



## Trauma Assessment

### Criteria for a Level 1 Trauma:

- BP ≤ 90 systolic x2, 5 min apart in adults
- BP ≤ 80 systolic x2, 5 min apart in pediatric patients
- GCS 10 or less
- Respirations < 10 or > 29
- Flail chest
- Amputation above ankle or wrist
- Arm/Leg paralysis and/or sensory deficit and/or concern for spinal cord injury
- Suspected Pelvic Fracture with hypotension
- 2 or more proximal long bone fractures
- 2 or more body regions with potential life or limb threat
- Transfer from another hospital receiving blood to maintain vital signs
- Penetrating injury of head, neck, torso, groin, other

### Burns:

1. > 10% TBSA (2<sup>nd</sup> and 3<sup>rd</sup> degree) in patient < 10 years old or > 50 years old
2. > 20% TBSA (2<sup>nd</sup> and 3<sup>rd</sup> degree) in all other patients
3. Burns involving chemical or electrical injury (includes lightning strike)
4. **Any airway involvement**

### Criteria for a Level 2 Trauma:

- Ejection
- Fall > 20 feet for adults or 3x a child's height
- Death in the same compartment
- Pregnancy ≥ 20 weeks with traumatic mechanism of injury
- Major deformity, intrusion of vehicle with injuries
- Rollover MVC with injuries
- MCC > 20 mph or with separation of bike and rider
- Car vs Pedestrian with > 5mph impact
- Pedestrian thrown or run over
- Burns > 5% TBSA in patient < 10 or > 50 years of age
- > 10 % TBSA burns in all other patients

**Any patients meeting Level 1 or Level 2 trauma criteria must have medical control consent for refusal.**

### Scene Assessment:

1. Hazards
2. Number of patients
3. Mechanism of injury
4. Additional resources

### Primary Survey (initial assessment):

1. General impression of the patient: skin color, work of breathing
2. Maintain C-spine
3. Assess, secure an open airway. If patient is not breathing, insert a BIAID or intubate and ventilate the patient at a rate of 5-6 breath per minute. If patient is able to maintain their own airway, apply O2 at 15L/min via nonrebreather
4. Control any bleeding
5. Check for radial and or carotid pulse (rate and quality)
6. Identify and treat any life threats
- 7 Full body assessment

### Neck:

1. DCAP-BLS
2. JVD (jugular vein distension)
3. Tracheal deviation
4. Tenderness

### Chest:

1. DCAP-BLS-TIC (tenderness, instability, crepitus)
2. Breath sounds
3. Cover open sucking chest wound with an occlusive dressing).
4. Flail chest-stabilize segment.
5. Tension Pneumothorax- you may need to assist ventilations.

### Back:

1. Log roll the patient with a minimum of two responders.
2. DCAP-BLS step offs, pain.
3. Fully Immobilize patient if a neuro deficit is present.

### Abdomen/ Pelvis Extremities:

1. Palpate abdomen
2. Look for DCAP-BLS-TIC
3. Press down on the pelvis, stabilize if unstable. Try not to move the pelvis again.
4. Palpate and assess all extremities, check for DCAP-BLS-TIC, check for pulses, motor function, and sensation