

Trauma Emergencies

T-2 – T-4 Specific Treatments

T-2 Traumatic Cardiac Arrest

- Consider field pronouncement per Policy 6155, Resuscitation Guidelines
- CPR with emphasis on good quality chest compressions
- Treat cardiac dysrhythmias per specific Cardiac Protocols
- Control external hemorrhage using direct pressure, tourniquets, or hemostatic dressings
- Perform a needle thoracostomy if tension pneumothorax is suspected

T-3 Head and Spinal Trauma

- Stabilize airway
- Spinal Motion Restriction per Policy 6611
- Hyperventilate patients with signs of cerebral herniation
- Assess for and remove all foreign body airway obstructions. If the foreign body cannot be removed, perform a needle cricothyrotomy per Protocol S-4.
- Control external hemorrhage using direct pressure or hemostatic dressings. Do not use a tourniquet on head or neck hemorrhaging.

T-4 Chest Trauma

Impaled Object

- Stabilize the object. Do not remove the object unless it interferes with CPR.

Flail Chest

- Stabilize the chest wall
- Support ventilations and stabilize the airway
- Assess for signs of tension pneumothorax

Open Chest Wound

- Cover the wound with an occlusive dressing
- Assess for signs of tension pneumothorax

Tension Pneumothorax

- Treat per Protocol S-1

Cardiac Tamponade/Contusion

- Assess for life threatening cardiac dysrhythmias
- Treat cardiac dysrhythmias per specific Cardiac Protocols

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.