

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 800.03
TRAUMA:
TRAUMA TREATMENT**

**ORIGINAL ISSUE 5/08
LATEST REVISION 3/14**

Pre-Hospital Actions:

1. Spinal immobilization as indicated by the Spine Injury Protocol.
2. Check ABC's and treat as needed. Assess for and treat airway obstruction. Administer oxygen and assist ventilation as necessary. Control hemorrhage with direct pressure, hemostatic gauze or tourniquet as needed. Correct tension pneumothorax, and seal any open chest wounds. Once a chest wound is sealed, monitor for the development of tension pneumothorax.
3. Initiate transport as indicated in the Trauma Classification Criteria Protocol. Maximum on scene time shall be less than 10 minutes unless extrication or rescue problems exist.
4. IV access should be obtained with 2 large-bore catheters. Do not delay transport to obtain vascular access. Give fluid boluses of 20cc/kg until adequate peripheral perfusion has been obtained and adequate LOC is achieved and maintained. Patients suffering penetrating trauma may do better if resuscitated only to the point where their SBP > 90. Use caution to avoid administering more fluid than is necessary.
5. Perform ongoing assessment including physical exam, VS, EKG, cardiac monitoring, and oxygen saturation. Continuously monitor for life threatening conditions and treat as necessary.
6. Contact Medical Direction and report the information necessary to activate the trauma service.

STANDARD PRECAUTIONS MUST BE OBSERVED.