



GENERAL INJURY AND TRAUMA – ADULT/ADOLESCENT

ALS STANDING ORDERS:

AUTO ACCIDENT WITH AIRBAG DEPLOYMENT:

1. For eye irritation, brush off any powder around upper face and irrigate copiously with water.
→Ask patient if wearing contact lenses and if yes, ask patient to remove lenses if still in place.
2. Pulse oximetry; if oxygen saturation less than 95% give:
▶ *High-flow oxygen by mask; or nasal cannula at 6 l/min flow rate as tolerated.*
3. For respiratory distress with wheezes, administer *albuterol*:
▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*
4. Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30)
5. If does not meet Trauma Triage Criteria, transport to nearest available ERC (ALS escort if Albuterol required for stabilization).

EXTERNAL BLEEDING / HEMORRHAGE:

1. Apply direct pressure to bleeding site to control blood loss
 - For continued bleeding after application of direct pressure, consider use of approved hemostatic dressing.
 - Use of a tourniquet is appropriate when upper or lower extremity hemorrhage cannot be controlled by applying direct pressure or hemostatic dressing to the site of bleeding.
 - Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30).
2. Pulse oximetry; if oxygen saturation less than 95% give:
▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. IV access if hypotensive or per paramedic judgment, do not delay transport to establish IVs.
▶ *250 mL Normal Saline IV, continue Normal Saline as a wide open infusion to maintain perfusion.*
4. Base contact required if hypotensive or normal saline infusion required for stabilization.

EYE INJURY:

1. Cover injured eye without applying pressure to the globe.
2. Elevate head 30 degrees or more if spinal motion restriction is not required.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:
▶ *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
▶ *Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain.*

Approved:

Carl Schultz, M.D.

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4. For nausea or vomiting, and not suspected or known to be pregnant:
 - ▶ *Ondansetron (Zofran™) 8 mg (two 4 mg ODT tablets) to dissolve orally on inside of cheek*
OR,
4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for continued nausea or vomiting.
5. Transport to nearest available ERC (ALS escort if medications required).

ISOLATED EXTREMITY TRAUMA (Fractures or Amputations) NOT MEETING TRAUMA TRIAGE

CRITERIA:

1. Splint or immobilize fractured extremities (note any breaks of skin or open wounds).
2. May place cold packs over splinted fracture sites for comfort.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl given).

IMPALED OBJECTS NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Stabilize impaled object in place when possible unless this causes a delay in extrication or transport.
2. DO NOT Remove impaled objects in face or neck unless ventilation is compromised.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain.
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl given).

SUSPECTED TRAUMATIC BRAIN INJURY (TBI):

1. Monitor all patients with continuous Pulse Oximetry.
 - ▶ *Provide supplemental oxygen via nasal canula at 6 L/min flow rate or high flow oxygen by face mask and maintain P.O. > 90%.*

If unable to maintain P.O. > 90% with oxygen alone, reposition airway as appropriate (consider c-spine precautions). If P.O. now > 90%, continue monitoring.

If P.O. still < 90%, deliver positive pressure ventilation with bag-valve-mask in conjunction with airway adjuncts. If P.O. now > 90%, continue monitoring.

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If P.O. still < 90%, place a supraglottic airway or endotracheal tube if possible. Continue monitoring.

2. Monitor all patients with continuous End Tidal CO₂.
 - ▶ *Maintain ETCO₂ between 35 and 45 mmHg if possible, especially for ventilated patients.*
3. Monitor systolic blood pressure for all patients every 5 minutes.
 - ▶ If systolic blood pressure drops below 100 mmHg, administer 250 mL Normal Saline IV, and continue as a wide open infusion to maintain systolic BP > 100 mmHg.
 - ▶ For patients 65 years of age or older, initiate IV fluids when blood pressure drops below 110 mmHg, with goal of maintaining systolic BP > 110 mmHg.
4. Assess GCS in all patients.
 - ▶ *In patients with a GCS of 8 or less, establish an airway by the most appropriate means available.*
5. Transport to trauma center

TREATMENT GUIDELINES:

GENERAL:

- When transporting women on a backboard who are estimated to be 20 weeks or more gestation (2nd and 3rd trimester) tilt the backboard to the patient's left to maintain a modified left-lateral position.
- Base contact is required for any patient meeting Trauma Triage Criteria to determine appropriate receiving PTRC.

AIRBAG DEPLOYMENT:

- Watch for side airbag or secondary airbag deployment.
- Consider potential for eye injuries, blunt force trauma chest injuries.

ISOLATED SKELETAL TRAUMA (Fractures or Amputations) NOT MEETING TRAUMA TRIAGE CRITERIA:

- For extremity fractures, always note presence or absence of peripheral pulses and sensation.

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