

Monterey County EMS System Policy

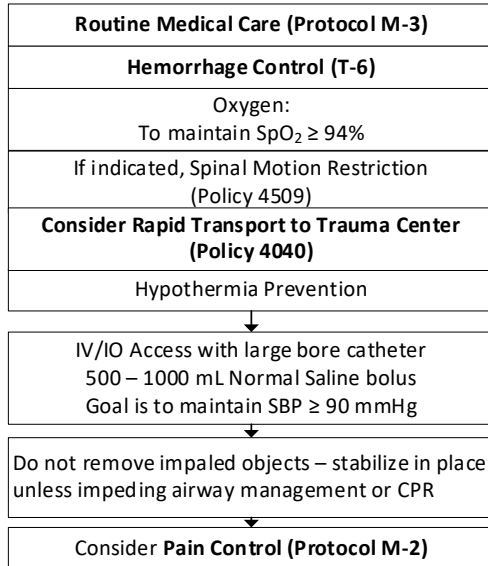


Protocol Number: T-4
Effective Date: 7/1/2024
Review Date: 6/30/2027

MAJOR TRAUMA PATIENT

ALS and BLS CARE

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Head/Facial Trauma

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| Airway/Breathing Management |
| <ul style="list-style-type: none"> • Remove loose teeth or dentures • Suction airway as needed • Do not intubate unless unable to manage with BLS airway measures • Do not hyperventilate • Use capnography to maintain ET/CO₂ between 35 and 45 mmHg |

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| Head injuries |
| <ul style="list-style-type: none"> • Elevate head of bed 30° unless contraindicated by hypotension • Maintain SBP > 90 mmHg • Do not hyperventilate • Administer 100% Oxygen |

Save avulsed teeth in saline soaked gauze

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| Eye Injuries |
| <ul style="list-style-type: none"> • Remove contact lenses • For suspected acid/alkali exposure – irrigate eyes thoroughly with sterile Normal Saline • Avoid direct pressure to eyes • Cover both eyes |

Neck/Spine Trauma

Cover neck wounds with an occlusive dressing if there is bubbling/gurgling or subcutaneous emphysema
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SMR only as indicated.

Tension Pneumothorax Perform Needle Thoracostomy
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Chest/Abdomen/Pelvis Trauma

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| Chest Trauma |
| <ul style="list-style-type: none"> • Suspected Tension Pneumothorax – Perform Needle Thoracostomy • Open Sucking Chest Wound – apply occlusive dressing using a chest seal or securing on 3 sides only • Flail Chest – Immobilize with padding/bulky dressings |

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| Abdominal Trauma |
| <ul style="list-style-type: none"> • Evisceration – Do not replace abdominal contents. Cover with sterile saline-soaked dressings • 3rd Trimester Pregnant patients should be in left lateral position or, if on a backboard, tilt backboard to left |

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| Pelvic Trauma |
| <ul style="list-style-type: none"> • Only assess pelvis once to limit additional injury • If possible, avoid log rolling patient • Suspected Unstable Pelvis – Apply commercial binder or bed sheet as binder <ul style="list-style-type: none"> - Goal = normal anatomic position of the pelvis - Do not over-reduce the injury |

Extremity Trauma

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| Amputations |
| <ul style="list-style-type: none"> • Wrap body part or tissue in sterile gauze moistened with sterile saline and place in a plastic bag or container • Place bag or container into another container filled with ice water • Do not allow body part or tissue to directly contact ice • All tissue or body parts should be transported with the patient to the hospital, but do not delay transport of patient for prolonged extrication of body parts or tissue. Transport separately if needed. |

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| Decreased/Absent CSM |
| <ul style="list-style-type: none"> • Manually reposition extremity into anatomical position • Re-Evaluate CSM – expedite transport if no change • Splint in anatomical position • Cover open wounds with sterile dressings |

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| Femur Fractures |
| <ul style="list-style-type: none"> • If isolated mid-shaft femur fracture suspected, use traction splint |

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| Dislocations/Other Fractures |
| <ul style="list-style-type: none"> • Splint in position found • Splint as patient condition and time permits |