NOR-CAL EMS	1302	Trauma Care
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 9/1/2026		Next Revision: 9/2029
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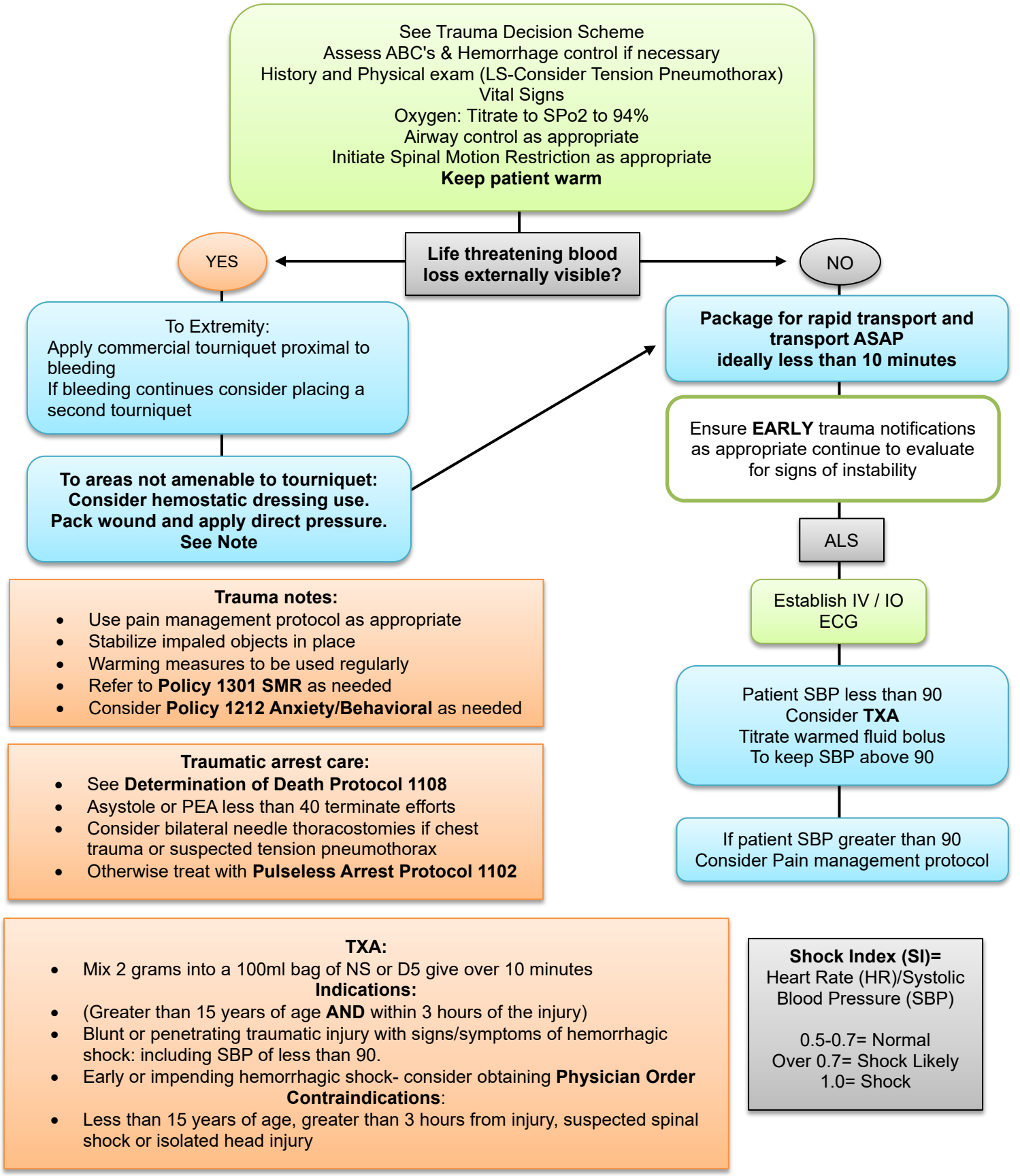

Pelvic Binder use:
Consider if high energy trauma suspicious for pelvic fracture
and any one (1) of the following:

- 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 (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

For Wound Packing and Use of Hemostatic Dressings: Maintain an accurate count of all dressings used to pack wound. Ensure that number and types of dressings used is reported in ePCR and to ED/Surgical staff at transfer of patient care.

Traumatic Brain Injury (TBI):

To identify a TBI:

- Any patient with mechanism of injury consistent with a potential for a brain injury, and one or more of following:
- <65 years of age with a GCS ≤13, or ≥65 with a GCS of <15 (or decrease from baseline)
- Post traumatic seizures
- Multi-system trauma requiring an advanced airway

Patients with suspected moderate to severe TBI:

Monitor for and Treat: *1) Hypoxia, 2) Hypotension, 3) Hyperventilation*

- High flow O2 regardless of SpO2; Use continuous EtCO2 to a target of 35-39mmHg
- Ventilate @ 10 breaths/minute if needed for SpO2 reading consistently <94%
- Establish IV with NS TKO: For SBP<110 bolus with 1000mL NS then titrate to maintain SBP ≥110
- Maintain normothermia
- Refer to **Policy 1208 Seizures** and Policy **1205 Altered Neuro Function** for BG <65mg/dL