

See Trauma Decision Scheme
 Assess ABC's & Hemorrhage control if necessary
 History and Physical exam (LS-Consider Tension Pneumothorax)
 Vital Signs
 Oxygen: Titrate to SpO₂ to 94%
 Airway control as appropriate
 Initiate Spinal Motion Restriction as appropriate
Keep patient warm

YES

Life threatening blood loss?

NO

To Extremity:

- Apply commercial tourniquet proximal to bleeding.
- If bleeding continues consider placing a second tourniquet.

Package for rapid transport

To areas not amenable to tourniquet:

- Consider Hemostatic dressing.
- Pack wound and apply direct pressure.

Package for rapid transport and transport ASAP in less than 10 minutes.

 Ensure trauma notifications as appropriate.
 Continue to evaluate for signs of instability

ALS

Establish IV /IO and obtain ECG

 Titrate warmed fluid bolus
 To keep systolic BP above age appropriate

 If patient systolic BP age appropriate
 Consider Pain Management Protocol 1613

Trauma notes:

- Use pain management protocol as appropriate
- Stabilize impaled objects in place
- Warming measures to be used regularly
- Refer to SMR protocol as needed
- Consider Anxiety/Behavioral protocol as needed

Traumatic arrest care:

- See **Determination of Death protocol**
- Asystole or PEA less than 40, terminate efforts
- Consider bilateral needle thoracostomies if chest trauma or suspected tension pneumothorax
- Otherwise treat with **Pulseless Arrest protocol**

TXA:

ONLY if age is greater than 15 (See Adult Trauma Protocol 1302)

Pediatric Blood Pressures:

 To determine hypotension, use formula: $65 + (2 \times \text{age})$
 To determine normal Systolic BP: $90 + (2 \times \text{age})$
Systolic BP Estimate for hypotension

Infant	less than 60
Toddler 1-3 years	less than 70
Preschool 3-6 years	less than 75
School age 6-12 years	less than 80
Adolescent 12-18 years	less than 90