

# Routine Trauma Care

The following procedures will be utilized on all trauma emergencies requiring Prehospital Trauma Life Support (PHTLS)

- Ensure scene safety and BSI/PPE precautions<sup>1</sup>
- Determine number of patients and need for additional resources
- Determine mechanism of injury

## Trauma Center Absolutes

- GCS <14
- SBP <90 mmHg (<110 if > 65yo)
- RR <10 or >29 bpm (<20 if < 1 yo)
- Flail chest
- Penetrating injuries: head, neck, torso, extremities proximal to elbow/knee
- Pelvic fracture
- 2+ proximal long bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Open or depressed skull fracture
- Head trauma with increased risk of bleeding
- Paralysis
- High-energy electrical injury
- Traumatic burns
- Blast or explosion injury
- Hanging
- Falls
  - Adult >20 feet (two stories)
  - Child >10 feet (one story) or >2x child's height
- Motorcycle crash > 20mph
- Motor vehicle collision:
  - Passenger compartment intrusion >12 inches at patient site, >18 inches any site
  - Ejection (partial or complete)
  - Death in same passenger compartment
  - Vehicle telemetry data suggests high risk injury
- Auto v. pedestrian/bicyclist/ATV:
  - Thrown
  - Run over
  - Significant impact (>20mph)

## Perform primary survey<sup>2</sup> upon patient contact:

Vital Signs

EKG Monitor (12-Lead as needed)

**MARCH** if obvious external hemorrhage

Control exsanguinating hemorrhage

- Assess airway patency
- Evaluate mental status for ability to protect airway
- Provide supplemental oxygen as clinically indicated

- Listen bilaterally on lateral chest wall for breath sounds
- Place semi-occlusive dressing on open chest wounds
- Perform needle decompression for tension pneumothorax

Establish IV/IO Access with 2 large bore IVs<sup>3</sup>  
Saline Lock, Crystalloid, as indicated Place pelvic binder if hypotensive and pelvis is unstable Consider using **Traumatic Shock** protocol

**Consider Spinal Motion Restriction and Pain Management<sup>4</sup>**  
then  
**Continue treatment under appropriate Trauma protocol**

## MARCH

**M**assive hemorrhage  
**A**irway  
**R**espirations  
**C**irculation  
**H**ypothermia

**Vital Signs**  
(perform q5min)  
Blood Pressure  
Heart Rate  
Respiratory Rate  
SpO2  
etCO2  
GCS score  
Temperature  
Pain Scale

<sup>1</sup> Body substance isolation (BSI) and personal protective equipment (PPE): eye protection, face mask, gloves etc.

<sup>2</sup> See Trauma preambles for additional primary survey PEARLS

<sup>3</sup> IO access can replace one large bore IV in unstable patients where peripheral IV access cannot be obtained

<sup>4</sup> According to **Spinal Motion Restriction** and **Traumatic Pain Management** protocol