

Trauma Assessment/Treatment Guidelines 705.01

- I. Purpose: To establish a consistent approach to the care of the trauma patient
 - A. Rapid trauma survey
 1. Airway
 - a. Maintain inline cervical stabilization
 - 1) Follow spinal precautions per VCEMS Policy 614
 - b. Open airway as needed
 - 2) Utilize a trauma jaw thrust to maintain inline cervical stabilization if indicated
 - c. Suction airway if indicated
 2. Breathing
 - a. Assess rate, depth and quality of respirations
 - b. If respiratory effort inadequate, assist ventilations with BVM
 - c. Insert appropriate airway adjunct if indicated
 - d. Assess lung sounds
 - e. Initiate airway management and oxygen therapy as indicated
 - 1) Maintain SpO₂ ≥ 94%
 3. Circulation
 - a. Assess skin color, temperature, and condition
 - b. Check distal/central pulses and capillary refill time
 - c. Control major bleeding
 - d. Initiate shock management as indicated
 4. Disability
 - a. Determine level of consciousness (Glasgow Coma Scale)
 - b. Assess pupils
 5. Exposure
 - a. If indicated, remove clothing for proper assessment/treatment of injury location. Maintain patient dignity
 - b. Maintain patient body temperature
 - B. Detailed physical examination
 1. Head
 - a. Inspect/palpate skull
 - b. Inspect eyes, ears, nose and throat
 2. Neck
 - a. Palpate cervical spine
 - b. Check position of trachea
 - c. Assess for jugular vein distention (JVD)
 3. Chest
 - a. Visualize, palpate, and auscultate chest wall

4. Abdomen/Pelvis
 - a. Inspect/palpate abdomen
 - b. Assess pelvis, including genitalia/perineum if pertinent
5. Extremities
 - a. Visualize, inspect, and palpate
 - b. Assess Circulation, Sensory, Motor (CSM)
6. Back
 - a. Visualize, inspect, and palpate thoracic and lumbar spines

C. Trauma care guidelines

1. Head injuries
 - a. General treatments
 - 1) Evaluate head and face – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Elevate head 30° unless contraindicated
 - 3) Do not attempt to intubate head injured patients unless unable to manage with BLS airway measures
 - 4) Do not delay transport if significant airway compromise
 - b. Penetrating injuries
 - 1) DO NOT REMOVE IMPALED OBJECT (unless airway obstruction is present)
 - 2) Stabilize object manually or with bulky dressings
 - c. Facial injuries
 - 1) Assess airway and suction as needed
 - 2) Remove loose teeth or dentures if present
 - d. Eye injuries
 - 1) Remove contact lenses
 - 2) Irrigate eye thoroughly with suspected acid/alkali burns
 - 3) Avoid direct pressure
 - 4) Cover both eyes
 - 5) Stabilize any impaled object manually or with bulky dressing
2. Spinal cord injuries
 - a. General treatments
 - 1) Evaluate spinal column – maintain high index of suspicion for injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Place patient in supine position if hypotension is present

- b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - 3) In the presence of isolated penetrating injuries, spinal motion restriction is contraindicated
- c. Neck injuries
 - 1) Monitor airway
 - 2) Control bleeding if present
- 3. Thoracic Trauma
 - a. General treatments
 - 1) Evaluate chest – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Keep patients sitting high-fowlers
 - a. In the presence of isolated penetrating injuries, spinal motion restriction is contraindicated
 - 3) Goal of fluid resuscitation is to maintain SBP of ≥ 80 mmHg. If SBP > 80 mmHg, then maintain IV/IO at TKO rate
 - a) Maintain palpable peripheral pulses
 - 4) Tranexamic Acid – For patients 15 years of age and older as indicated in VCEMS Policy 734
 - b. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - a) Remove object if CPR is interfered
 - b) Stabilize object manually or with bulky dressings
 - c) Control bleeding if present
 - c. Flail Chest/Rib injuries
 - a) Assist ventilations if respiratory status deteriorates
 - d. Pneumothorax/Hemothorax
 - a) Keep patient sitting high-fowlers
 - b) Assist ventilations if respiratory status deteriorates1.
 - 1) Suspected tension pneumothorax should be managed per VCEMS Policy 715
 - e. Open (Sucking) Chest Wound
 - a) Place an occlusive dressing to wound site, secure on 3 sides only or place a vented chest seal.
 - b) Assist ventilations if respiratory status deteriorates

- f. Cardiac Tamponade – If suspected, expedite transport
 - a) Beck's Triad
 - 1) Muffled heart tones
 - 2) JVD
 - 3) Hypotension
 - g. Traumatic Aortic Disruption
 - a) Assess for quality of radial and femoral pulses
 - b) If suspected, expedite transport
- 4. Abdominal/Pelvic Trauma
 - a. General Treatments
 - 1) Evaluate abdomen and pelvis – maintain high index of suspicion for internal injury if significant mechanism of injury is present or physical examination is remarkable for findings
 - 2) Goal of fluid resuscitation is to maintain SBP of ≥ 80 mmHg. If SBP > 80 mmHg, then maintain IV/IO at TKO rate
 - a) Maintain palpable peripheral pulses
 - 3) Tranexamic Acid – For patients 15 years of age and older as indicated in VCEMS Policy 734
 - b. Blunt injuries
 - 1) Place patient in supine position if hypotension is present
 - c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECT
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - d. Eviscerations
 - 1) DO NOT REPLACE ABDOMINAL CONTENTS
 - a) Cover wound with saline-soaked dressings
 - 2) Control bleeding if present
 - e. Pregnancy
 - 1) Place patient in left-lateral position to prevent supine hypotensive syndrome
 - f. Pelvic injuries
 - 1) Consider wrapping a bed sheet tightly around the pelvis and tying it together for use as a binder to help control internal bleeding
 - a) Assessment of pelvis should be only performed **ONCE** to limit additional injury
 - 2) Control bleeding if present
 - 3) If possible, avoid log rolling patient.

4. Extremity Trauma
 - a. General Treatments
 - 1) Evaluate CSM distal to injury
 - a) If decrease or absence in CSM is present:
 - (1) Manually reposition extremity into anatomical position
 - (2) Re-evaluate CSM
 - b) If no change in CSM after repositioning, splint in anatomical position and expedite transport
 - c) Cover open wounds with sterile dressings
 - d) Place ice pack on injury area (if closed wound)
 - e) Splint/elevate extremity with appropriate equipment
 - f) Uncontrolled hemorrhage: Tranexamic Acid – For patients 15 years of age and older as indicated in VCEMS Policy 734
 - b. Dislocations
 - 1) Splint in position found with appropriate equipment
 - c. Penetrating injuries – DO NOT REMOVE IMPALED OBJECTS
 - 1) Stabilize object manually or with bulky dressings
 - 2) Control bleeding if present
 - d. Femur fractures
 - 1) Utilize traction splint only if isolated mid-shaft femur fracture is suspected
 - 2) Assess CSM before and after traction splint application
 - e. Amputations
 - 1) Clean the amputated extremity with NS
 - 2) Wrap in moist sterile gauze
 - 3) Place in plastic bag
 - 4) Place bag with amputated extremity into a separate bag containing ice packs
 - 5) Prevent direct tissue contact with the ice packs

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A handwritten signature in blue ink, appearing to read "Dr. S. M.", is positioned above a horizontal line.

VCEMS Medical Director