

A. General Principles for Trauma Emergencies

1. BLS / ALS Level

- a. DO NOT delay transport waiting for an ALS unit to arrive. Unless there is an unavoidable delay at the scene, meet the ALS unit en route to the hospital.
- b. DO NOT delay transport for treatment. Unless there is an unavoidable delay at the scene, perform therapeutic interventions en route to the Trauma Center. Beyond controlling life threatening hemorrhage, establishing an airway (with basic or advanced techniques) and potential spinal motion restriction, the priority in caring for the trauma patient is rapid evacuation of the patient with further care performed en route to the hospital.
- c. DO inform the base station as early as possible when transporting a seriously injured patient for hospital notification.
- d. Maximize the use of Level III Trauma centers as long as transport decision is consistent with Table 8-7, Criteria for Trauma Center Transport.
- e. Resuscitation efforts may be withheld from individuals who meet obviously dead criteria:
 - 1) Dead-on-Scene (DOS):
 - Decapitation
 - Decomposition
 - Dependent lividity
 - Rigor Mortis
 - Incineration
 - Obvious mortal wounds
 - 2) Absence of any signs of life (pulse, respirations, or any spontaneous movement) on EMS arrival associated with a penetrating head injury (GSW, stab, etc.), or penetrating extremity injury with obvious exsanguination.
 - 3) Absence of any signs of life (pulse, respirations or any spontaneous movement) on EMS arrival for greater than five minutes associated with a penetrating injury to the chest or abdomen and a greater than 10 minute transport time to a Trauma Center.
 - 4) Absence of any signs of life (pulse, respirations or any spontaneous movement) on EMS arrival associated with blunt trauma.
- f. In cases of trauma where the vascular system is expected to be intact, resuscitate the patient according to 'medical' arrest guidelines. The AED is to be applied as in medical guidelines. This applies to patients with arrest due to:
 - 1) Drowning
 - 2) Hanging
 - 3) Overdose
 - 4) Inhalational Injury (Smoke)
 - 5) Electrocution

2. ALS Level

- a. Paramedic may delegate notification of the Base Station in order to facilitate early activation of the trauma team.
- b. Use End Tidal CO₂ for confirmation of tube placement and continuous monitoring.
- c. All IV's placed should be large bore (14 or 16 gauge) if possible. Two large bore IV's should be placed in patients suffering from major trauma. Do not delay transportation to initiate IV access.