## GENERAL TRAUMA – ATTACHMENT A

<table>
<thead>
<tr>
<th>ADULT</th>
<th>PEDIATRIC (≤34 KG)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLS TRAUMA PROTOCOL ATTACHMENT</strong></td>
<td><strong>FACIAL TRAUMA</strong></td>
</tr>
</tbody>
</table>

### Head Injuries
- Hemorrhage – direct pressure and dressings or approved hemostatic dressings

### Eye Injuries
- Trauma/foreign body
  - Cover both eyes with dressings – avoid direct pressure
  - Do not remove foreign body or impaled object – stabilize with bulky dressings
- Chemical Contamination – Acid or alkali
  - Flush continuously with Normal Saline for at least 15 min or until arrival at the hospital
  - Remove contact lenses if possible

### Avulsed Teeth
- Place in saline gauze and transport with patient

### IMPALED OBJECTS
- Immobilize the object to prevent further movement

### Penetrating wound
- Use chest seal device or occlusive dressing

### Flail Chest
- Support flail segment and monitor respirations

### ABDOMINAL INJURIES

#### Evisceration
- Cover with moist saline dressing

### PREGNANCY
- If > 20 weeks pregnant place in left lateral position for transport

### EXTREMITY INJURIES

#### Fractures
- Splint with traction or other splinting devices after gentle realignment as indicated – see Notes
- Neurovascular Compromise – attempt to place in anatomic position – checking for pulses and sensation pre/post alignment
- Cover open wounds with sterile dressing

#### Dislocation
- Splint in position found

#### Amputation
- Wrap amputated part in dry dressing and place in waterproof container/bag. Place on ice/cooling pack (do not freeze) and transport with patient.
- Bandage wound and moisten with sterile saline

#### Mangled extremity
- Check for distal pulses and sensation before and after splinting
- Stabilize/splint after gentle realignment
- Cover with clean/sterile dressing
- See Hemorrhage Control Policy #706 for persistent or uncontrolled venous or arterial bleeding
### ALS Procedures

See General Trauma Protocol #660

**Base Hospital Orders Only**

- As needed
- As needed

**Notes**

- With multiple chest wounds consider chest seal devices or occlusive dressings
- Padded box splints for simple fractures preferred (facilitates imaging)
- Confirm and mark distal pulses before and after splinting, traction and patient movement
- Traction splints for isolated mid-shaft femur fractures without pelvic pain (closed or open)
- Remove rings or other items that may cause constriction