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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.
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| **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**
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| **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.
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| **Base Hospital Contact Criteria** |
| * If there is any question with the hemodynamic status of the patient following administration of pain or nausea medications.
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