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| **BLS Treatment** |
| * Assess circulation, airway, breathing, and responsiveness. * **Oxygen** as indicated. * Provide Spinal Motion Restriction as indicated or position of comfort as indicated. * Appropriately splint suspected fractures/instability as indicated. * Bandage wounds/control bleeding as indicated. * If open chest wounds with air leak, apply occlusive dressing taped on 3 sides. * Cover any exposed eviscerated organs with moist saline gauze. * Immobilize impaled objects in place. * For pregnancy 20 weeks or greater, place in left lateral position. If spinal motion restriction initiated, tilt spine board to the left. |
| **ALS Treatment** |
| * Needle Thoracostomy for suspected tension pneumothorax. * IV/IO **Normal Saline** at TKO. * If SBP <90, administer **Normal Saline** fluid bolus. * For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP > 90: may administer **Morphine Sulfate.** * For nausea/vomiting: may administer **Ondansetron** |
| **Comments**   * Consider pre-existing respiratory medical conditions causing distress. * Chest injuries causing respiratory distress are commonly associated with significant internal blood loss. Reassess frequently for signs and symptoms of hypovolemia / shock. * Significant intra-thoracic or intra-abdominal injury may occur without external signs of injury, particularly in children. |
| **Base Hospital Contact Criteria** |
| * If there is any question with the hemodynamic status of the patient following administration of pain or nausea medications. |