

Trauma Emergencies

T-5 and T-6 Specific Treatments

T-5 ABDOMINAL TRAUMA

IMPALED OBJECT

- Attempt to stabilize the object
- If object interferes with CPR, consult Base Hospital

EVISцерATING TRAUMA

- Cover eviscerated organs with sterile, saline-soaked gauze
- DO NOT replace organs in the abdominal cavity

GENITAL INJURY

- Cover genitals with sterile, saline-soaked gauze
- Treat amputated parts per extremity amputations
- Apply direct pressure as needed to control active bleeding

T-6 Extremity Trauma/Amputation

Return extremity to anatomic position, if possible and resistance/pain allows.

If extremity is dislocated, splint in position found.

Control bleeding with direct pressure.

If bleeding cannot be controlled by direct pressure, use Protocol T-6-A: Use of Tourniquet for Hemorrhage Control.

Cover open fractures with sterile, saline-soaked gauze

If partial amputation, splint in anatomic position and elevate

COMPLETE AMPUTATION

- Place amputated part in a dry, sterile, sealed container or bag. Place container/bag in a second container on ice if available.
- DO NOT place part directly on ice or in water.
- Elevate the involved extremity and attempt to achieve homeostasis.

For Isolated Extremity Injury (including hip and shoulder)

Morphine Sulfate 4mg SLOW IV/IO/IM q 5 minutes
max dose 16mg

OR

Fentanyl 50mcg SLOW IV/IO/IN/IM q 5 minutes
max dose of 200mcg

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation where a base hospital physician CANNOT be contacted for orders, Solano County Paramedics MAY NOT utilize the portions of this protocol requiring base physician orders AND must transport to the closest receiving facility.