

## 4.04 CHEST, ABDOMINAL AND PELVIC TRAUMA

<b>BLS Treatment</b>
<ul style="list-style-type: none"><li>• Assess circulation, airway, breathing, and responsiveness.</li><li>• <b>Oxygen</b> as indicated.</li><li>• Provide <b>Spinal Motion Restriction</b> as indicated or position of comfort as indicated.</li><li>• Appropriately splint suspected fractures/instability as indicated.</li><li>• Bandage wounds/control bleeding as indicated.</li><li>• If open chest wounds with air leak, apply occlusive dressing taped on 3 sides.</li><li>• Cover any exposed eviscerated organs with moist saline gauze.</li><li>• Immobilize impaled objects in place.</li><li>• For pregnancy 20 weeks or greater, place in left lateral position. If spinal motion restriction initiated, tilt spine board to the left.</li></ul>
<b>ALS Treatment</b>
<ul style="list-style-type: none"><li>• Needle Thoracostomy for suspected tension pneumothorax.</li><li>• IV/IO <b>Normal Saline</b> at TKO.</li><li>• If SBP &lt;90, administer <b>Normal Saline</b> fluid bolus.</li><li>• For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP &gt; 90: may administer <b>Morphine Sulfate</b>.</li><li>• For nausea/vomiting: may administer <b>Ondansetron</b>.</li></ul>
<b>Comments</b>
<ul style="list-style-type: none"><li>• Consider pre-existing respiratory medical conditions causing distress.</li><li>• Chest injuries causing respiratory distress are commonly associated with significant internal blood loss. Reassess frequently for signs and symptoms of hypovolemia / shock.</li><li>• Significant intra-thoracic or intra-abdominal injury may occur without external signs of injury, particularly in children.</li></ul>
<b>Base Hospital Contact Criteria</b>
<ul style="list-style-type: none"><li>• If there is any question with the hemodynamic status of the patient following administration of pain or nausea medications.</li></ul>