# 4.04 CHEST, ABDOMINAL AND PELVIC TRAUMA

## 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.