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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.
* Control external bleeding with direct pressure.
* Stabilize impaled objects with bulky damp dressing.
* Apply cold packs to soft tissue swelling.
* Eye injuries: cover both eyes with dressings.
* Keep avulsed teeth in saline and transport with patient.
* For suspected head injury, evaluate visual acuity in both eyes. Assess if pupils are PERRLA.
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| **ALS Treatment** |
| * Monitor for airway obstruction. Only impaled objects that obstruct the airway can be removed.
* Advanced airway management as indicated.
* IV/IO **Normal Saline** at TKO.
* If SBP <90 mmHg 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*** Nasotracheal intubation should NOT be performed in the presence of significant mid-facial trauma.
* Avoid prophylactic hyperventilation. Hyperventilation for head trauma is ONLY indicated for signs of cerebral herniation (posturing, pupillary abnormalities, sudden neurologic deterioration) NOT due to hypotension or hypoxemia.
* Hyperventilation for adults is 16-20 breaths per minute.
* Utilize Et CO2 and adjust ventilation rate to keep EtCo2 at 30 to 35 mmHg.
* If the patient deteriorates, recheck for problems with airway, breathing or circulation.
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| **Base Hospital Contact Criteria** |
| * Pain management for patients with evidence of hypotension (smaller doses for elderly and very young).
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