

# TRAUMATIC EMERGENCIES

## Critical Trauma **T1**

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### TRAUMA PATIENTS

*Confirmed critical trauma patients shall be transported directly to a trauma center - patients with unmanageable airways go to the closest appropriate facility.*

#### Physiologic Criteria:

- < CRAMS of 7 or less in the presence of an anatomic factor and/or mechanism of injury.

#### Anatomic Injury Factor Criteria:

- < Penetrating injury to the head, neck, thorax (chest, back), abdomen, pelvis or groin
- < Evidence of two or more long bone fractures (humerus and/or femur)
- < Traumatic paralysis
- < Amputation above the wrist or ankle
- < Major burns in association with trauma

Patients who have a **mechanism of injury** (see listing in **T2, Non-Critical Trauma Patients**) likely to cause major injury, but who are not exhibiting signs of physiologic deterioration are considered possible critical trauma patients. **These patients require a trauma destination decision by the trauma base hospital prior to transport via air or ground,** even if the injury was sustained several hours prior to ambulance arrival.

### CONFIRMED CRITICAL TRAUMA PATIENTS

1. Ensure a patent airway
  - Airway management/support with spinal immobilization/precautions: Needle cricothyrotomy may be indicated in unmanageable airway.
  - **OXYGEN** - high flow. Be prepared to support ventilations as needed
  - Immobilization of the head, cervical/thoracic/lumbar spine with the body secured to the backboard/scoop stretcher
2. LOAD AND GO PROTOCOL
3. Place splints/cold packs on injuries and dressings/pressure on bleeding sites as needed
4. Consider:
  - Advanced airway management with in-line cervical immobilization
  - Evaluate for tension pneumothorax or pericardial tamponade
5. **IV ACCESS** – two (2) large bore IVs en route
6. Consider:
  - 250-500 cc fluid challenge, recheck vitals
7. Consider: If GCS is less than 15
  - Test **BLOOD GLUCOSE** level
  - **DEXTROSE 50%** 25 gm IVP if blood glucose level less than 60
8. Consider:
  - For relief of extremity pain in the absence of head or torso trauma, hypotension (BP < 100) or poor perfusion or altered level of consciousness, **MORPHINE SULFATE** 2-10mg IVP in 2-4 mg increments. Titrate to pain relief and systolic BP > 100. Avoid use with patients with drug or alcohol intoxication.
9. **Contact Trauma Base Hospital** - give a brief patient presentation
10. Cardiac monitor
11. Trauma Base Hospital update of patient status, completion of patient assessment, repeat vital signs

# TRAUMATIC EMERGENCIES

## Non-Critical Trauma - T2

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### NON-CRITICAL TRAUMA PATIENTS

*Patients meeting mechanism of injury criteria who are triaged by trauma base hospital as non-critical trauma patients.*

#### Mechanism of Injury Criteria:

- < Evidence of high energy dissipation or rapid deceleration which may include:
  - C vehicle rollover with unrestrained occupant
  - C major damage to vehicle
  - C intrusion of passenger space by 12 inches or more
  - C impact of 40 mph or greater
  - C death of occupant in same passenger space
  - C persons requiring disentanglement from a vehicle
- < Adult hit by vehicle traveling faster than 15 mph
- < Child less than 14 years old hit by vehicle
- < Persons ejected from a moving object (motorcycle, horse, etc.)
- < Fall greater than or equal to 15 feet
- < Significant blunt injury to the head, neck, thorax (chest/back), abdomen or pelvis as a result of any of the above, or as a result of assault or other forcible encounter with a blunt object
- < Penetrating injury to the extremities (above the knee or elbow)

1. Ensure a patent airway
  - Airway management/support with spinal immobilization/precautions as needed
  - **OXYGEN** - high flow. Be prepared to support ventilations as needed
  - Immobilization of the head, cervical/thoracic/lumbar spine with the body secured to the backboard/scoop stretcher as needed
2. Contact Trauma Base Hospital for trauma destination decision
3. Assess extremities for pulses, circulation, motor function and sensation
4. Place splints/cold packs and dressings/pressure on bleeding sites as needed
5. **IV ACCESS** – TKO
6. Consider: If GCS is less than 15
  - Test **BLOOD GLUCOSE** level
  - **DEXTROSE 50%** 25 gm IVP if blood glucose level less than 60
7. Cardiac monitor
8. Consider:
  - For relief of extremity pain in the absence of head or torso trauma, hypotension (BP < 100) or poor perfusion or altered level of consciousness, **MORPHINE SULFATE** 2-20mg IVP in 2-4 mg increments. Titrate to pain relief and systolic BP > 100. Avoid use with patients with drug or alcohol intoxication.
9. **Contact Base Hospital if any questions or additional therapy is required**