Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of Traumatic Injuries

**Pertinent Findings**

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<th>Environment</th>
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<td>Mechanism of injury</td>
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<tr>
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<td></td>
<td>Seat belt / air bag / child seat</td>
<td>Swelling</td>
<td>Flail chest</td>
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<td>Helmet / protective equipment</td>
<td>Tenderness</td>
<td>Bleeding and/or hypovolemia</td>
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<td>Others injured or dead</td>
<td>Instability</td>
<td>Pericardial tamponade</td>
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<td>SAMPLE history</td>
<td>Crepitus</td>
<td>Pelvic or femur fracture</td>
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**Emergency Stabilization or Patient Management**

Do not delay transport with nonessential treatment of the nonentrapped, transport ready, critical trauma patient
Attempt to limit scene time to 10 minutes or less when Trauma Triage Criteria are met

**Suspected traumatic brain injury**
Increase ventilatory rate for unequal / fixed and dilated pupils and extensor posturing / no motor response:
- Adult: 20 breaths per minute
- Child: 25 breaths per minute
- Infant: 30 breaths per minute

**Impaled object**
Support and stabilize object in place
Remove only if interfering with the airway or with chest compressions

**Flail chest**
Assist ventilations as clinically indicated
Do not attempt to stabilize the flail segment by sandbagging, splinting, and/or swathing

**Eye injury**
Irrigate with saline as clinically indicated
Apply protective rigid shields bilaterally
Position patient as clinically indicated to meet physiologic requirements
### Emergency Stabilization or Patient Management (continued)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Instructions</th>
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</table>
| **Avulsed tooth**            | Handle tooth by the crown  
   *Do not touch any part of the tooth that normally exists below the gum line*  |
|                              | In the alert and cooperative patient, attempt to replace tooth in its socket  
   If unable, wrap in milk or normal saline soaked gauze sponge and transport |
| **Wound care**               | Dress and bandage abrasions, lacerations, avulsions, punctures and/or penetrations as clinically indicated |
|                              | Dress open pneumothorax with occlusive dressing  
   *Briefly remove to release pressure when clinically indicated by signs of tension pneumothorax* |
|                              | Dress evisceration with saline soaked dressing  
   *Do not intentionally replace evisceration* |
|                              | Rinse exposed bone with saline and dress with saline soaked gauze sponge or non-adherent dressing  
   *Do not intentionally allow exposed bone to retract* |
|                              | Dress injured genitalia with saline soaked dressing, applying direct pressure to control bleeding  
   Rinse amputation in saline, wrap in saline soaked dressing, bag, indirectly place on ice, and transport |
| **Fracture or dislocation**  | *Assess distal neurovascular functions using PMS (pulse, motor, sensation) before and after manual stabilization* |
|                              | Manually stabilize and/or splint fractures and dislocations as found  
   *Do not intentionally allow exposed bone to retract and do not intentionally reduce dislocation* |
|                              | *Assess distal neurovascular functions using PMS (pulse, motor, sensation) before and after manipulation/splinting* |
|                              | Return grossly angulated extremity fractures to the anatomic position as clinically indicated  
   *Use gentle traction* |
|                              | Splint fractures as clinically indicated |
|                              | Stabilize and/or splint mid-shaft femur fractures using a traction splint as clinically indicated |
|                              | Splint dislocations as found |
|                              | Contact a base hospital (BH) for any fracture or dislocation with neuro and/or vascular compromise |
| **Amputation**               | Rinse amputated body part(s) with normal saline  
   Wrap with saline soaked dressing  
   Place in a bag  
   Keep part(s) cool but don’t place directly on ice |
| **Pain management**          | Apply disposable cold pack(s) as clinically indicated for pain associated with traumatic injury |
**Emergency Stabilization or Patient Management (continued)**

Fentanyl slow IV/IO push or IM/IN  
(may substitute Morphine Sulfate slow IV/IO push or IM)  
For pain associated with isolated traumatic injury to an extremity or the appendicular skeleton  
While systolic BP remains greater than 90 mmHg  
See the REMSA Calculation Chart for concentration, and patient specific dosage and volume  
May repeat once  
**Further repetition requires a base hospital order (BHO)**  
**Administration of more than one opioid requires a base hospital physician order (BHPO)**

**Crush injuries**

0.9% Normal Saline IV/IO bolus  
For suspected hyperkalemia associated with crush injuries  
See the REMSA Calculation Chart for concentration, and patient specific dosage and volume  
May repeat as clinically indicated  
**Use a volume control chamber IV set during pediatric administration**

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**Return to Universal Patient Treatment Protocol**

*For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management*

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***** ***** Base Hospital Orders ***** *****

Initiate, repeat, or modify standing orders within scope of practice  
As ordered  
For traumatic injuries

Albuterol 0.083% HHN or in-line with a ventilatory device; or MDI when equipped  
As ordered  
For suspected hyperkalemia associated with crush injuries

Calcium Chloride 10%  
As ordered  
For suspected hyperkalemia associated with crush injuries

Midazolam (may substitute Lorazepam or Diazepam)  
As ordered  
For anxiety associated with traumatic injury

Morphine Sulfate (may substitute Fentanyl)  
As ordered  
For pain associated with traumatic injury other than isolated traumatic injury to an extremity

Sodium Bicarbonate 8.4%  
As ordered  
For suspected hyperkalemia associated with crush injuries

Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination  
As ordered  
**Mode of transport is an operational decision**