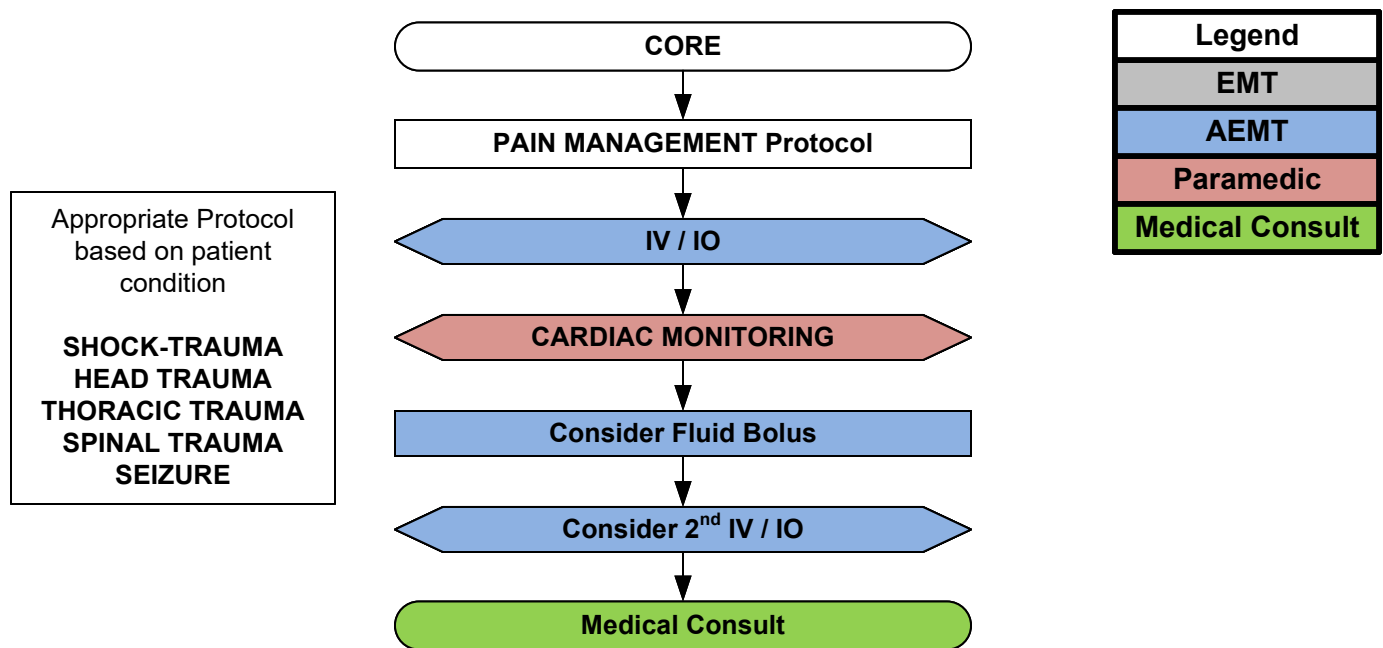


MULTI-SYSTEMS TRAUMA

History: ○ Time and mechanism of injury ○ Damage to structure or vehicle ○ Location in structure or vehicle ○ Others injured or dead ○ Speed and details of MVC ○ Restraints / protective equipment ○ SAMPLE	Signs and Symptoms: ○ Pain, swelling ○ Deformity, lesions, bleeding ○ Altered level consciousness or unconscious ○ Hypotension or shock ○ Cardiac arrest	Differential (Life threatening): ○ Chest Tension pneumothorax - Flail chest - Pericardial tamponade - Open chest wound - Hemothorax ○ Intra-abdominal bleeding ○ Pelvis / Femur fracture ○ Spine fracture / Cord injury ○ Head injury (see HEAD TRAUMA Protocol) ○ Extremity fracture / Dislocation ○ HEENT (Airway obstruction) ○ Hypothermia
---	---	--



Pearls:

- Keys for survival of major trauma includes minimizing scene time and expeditious transport to a definitive care facility.
- IV fluid administration should be administered in 250 cc increments and should be limited to achieve and maintain a systolic blood pressure of 80 mmHg. Patients with a systolic blood pressure of < 80 mmHg with normal mental status do not require aggressive fluid administration. Pregnant patients are NOT candidates for permissive hypotension and the goal should be to keep these patients normotensive.
- Head injured patients may require more aggressive fluid resuscitation.
- Fluid resuscitation should occur en route except in cases of entrapment and other extenuating circumstances.
- Consider Mechanism of Injury carefully.
- A thorough secondary assessment is critical to finding occult injuries.
- For persistent hypotension, not responsive to 1,500 ml of fluid, consider the possibility of underlying tension pneumothorax and chest decompression.
- Keep the patient warm to prevent hypothermia.
- Don't delay transport of life or limb threatening injuries to obtain refusals (see **SCENE ASSESSMENT-MULTIPLE REFUSALS Policy**).