

GENERAL TRAUMA	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• Pulse Oximetry                             <ul style="list-style-type: none"> <li>○ O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> <li>• Assess for injuries meeting Trauma Triage Guidelines Policy #153</li> <li>• <b>Possible Spinal Injury</b> - Spinal Motion Restriction (SMR) Procedure #702</li> <li>• <b>Uncontrolled Hemorrhage</b> - Hemorrhage Control/Tourniquet/Hemostatic Dressings Procedure #706</li> </ul> <p style="text-align: center;"><b>Unstable</b></p> <ul style="list-style-type: none"> <li>• <u>Communicate if SBP ≤90mmHg at ANY time</u></li> <li>• <b>Pelvic injury</b> – Pelvic Binder Procedure #713                             <ul style="list-style-type: none"> <li>○ Place pelvic binder if (all of the following):                                     <ul style="list-style-type: none"> <li>▪ High-risk mechanism</li> <li>▪ Pelvic, low back, or groin pain</li> <li>▪ SBP ≤90 mmHg</li> </ul> </li> </ul> </li> </ul>	<p style="text-align: center;">Same as Adult</p> <ul style="list-style-type: none"> <li>• <u>Communicate ANY age specific hypotension</u> see Universal Protocol #601 Attachment A</li> </ul>
ALS Standing Orders	
<p style="text-align: center;"><b>Stable</b></p> <ul style="list-style-type: none"> <li>• Monitor patient</li> </ul> <p style="text-align: center;"><b>Unstable</b></p> <ul style="list-style-type: none"> <li>• <b>Hypotension</b> – SBP of ≤90mmHg or if unable to palpate peripheral pulses                             <ul style="list-style-type: none"> <li>○ Normal Saline up to 500 mL IV                                     <ul style="list-style-type: none"> <li>▪ May repeat X 1 for ongoing hypotension</li> </ul> </li> <li>○ TXA if indicated and ≥15 y/o - TXA Administration Procedure #714                                     <ul style="list-style-type: none"> <li>▪ TXA 1 gm in 100 mL IV infusion over 10 min, no repeat</li> </ul> </li> </ul> </li> <li>• <b>Tension pneumothorax</b> - Needle Thoracostomy Procedure #705</li> </ul>	<p style="text-align: center;"><b>Stable</b></p> <ul style="list-style-type: none"> <li>• Monitor patient</li> </ul> <p style="text-align: center;"><b>Unstable</b></p> <ul style="list-style-type: none"> <li>• <b>Hypotension</b> – as identified for age group                             <ul style="list-style-type: none"> <li>○ Normal Saline IV/IO 20 mL/kg not to exceed 500 mL</li> <li>○ May repeat x1 if no change in SBP</li> <li>○ If &lt;15 y/o <u>no</u> TXA administration</li> </ul> </li> <li>• <b>Tension pneumothorax</b> - Needle Thoracostomy Procedure #705</li> </ul>
Base Hospital Orders Only	
<ul style="list-style-type: none"> <li>• Additional Normal Saline</li> </ul> <p style="text-align: center;"><b>Neurogenic Shock Refractory to Fluids</b></p> <ul style="list-style-type: none"> <li>• <b>Push-Dose Epinephrine 10 mcg/mL</b> 1 mL IV/IO every 1-3 min                             <ul style="list-style-type: none"> <li>○ repeat as needed to maintain SBP &gt;90mmHg</li> <li>○ <u>See notes for mixing instructions</u></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Additional Normal Saline</li> </ul> <p style="text-align: center;"><b>Neurogenic Shock Refractory to Fluids</b></p> <ul style="list-style-type: none"> <li>• <b>Push-Dose Epinephrine 10 mcg/mL</b> 1 mL IV/IO (0.1 mL/kg if &lt;10 kg) every 1-3 min                             <ul style="list-style-type: none"> <li>○ repeat as needed to maintain age appropriate SBP</li> </ul> </li> </ul>

<p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Epinephrine Drip start at 10 mcg/min IV/IO infusion             <ul style="list-style-type: none"> <li>○ Consider for extended transport</li> <li>○ <u>See formulary for mixing instructions</u></li> </ul> </li> <li>● As needed</li> </ul>	<ul style="list-style-type: none"> <li>○ <u>See notes for mixing instructions</u></li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Epinephrine Drip start at 1 mcg/kg, up to max of 10 mcg/min IV/IO infusion             <ul style="list-style-type: none"> <li>○ Consider for extended transport</li> <li>○ <u>See formulary for mixing instructions</u></li> </ul> </li> <li>● As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>● <u>Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000): Mix 9 mL of Normal Saline with 1 mL of Epinephrine 1:10,000, mix well</u></li> <li>● Maintain body temperature/warm as indicated</li> <li>● Destination and documentation per Trauma Triage and Destination Policy #153</li> <li>● Early transport with treatment en route for high risk or unstable patients</li> <li>● A manual blood pressure is preferred for all unstable trauma patients</li> <li>● BLS responders – when in doubt regarding pelvic injury – avoid unnecessary movement, consider preparation for placement of pelvic binder until ALS evaluation</li> <li>● Pain Control – Pain Management Protocol #603</li> <li>● Include Step Criteria with MIVT Base Hospital report – update 5 min out or with changes</li> <li>● IV access large bore (&gt;18G) with a saline lock to facilitate tubing changes at the Trauma Center</li> <li>● Treatable considerations for critical trauma patients: Hypoxia, Hypovolemia, Tension Pneumothorax</li> </ul>	