General Trauma

This protocol should be followed for severely injured patients meeting trauma triage guidelines and methodology, including chest injuries, and patients with symptoms of spinal cord injury, along with extremity weakness, numbness, or sensory loss. It consists of assessment, stabilization, extrication, initiation of resuscitation, and rapid transportation to the closest appropriate trauma facility.

GENERAL TRAUMA MANAGEMENT

1. Follow **General Pre-Hospital Care-Treatment Protocol**.
2. Stabilize spinal column while opening the airway, determine level of consciousness. Refer to **Spinal Injury Assessment-Treatment Protocol**.
3. Manage airway and ventilation per **Airway Management-Procedure Protocol**. Avoid Hyperventilation/Hyperoxygenation.
4. Control major external bleeding. Refer to **Bleeding Control (BCON)-Treatment Protocol.**
5. If signs of shock are present, refer to **Shock-Treatment Protocol**.
6. Refer to **Mass Casualty Incidents-Special Operations Protocol** if appropriate.
7. Determine if the patient is taking blood thinners and document the results in the PCR.
8. Initiate transport according to the **Adult/Pediatric Trauma Triage-Treatment Protocol** or refer to applicable MCA Transport Protocol.
9. Alert receiving hospital as soon as appropriate. Include pertinent trauma triage criteria.
10. Obtain vascular access (in a manner that will not delay transport).
11. Refer to **Pain Management-Procedure Protocol**.

CHEST INJURY

1. Control hemorrhage per **Bleeding Control (BCON)-Treatment Protocol** and **Soft Tissue and Orthopedic Injuries-Treatment Protocol** and **Bleeding Control-Treatment Protocol**.
2. Assess, monitor, and treat life threatening respiratory problems.
   A. Administer high-flow oxygen. *Avoid positive pressure ventilation if possible.*
   B. Cover open and/or sucking chest wounds with an occlusive dressing or an FDA approved, MCA authorized commercial device.
      1. Release dressing if worsened shortness of breath, or signs of tension pneumothorax.
3. If tension pneumothorax suspected, perform needle decompression per **Pleural Decompression-Procedure Protocol.**

ABDOMINAL INJURY

1. Cover intestinal eviscerations with a sterile dressing moistened with sterile saline or water; cover the area with an occlusive material (aluminum foil or plastic wrap). Cover the area with a towel or blanket to keep it warm. Transport with knees slightly bent, if possible. DO NOT PUSH VISCERA BACK INTO ABDOMEN.
2. If signs of shock see **Shock-Treatment Protocol** and/or **Hemorrhagic Shock-Treatment Protocol**

HEAD INURY

1. Avoid hypo or hyper ventilation. See **Head Injury-Treatment Protocol**