

SIERRA-SACRAMENTO VALLEY EMS AGENCY ALS PROTOCOL – MEDICAL EMERGENCY

TRAUMA
REFERENCE NO. T-1

SUBJECT: GENERAL TRAUMA MANAGEMENT

PROCEDURAL PROTOCOL:

1. **PATENT AIRWAY** - establish and secure. Administer **Oxygen** at high flow rate. Be prepared to support ventilation with appropriate airway adjuncts. If Glasgow Coma Scale is < 9, ventilate patient with 100% oxygen and consider advanced airway management.

2. **SPINE IMMOBILIZATION** – **This policy is not intended to authorize removal of spinal immobilization once in place.** Spinal immobilization should be implemented for any patient with a history of trauma, or found in the setting of trauma, who meets **any** of the following criteria:
 - a. Multi-system trauma
 - b. Unreliable history & physical
 - Altered mental status (i.e. dementia or delirium)
 - Drugs or alcohol
 - Distracting injury in association with trauma
 - Language barrier
 - Extremes of age < 6 or > 65
 - c. Spinal pain or tenderness, including any neck pain with a history of trauma
 - d. Any neurological deficit (i.e. numbness or weakness in any extremity after trauma)

PREGNANCY -Transport patient on long board. Place a towel roll under right side of the long board to elevate right hip six (6) to eight (8) inches higher than left hip.

If contractions, abdominal pain, or vaginal bleeding occurs, notify base hospital immediately so that appropriate personnel can be mobilized to evaluate the patient(s).

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Approved:

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- If delivery is imminent, refer to childbirth protocol.
3. **TRANSPORT** as soon as possible. Ideally, scene times for critical trauma should not exceed 10 minutes.
 4. **IV or IO** - initiate large bore IV or IO of Normal Saline via blood administration or macrodrip tubing on all patients meeting critical trauma criteria.

If systolic blood pressure is less than 100 mmHg or, if thoracic or abdominal pain is present, initiate second line of Normal Saline solution with large bore IV (preferably 16 gauge).

All IV or IO access should be initiated en route, unless a second ALS prehospital care provider is available to initiate an IV or IO, and establishment of the IV or IO will not result in a delay of transport, or if there is a delay on-scene.

5. **CONTACT BASE HOSPITAL**

CONTINUOUS QUALITY IMPROVEMENT - It is the intent of S-SV EMS Agency to implement continuous review of selective spinal immobilization. All receiving hospitals within the S-SV EMS Region will be required to submit data on patients with diagnosis codes pertaining to spinal injury, when requested by the EMS Agency.

CROSS REFERENCES:

Policy and Procedure Manual

Trauma Triage Criteria, Reference No. 860

Continuous Quality Improvement process, Reference 620