

<b>GENERAL TRAUMA – ATTACHMENT A</b>	
<b>ADULT</b>	<b>PEDIATRIC (≤34 KG)</b>
<b>BLS TRAUMA PROTOCOL ATTACHMENT</b>	
<b>FACIAL TRAUMA</b>	
<b>Head Injuries</b>	
<ul style="list-style-type: none"> <li>• Hemorrhage – direct pressure and dressings or approved hemostatic dressings</li> </ul>	
<b>Eye Injuries</b>	
<ul style="list-style-type: none"> <li>• Trauma/foreign body                             <ul style="list-style-type: none"> <li>○ Cover both eyes with dressings – avoid direct pressure</li> <li>○ Do not remove foreign body or impaled object – stabilize with bulky dressings</li> </ul> </li> <li>• Chemical Contamination – Acid or alkali                             <ul style="list-style-type: none"> <li>○ Flush continuously with Normal Saline for at least 15 min or until arrival at the hospital</li> <li>○ Remove contact lenses if possible</li> </ul> </li> </ul>	
<b>Avulsed Teeth</b>	
<ul style="list-style-type: none"> <li>• Place in saline gauze and transport with patient</li> </ul>	
<b>IMPALED OBJECTS</b>	
<ul style="list-style-type: none"> <li>• Immobilize the object to prevent further movement</li> </ul>	
<b>TORSO INJURIES</b>	
<b>Penetrating wound</b>	
<ul style="list-style-type: none"> <li>• Use chest seal device or occlusive dressing</li> </ul>	
<b>Flail Chest</b>	
<ul style="list-style-type: none"> <li>• Support flail segment and monitor respirations</li> </ul>	
<b>ABDOMINAL INJURIES</b>	
<b>Evisceration</b>	
<ul style="list-style-type: none"> <li>• Cover with moist saline dressing</li> </ul>	
<b>PREGNANCY</b>	
<ul style="list-style-type: none"> <li>• If &gt; 20 weeks pregnant place in left lateral position for transport</li> </ul>	
<b>EXTREMITY INJURIES</b>	
<b>Fractures</b>	
<ul style="list-style-type: none"> <li>• Splint with traction or other splinting devices after gentle realignment as indicated – see Notes</li> <li>• Neurovascular Compromise – attempt to place in anatomic position – checking for pulses and sensation pre/post alignment</li> <li>• Cover open wounds with sterile dressing</li> </ul>	
<b>Dislocation</b>	
<ul style="list-style-type: none"> <li>• Splint in position found</li> </ul>	
<b>Amputation</b>	
<ul style="list-style-type: none"> <li>• Wrap amputated part in dry dressing and place in waterproof container/bag. Place on ice/cooling pack (do not freeze) and transport with patient.</li> <li>• Bandage wound and moisten with sterile saline</li> </ul>	
<b>Mangled extremity</b>	
<ul style="list-style-type: none"> <li>• Check for distal pulses and sensation before and after splinting</li> <li>• Stabilize/splint after gentle realignment</li> <li>• Cover with clean/sterile dressing</li> <li>• See Hemorrhage Control Policy #706 for persistent or uncontrolled venous or arterial bleeding</li> </ul>	

<b>ALS Procedures</b>	
See General Trauma Protocol #660	
<b>Base Hospital Orders Only</b>	
• As needed	• As needed
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• With multiple chest wounds consider chest seal devices or occlusive dressings</li> <li>• Padded box splints for simple fractures preferred (facilitates imaging)</li> <li>• Confirm and mark distal pulses before and after splinting, traction and patient movement</li> <li>• Traction splints for isolated mid-shaft femur fractures without pelvic pain (closed or open)</li> <li>• Remove rings or other items that may cause constriction</li> </ul>	