|  |
| --- |
| **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. |
| **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** |
| **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. |
| **Base Hospital Contact Criteria** |
| * Pain management for patients with evidence of hypotension (smaller doses for elderly and very young). |