

ROUTINE TRAUMA CARE

SCENE SIZE-UP	EMR	EMT	PM
1. Standard Precautions Scene Hazards Mechanism of Injury Number of Patients Need for Additional Resources	•	•	•

INITIAL ASSESSMENT/PRIMARY SURVEY

2. Airway/Spinal Precaution Breathing Circulation/Hemorrhage Management AVPU and Glasgow Coma Scale	•	•	•
3. Management of immediate life threats/airway management: Control bleeding	•	•	•
If open pneumothorax, apply occlusive dressing and tape on three sides		•	•
If tension pneumothorax, needle decompression to affected side			•
If traumatic arrest associated with chest trauma, perform bilateral needle decompression			•

IDENTIFY PRIORITY OF TRANSPORT: Complex Multisystem

4. Perform rapid trauma assessment	•	•	•
5. Continue management of life threats		•	•
6. Examine head, neck, chest, abdomen, pelvis, extremities, back		•	•
7. Vital signs, pulse oximeter & Capnography		•	•
8. Pain scale, Neuro exam, Blood glucose		•	•
9. Obtain history		•	•
10. Package patient and transport		•	•
11. If patient has unstable BP (MAP<65 or SBP<90), NORMAL SALINE in 500 mL increments, max. 1L, titrate to MAP ≥ 65. Consider TXA .			•
12. Manage other serious injuries	•	•	•
13. Perform Detailed Exam as time permits enroute	•	•	•
14. Ongoing assessment every 5 minutes	•	•	•
15. Contact OLMC enroute; Abbreviated Radio Report may be appropriate	•	•	•

IDENTIFY PRIORITY OF TRANSPORT: Single System

4. Perform focused assessment	•	•	•
5. Examine areas where trauma is expected per mechanism of injury and patient complaint	•	•	•
6. Vital signs, pulse oximeter & Capnography		•	•
7. Pain scale, Neuro exam, Blood glucose		•	•
8. Obtain history		•	•
9. Manage problems with airway, manage injuries		•	•

10. Consider need for IV and pain management			•
11. Package patient and transport		•	•
12. Perform Detailed Exam as time permits enroute	•	•	•
13. Ongoing assessment as patient condition indicates	•	•	•
14. Contact OLMC enroute; Abbreviated Radio Report may be appropriate	•	•	•