

ADULT BLAST INJURY

HPI	Signs & Symptoms	Considerations
<ul style="list-style-type: none"> • Cause of blast • Time of exposure • Chemicals involved • Location to blast 	<ul style="list-style-type: none"> • AMS, unresponsive • Hypotension • Severe hemorrhage • Deafness • Respiratory compromise, failure 	<ul style="list-style-type: none"> • Management of HazMat • Management of MCI • Coordination of resources

	EMR	EMT	PM
1. Ensure scene safety. Remove patient as soon as is practical and safe	•	•	•
2. Provide Adult Routine Trauma Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
3. Obtain ECG and/or 12 lead, monitor Capnography.		•	•
4. Refer to Airway Management as needed	•	•	•
5. Refer to Musculoskeletal Trauma as needed	•	•	•
6. Evaluate for: burns - thermal/chemical/electrical blunt/penetrating trauma crush injury barotrauma (pressure related injury) chemical contamination radiation injury	•	•	•

UNSTABLE: Altered Mental Status, MAP < 65 or SBP < 90

7. NORMAL SALINE in 500mL increments, titrate to MAP ≥ 65, max. 1L	•
8. For Pain Management : FENTANYL : 1 mcg/kg IVP/IN/IO/IM, max single dose 100 mcg, repeat every 10 min., max total dose 200 mcg	•

PEARLS:

1. Ensuring scene safety is especially important at the scene of an explosion. Always consider the possibility of subsequent explosions.
2. Patients sustaining blast injury may sustain complex, multi-system injuries, including blunt and penetrating trauma, shrapnel, barotrauma, burns, and toxic chemical exposure