

4.01 GENERAL TRAUMA MANAGEMENT EMSAC JUNE 2026



DRAFT

Assess scene safety, situation and resources

BLS
ALS

Exsanguinating Hemorrhage?

- External hemorrhage control:
- Direct pressure/pressure dressing
 - **Tourniquet** on briskly bleeding extremity injuries

Airway Patent/ Breathing?

- **Airway Management**
 - If RR < 10 per minute, assist ventilations
 - **Oxygen** PRN (goal >94%)
 - Auscultate breath sounds
 - Occlusive dressing on air leak wounds (e.g. chest seal or 3 sided occlusive)
 - Bulky dressing with suspected flail chest
- Advanced **Airway Management** as indicated
 - Consider **Needle Thoracostomy** if ALL 3 are present:
 - (1) Diminished or absent breath sounds
 - (2) Increased work of breathing or difficulty ventilating with BVM
 - (3) Shock/hypotension OR traumatic cardiac arrest with suspected chest wall trauma

Circulation?

- External Hemorrhage Control, as indicated
 - Mild to moderate bleeding: direct pressure and gauze bandaging
 - Assess for **shock**
- Start IV/IO with **Normal Saline**. (Preference of large-bore IVs)

Disability/Exposure?

- Assess GCS and check for head injury
- **Spinal Motion Restriction** PRN
- Amputated extremity: wrap body part in moistened sterile gauze, place in bag/container, keep bag in ice water if available.
- Cover patient to preserve body heat
- Quick Check for other life-threatening conditions

- Assess vital signs, obtain history
- Secondary survey
- **Pain Control and Nausea** PRN
- Splint extremity fractures/ orthopedic injuries PRN
- Initiate transport

Meets Trauma Triage Criteria ? (Policy 5001)

YES → Transport to Trauma Center

NO → Transport to ED

Comments

- Scene time should be limited to <10minutes for patients with life-threatening injuries unless extenuating circumstances exist (e.g. prolonged extrication)
- For isolated suspected head trauma, AVOID hypoxia and hyperventilation. Elevate patients head of bed to 30 degrees to reduce ICP and promote venous drainage
- For pregnant patients greater >20 weeks gestation, transport in left positioning or with manual uterine displacement. If on rigid spinal board, tilt board to left
- For suspected abuse in pediatric, elder or dependent adult patients, see **Reporting and Resources**

Effective: xxxxx
Supersedes: NEW