REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Chest and Abdominal Trauma

Overview: In a trauma event that involves the chest and abdomen, rapid transport, assessment and history to identify treatable occult causes cannot be over emphasized.

INFORMATION NEEDED

__ Patient complaints: (chest discomfort, respiratory distress, neck discomfort, abdominal pain).
__ Pertinent past medical history (particularly cardiovascular and respiratory problems)
__ Mechanism of injury (blunt versus penetrating trauma)
__ Medications and possible pregnancy

OBJECTIVE FINDINGS

__ Physical signs of trauma and / or blood loss (wounds, bruising, paradoxical chest wall movement, rib cage or pelvis instability, crepitus, areas of tenderness, abdominal rigidity and guarding.
__ Neck veins, tracheal position, air leaks, breath sounds, heart sounds, pulse pressures, oxygen saturation, skin signs, and blood pressure in both arms.

TREATMENT

__ Be prepared for rapid transport
__ Assess patient, scene safety
__ Control airway. Use appropriate oxygen and airway adjuncts as needed, consider Combi-tube.
__ Control external bleeding with direct pressure
__ For open chest wound, secure with occlusive dressing
__ If evisceration present, cover with moist saline gauze dressing to prevent further contamination or drying.
__ Immobilize impaled objects to prevent further movement.
__ Routine Medical Care
__ Full immobilization as needed (If pregnant tilt spine board to the left)
__ Ensure adequacy of airway
__ Transport as soon as possible, consider ALS intercept

Documentation of adherence to protocol:

__ Mechanism of injury
__ Vital signs on arrival
__ Oxygen and airway interventions
__ Physical exam documented
__ Document interventions

PRECAUTIONS AND COMMENTS

- Chest injuries significant enough to cause respiratory distress are commonly associated with significant internal blood loss. Reassess frequently for signs and symptoms of hypovolemia.
- Significant chest and abdominal injury may occur without any external signs of injury,. Consider mechanism of injury and the forces involved and be highly suspicious of occult trauma.
- Ensure scene is safe
- Consider pre-existing medical causes of respiratory distress such as bronchospasm, pulmonary edema, or COPD

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

SMO: Chest and Abdominal Trauma

Overview: In a trauma event that involves the chest and abdomen, rapid transport, assessment and history to identify treatable occult causes cannot be over emphasized.

INFORMATION NEEDED

__ Patient complaints: (chest discomfort, respiratory distress, neck discomfort, abdominal pain).
__ Pertinent past medical history (particularly cardiovascular and respiratory problems)
__ Mechanism of injury (blunt versus penetrating trauma)
__ Medications and possible pregnancy

OBJECTIVE FINDINGS

__ Physical signs of trauma and / or blood loss (wounds, bruising, paradoxical chest wall movement, rib cage or pelvis instability, crepitus, areas of tenderness, abdominal rigidity and guarding.
__ Neck veins, tracheal position, air leaks, breath sounds, heart sounds, pulse pressures, oxygen saturation, skin signs, and blood pressure in both arms.

TREATMENT

__ Be prepared for rapid transport
__ Assess patient, scene safety
__ Control airway. Use appropriate oxygen and airway adjuncts as needed. Intubate as needed..
__ Control external bleeding with direct pressure
__ For open chest wound, secure with occlusive dressing.
__ Needle thoracotomy for tension pneumothorax
__ If evisceration present, cover with moist saline gauze dressing to prevent further contamination or drying.
__ Immobilize impaled objects to prevent further movement.
__ Routine Medical care, consider IV access. If hypotension (SBP <90) fluid challenge of 500ml of NS. Reassess and repeat as indicated
__ Full immobilization as needed (If pregnant tilt spine board to the left)
__ Ensure adequacy of airway
__ Transport as soon as possible

Documentation of adherence to protocol:

__ Mechanism of injury
__ Vital signs on arrival
__ Oxygen and airway interventions
__ Physical exam documented
__ Document airway, IV and / or needle decompression interventions.

Medical Control Contact Criteria

__ Contact Medical control if assistance is needed

PRECAUTIONS AND COMMENTS

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- Consider pre-existing medical causes of respiratory distress such as bronchospasm, pulmonary edema, or COPD