This protocol covers 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 (e.g., 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
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.