4.01 GENERAL TRAUMA ASSESSMENT

BLS – FAQ Link

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

If applicable:

- Stabilize spine and any suspected fractures, bandage wounds, place amputated extremitie(s) in a plastic bag on ice/cold pack
- Apply combat gauze (ex. "Quick Clot") for excessive bleeding with signs of shock.
- 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.
- *For pregnancy > 20 weeks, place in left lateral position or manually displace uterus. (If spinal motion restriction initiated, tilt spine board to the left or manually displace uterus)*

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**
  500 mL 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.

4.01 GENERAL TRAUMA ASSESSMENT

BLS Treatment

- Assess **Vital Signs**, ABC's and responsiveness, NPO, **Oxygen**
  If applicable:
- Stabilize spine and any suspected fractures, bandage wounds, place amputated extremitie(s) in a plastic bag on ice/cold pack
- Apply combat gauze (ex. "Quick Clot") for excessive bleeding with signs of shock.
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- For pregnancy > 20 weeks, place in left lateral position or manually displace uterus. (If spinal motion restriction initiated, tilt spine board to the left or manually displace uterus)

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 4mg 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 x 1 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 0.5mg/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.
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  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.