UnityPoint Health
EMS System

Routine Trauma Care

Legend
EMR
EMT
Intermediate
Paramedic
Medical Control

EMR

1. Determine that the scene is safe to approach, mechanism of injury, number of patients, and need for additional resources (call receiving hospitals early to determine how many patients the hospitals can take).
2. Manual inline stabilization of the C-spine, while determining the rate and quality of respirations.
3. Apply O2 at 15L/min via non-rebreather mask, use an airway adjunct or BIAD for the unresponsive patient. Do not use a nasopharyngeal airway for any suspected facial, or head trauma. Ventilate the patient at a rate of one breath every 5-6 seconds for adults.
4. Determine level of consciousness AVPU.
5. Control any major bleeds with direct pressure. If life-threatening bleeding to the extremity is not controlled with direct pressure, apply a system approved tourniquet (make sure you note the time placed).
6. Detailed Trauma Assessment (see trauma assessment attachment) make sure the back and neck are assessed before determining if immobilization is needed (see spinal clearance procedure).
8. Check and document PMS before and after immobilization.
9. Obtain a set of baseline vitals including a blood glucose level (especially if ALOC).
10. Splint other injuries if you have time before transporting vehicle arrives.
11. Continually reassess your patient and document your findings, a stable patient can become unstable.

EMR

EMT

1. Continue EMR care.
2. Manage any life/limb threats.
3. Call for ALS/ ILS Intercept if not already done.
4. Determine if the patient meets load and go criteria, transport the patient as soon as possible.
5. Repeat the trauma assessment (detailed physical exam).
   Obtain another set of vitals, reassess vitals every 5 minutes.
6. SAMPLE history, note any DCAP-BLS-TIC.
7. Obtain and transmit a 12-lead (if available, and appropriate).
8. **Zofran**: 4mg ODT for nausea and vomiting

EMT

I

1. Continue BLS care
2. Intubate if proper ventilation is not obtained with a BIAD and BVM.
3. Needle thoracotomy for Tension Pneumothorax
4. Establish two large bore IV/IO with NS, infusing at a rate to maintain a systolic BP of 90mmHg unless a brain injury is suspected then SBP should be at least 110 mmHg. Consider IO insertion if two IV attempts are unsuccessful.
5. Rapid safe transport, contacting the receiving facility early
6. **Fentanyl** 50 mcg SLOW IV push. If no relief, you may repeat x 1 for total dose of 100mcg.
   Fentanyl 50 mcg IN, if unable to access IV. May repeat x 1 for total dose of 100 mcg.
7. **Zofran** 4mg IV over 2 minutes or IM for nausea and vomiting.
8. Contact Medical Control if there is a question whether the patient meets Level 1 or Level 2 trauma criteria.
9. **Contact receiving hospital as soon as possible**.

I

P

1. Continue ILS care
2. **Fentanyl** 50 mcg SLOW IV push. If no relief, you may repeat x 1 for total dose of 100mcg.
   Fentanyl 50 mcg IN, if unable to access IV. May repeat x 1 for total dose of 100 mcg. If fentanyl ineffective, give **Dilaudid** 0.5-1.0mg IV/IO over 2-5 minutes. May repeat in 5 minutes, max dose of 2mg. SBP must be >100mmHg.
3. **Consider Tranexamic Acid 1g in 100mL NS over 10 minutes for an unstable trauma patient with noncompressible bleeding. (See TXA SMO)**

P

Note: **Transports of 25 minutes or less for unstable trauma patients should be taken to a trauma center. Transports of more than 25 minutes for unstable trauma patients need to go to the closest hospital for stabilization. Make sure to keep all trauma patients warm.**