REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Routine Trauma Care and Overview

Overview: A trauma assessment needs to be completed on all trauma patients to identify and immediately correct life- threatening problems. This protocol is intended to provide the EMS Provider with guidelines to treat a trauma patient as effectively and soon as possible.

INFORMATION NEEDED

__ Patient age
__ Mechanism of injury
__ Pertinent medical History
__ Signs and symptoms
__ estimated time of injury
__ Modifying factors (E.g. drugs, alcohol, pregnancy, violence, etc)

OBJECTIVE FINDINGS

__ General appearance
__ Mental status (AVPU), skin signs, perfusion status
__ Respiratory rate, rhythm and pattern and work of breathing (patient positioning such as tripoding)
__ Multi-system blunt or penetrating trauma with unstable vital signs
__ Hemodynamic compromise

Specific Information

Penetrating Trauma and Assaults:

- Number of wounds
- Weapon description (if available)

Falls:

- Cause or precipitating factors
  - Mechanical, i.e. tripped, slipped, pushed or jumped.
  - Syncopal, i.e. fainted, dizziness, weakness, etc.
- Height and direction of fall
- Surface fallen upon
- Body part landed on
- Patient complaints

Vehicle Collisions:

- Estimated speed, force and trajectories.
- Type of vehicle(s) involved.
- Type of impact (head on, rollover, etc)
- Damage (passenger space intrusion, windshield, steering wheel, etc)
- Protective devices (airbags, lap belts and or shoulder harness, child seats, helmets) and damage sustained

- Patient complaints
- Patient movement since injury

TREATMENT

__ Scene safety, assess patient, prepare for rapid transport.
__ Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway with C-spine precautions.
__ Assess breathing, apply oxygen as indicated (100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or mental status changes. High flow via nonrebreather mask (10-15 L/min) if indicated. Assist ventilations with BVM and 100% oxygen if indicated.
__ Use Combi-tube as indicated.
__ Assess disability: AVPU, pupils and Glasgow Coma Scale
__ Control bleeding
__ Spinal immobilization
__ Remove clothing to expose injuries. Cover patient with a blanket to avoid hypothermia
__ Obtain SAMPLE history
__ Reassess ABC's including patient's color.
__ Reassess BLS methods to maintain airway patency and good ventilation.
__ For head trauma elevate head of spine board approximately 15-20 degrees
__ Prepare to suction
__ Splint fractures and bandage wounds, control bleeding. Check PMS where indicated..

Documentation of adherence to protocol:

__ Assessment, reassessment and vital signs documented
__ Administration of oxygen
__ C-spine assessment and precaution documented
__ Perfusion assessment documented
__ Spinal immobilization documented
__ Bleeding control and fracture assessment and care documented (including PMS).
__ Mechanism of injury and use of protective devices and damage.
__ Age of patient
__ Pertinent SAMPLE history

Medical Control Contact Criteria

__ Contact medical control for questions regarding patient care

PRECAUTIONS AND COMMENTS

- Complete airway assessment and intervention is necessary
- Contact EMS agency for transport
- Reassessment of critical patients should occur every 5 minutes.
- Trauma patients pose a significant risk for exposing pre-hospital personnel at the scene to blood and body fluids. Barrier precautions should be in place before arrival at the scene and BSI should be observed at all times
- Scene Safety is paramount.
- Minimal disturbance of crime scene should be considered.
- Consider pre-hospital activation of trauma team at receiving hospital

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Routine Trauma Care and Overview

Overview: A trauma assessment needs to be completed on all trauma patients to identify and immediately correct life- threatening problems. This protocol is intended to provide the EMS Provider with guidelines to treat a trauma patient as effectively and soon as possible.

INFORMATION NEEDED
__ Patient age
__ Mechanism of injury
__ Pertinent medical History
__ Signs and symptoms
__ estimated time of injury
__ Modifying factors (E.g. drugs, alcohol, pregnancy, violence, etc)

OBJECTIVE FINDINGS
__ General appearance
__ Mental status (AVPU), skin signs, perfusion status
__ Respiratory rate, rhythm and pattern and work of breathing (patient positioning such as tripoding)
__ Multi-system blunt or penetrating trauma with unstable vital signs
__ Hemodynamic compromise

Specific Information
Penetrating Trauma and Assaults:
- Number of wounds
- Weapon description (if available)

Falls:
- Cause or precipitating factors
  - Mechanical, i.e. tripped, slipped, pushed or jumped.
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- Height and direction of fall
- Surface fallen upon
- Body part landed on
- Patient complaints

Vehicle Collisions:
- Estimated speed, force and trajectories.
- Type of vehicle(s) involved.
- Type of impact (head on, rollover, etc)
- Damage (passenger space intrusion, windshield, steering wheel, etc)

- Protective devices (airbags, lap belts and or shoulder harness, child seats, helmets) and damage sustained
- Patient complaints
- Patient movement since injury

TREATMENT

__ Scene safety, assess patient, prepare for rapid transport.
__ Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway with C-spine precautions.
__ Assess breathing, apply oxygen as indicated (100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or mental status changes. High flow via nonrebreather mask (10-15 L/min) if indicated. Assist ventilations with BVM and 100% oxygen if indicated.
__ Intubate as indicated.
__ Assess disability: AVPU, pupils and Glasgow Coma Scale
__ Control bleeding
__ Spinal immobilization
__ Remove clothing to expose injuries. Cover patient with a blanket to avoid hypothermia
__ Obtain SAMPLE history
__ IV access with NS as needed
__ Reassess ABC's including patient's color.
__ Reassess BLS/ ALS methods to maintain airway patency and good ventilation.
__ For head trauma elevate head of spine board approximately 15-20 degrees
__ Prepare to suction
__ Splint fractures and bandage wounds, control bleeding. Check PMS where indicated..
__ Needle decompression if tension pneumothrax present
__ Fluid challenge if hypotension present and indicated. Re-evaluate patient when infused.

Documentation of adherence to protocol:

__ Assessment, reassessment and vital signs documented
__ Administration of oxygen
__ C-spine assessment and precaution documented
__ Perfusion assessment documented
__ Spinal immobilization documented
__ Bleeding control and fracture assessment and care documented (including PMS).
__ Mechanism of injury and use of protective devices and damage.
__ Age of patient
__ Pertinent SAMPLE history.
__ Intubation and IV access
__ Fluid intervention and reassessment findings

Medical Control Contact Criteria
__ Contact medical control for questions regarding patient care

PRECAUTIONS AND COMMENTS

- Complete airway assessment and intervention is necessary
- Contact EMS agency for transport
- Reassessment of critical patients should occur every 5 minutes.
- Trauma patients pose a significant risk for exposing pre-hospital personnel at the scene to blood and body fluids. Barrier precautions should be in place before arrival at the scene and BSI should be observed at all times
- Scene Safety is paramount.
- Minimal disturbance of crime scene should be considered.
- Consider pre-hospital activation of trauma team at receiving hospital
- In critical patients, IV therapy and the detailed assessment should be done while en route