4.04 CHEST, ABDOMINAL, AND PELVIC TRAUMA

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness, NPO, **Oxygen**

If applicable:

- Stabilize spine and any suspected fractures, bandage wounds
- Bandage wounds and control bleeding with direct pressure.
- Stabilize impaled objects with bulky damp dressing.
- If open chest wounds with air leak, apply occlusive dressing.
- Cover any exposed eviscerated organs with moist saline gauze.

See **Protocol 5.01 Trauma in the Obstetric Patient** for pregnancy 20 weeks or greater

ALS

Advanced airway management as indicated, establish IV access

Follow **Policy 3020 Field to Hospital** for report formats to the trauma center.

Hemodynamically stable?

- **No** → **Normal Saline**
  500mL bolus IV/IO if lungs are clear.
  Reassess and repeat if indicated.
- **Yes** → **Nausea?**

Nausea?

Ondansetron
4 mg slow IVP/IM over 2-5 minutes
- or -
4 mg ODT PO
All routes q20min up to total dose 12 mg PRN

Pain?

- Pain score 1-3
  - **Ibuprofen**
    600 mg PO x 1 dose
  - **Ketorolac**
    Dose: 15 mg IV/IO bolus x1 dose
    --or--
    30 mg IM x1 dose
- Pain score 4-10
  - **Ketamine**
    IV/IO 0.25mg/kg in 100 mL of NS/D5W slow infusion over 10 minutes
    -or-
    IN 0.5 mg/kg
    Max dose for all routes is 30mg. Repeat dosing every 20 minutes, up to 2 doses
    WITH BASE CONTACT
  - **OR**
  - **Fentanyl**
    50 mcg IV/IO slow IV push (over 1 minute).
    May be repeated every 5 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.
    --or--
    100 mcg IN or IM (IN preferred).
    May be repeated every 10 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

Mandatory reporting of any incident of suspected abuse to emergency department staff

Contact Base for repeat doses of pain medications.

Effective: 10/01/24
Supersedes: 03/01/15

4.04 CHEST, ABDOMINAL AND PELVIC TRAUMA

BLS Treatment

- Assess **Vital Signs**, ABC's and responsiveness, NPO, apply **Oxygen** as needed
- If applicable:
- Stabilize spine and any suspected fractures
- Bandage wounds and control bleeding with direct pressure.
- If open chest wounds with air leak, apply occlusive dressing.
- Cover any exposed eviscerated organs with moist saline gauze.
- See **Protocol 5.01 Trauma in the Obstetric Patient** for pregnancy 20 weeks or greater

ALS Treatment

- Advanced airway management as indicated, establish IV access
- Follow **Policy 3020 Field to Hospital** for report formats to the trauma center.
- **If hemodynamically unstable:**
- **Normal Saline** 500mL bolus IV/IO if lungs are clear. Reassess and repeat if indicated.
- **Nausea:**
- **Ondansetron** 4 mg slow IVP/IM over 2-5 minutes or 4 mg ODT PO
- All routes q20 minutes up to total dose 12 mg PRN
- **Pain score 1-3:**
- **Ibuprofen** 600 mg PO x 1 dose
- **Ketorolac** Dose: 15 mg IV/IO bolus x1 dose or 30 mg IM x 1 dose
  Pain score 4-10:
  Ketamine IV/IO 0.25 mg/kg in 100ml of NS/D5W slow infusion over 10 minutes or IN 0.5 mg/kg
  Max dose for all routes is 30 mg
  Repeat dosing every 20 minutes, up to 2 doses WITH BASE CONTACT
  OR
- **Fentanyl** 50 mcg IV/IO slow IV push (over 1 minute). May be repeated every 5 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.
- -- or--
  100 mcg IN or IM (IN preferred). May be repeated every 10 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.

Comments

- Mandatory reporting of any incident of suspected abuse to emergency department staff.
- Contact Base for repeat doses of pain medications.