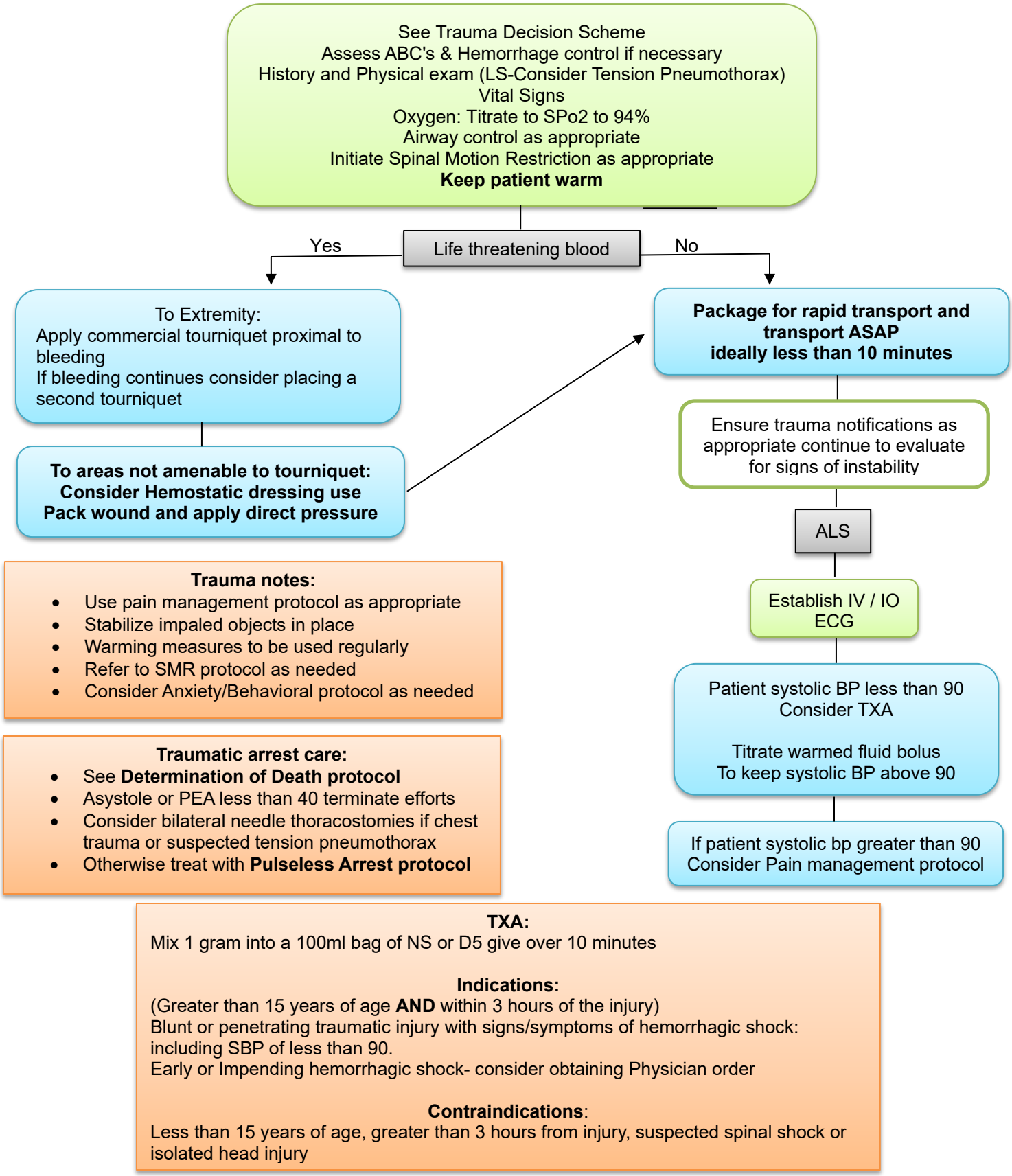
NOR-CAL EMS	1302	Trauma Care
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 03/01/2021		Next Revision: 03/01/2024
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.



Pelvic Binder use:

Consider if high energy trauma suspicious for pelvic fracture and any one (1) of the following:

- Noted crepitus to iliac crest
- Genital/perineal edema
- Groin pain
- Rectal, Vaginal perineal bleeding
- GCS less than 13
- Hemodynamically unstable

Amputation Care:

- Remove gross contamination
- Wrap in dry sterile dressing
- Place in plastic bag on ice/ cold packs
- Transport amputated part with the patient
- Consider Air medical services
- DO NOT soak in saline or place directly on ice

Crush injury care:

Generally greater than 4 hours of entrapment (Can be 1 hour in severe crush situation)

Before release of the crush mechanism:

- Establish an IV/IO x2 and give a 30ml/kg bolus

Treatment

- Treat pain via pain management protocol
- Maintain systolic BP greater than 90 mmhg (Push Dose Epi as necessary)

Consider EARLY Base hospital contact for any sign hyperkalemia (peaked T or Wide QRS):

- Albuterol 5mg (nebulized) repeat until arrive at hospital
- Calcium 1 gram
- Sodium Bicarbonate 1 mEq/kg (Separate line from other medications / or flush well)

Suspected Tension Pneumothorax Care: <u>Perform Needle Thoracostomy</u>

Absent or diminished lung sounds with any of the following:

- Hypotension
- Spo2 less than 94%
- Penetrating injury to the thorax
- Traumatic cardiac arrest

Approved sites:
Mid Clavicular line in the 2nd intercostal space
Mid Axillary line in the 4th or 5th intercostal space