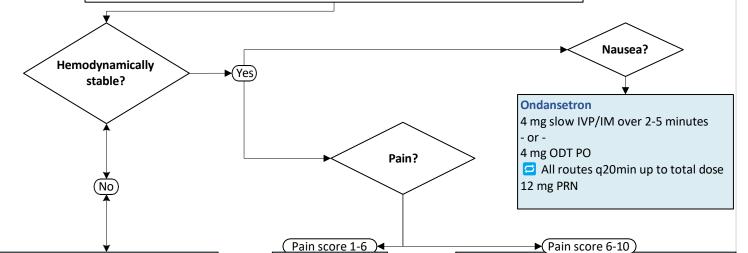
Cover any exposed eviscerated organs with moist saline gauze.

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.



# **Normal Saline**

500mL bolus IV/IO if lungs are clear.

Reassess and repeat if indicated.

# Ibuprofen

600 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.



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

#### Make Base Hospital Contact

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

Effective: xx/xx/xx
Supersedes: 03/01/15

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#### **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.

<del>--or--</del>

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.

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.

Supersedes: 03/01/15

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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.
- 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 thepatient 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.