



TRAUMATIC INJURY



Escambia County, Florida – 1st Responder Medical Protocol

This protocol cover specific types of injuries and their treatment.

The initial assessment of the trauma patient should include determination of trauma alert criteria .

Priority should be given to airway management and rapid preparation for transport (eg. full immobilization on a backboard) and control of gross hemorrhage.

The pregnant female in her third trimester should be placed on her left side for transport. If the injuries require the use of a backboard, following full immobilization to the backboard, said board should be tilted to the left. Failure to follow this practice may cause hypotension due to decreased venous return.

ASSESSMENT

- A. Evaluate ABC's with C-spine protection, see [General Supportive Care Protocol](#).
- B. Complete a rapid Initial Assessment, see [Physical Assessment Protocol](#).

TREATMENT

- A. Maintain airway and assist ventilation if required
- B. Maintain Cervical Immobilization, see [Spinal Immobilization Protocol](#).
- C. Control Bleeding (No amount of gauze or tape is a substitute for direct digital (finger/hand) pressure on the bleeding wound, or if necessary the artery supporting the wound).
 - 1. Direct Pressure
 - 2. Direct Pressure with Elevation
 - 3. Pressure Point compression



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Approved by:

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Charles Neal, D.O. Medical Director



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- D. Immobilize
1. Check for pulses and sensation below the fracture site before and after immobilizing, add traction splints.
 2. Attempt to maintain in position found.

* If pulseless contact EMS immediately.
- E. Assess vital signs. Reassess every 2 - 5 minutes.
1. If patient's systolic blood pressure <90, and patient appears to be critically injured or in shock, **notify EMS ASAP.**
 2. If apparently in shock, treat [Shock Protocol](#).

REPORT

- A. Report as previously stated in [General Supportive Care Protocol](#).



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