

TRAUMA INTRODUCTION

Scene Time

Keys for survival of major trauma include minimizing scene time and expeditious transport to a definitive care facility as outlined in the CORE section and as per regional guidelines. Document any scene time delays on the ePCR.

Permissive Hypotension / Fluid Resuscitation

Permissive Hypotension is the concept of restricting IV fluids in actively hemorrhaging trauma patients. 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.

Passive Warming

Unintentional hypothermia in the acute trauma patient contributes to increased mortality. Passive warming is indicated for status 1 and 2 patients and includes removal of wet clothes and prevention of further heat loss by covering patient with a blanket. Consider turning off the A/C or turning on the heater in the unit module.

Active Warming (Air Med Only)

Air transport poses additional contributing factors to traumatic hypothermia. For this reason, active warming is indicated for all status 1 and 2 trauma patients, ECMO transports, hypothermic patients, and others at provider discretion. Active warming includes all of the above mentioned passive interventions with the addition of the Ready Heat blanket and Hypothermia Wrap.

Trauma Arrest

Medications have not been shown to improve outcomes in traumatic arrest. Resuscitation attempts should focus on treating obstructed airway, hypovolemia, hypothermia and tension pneumothorax. Medications should only be considered after all other interventions have been performed.

While considered trauma, cardiac arrest resuscitation of the following patients should follow the appropriate medical/cardiac arrest protocol and worked on scene for a minimum of 30 minutes unless extenuating circumstances exist.

- Suspected medical arrest preceding trauma event i.e. minor single vehicle MVC with patient in VF
- Hanging
- Drowning
- Lightning
- Snake bites
- Hypothermia

In these cases, it is appropriate to consider the Termination of Efforts policy after a complete resuscitation attempt with no ROSC.

Special Considerations

Elderly

The risk of injury and death associated with trauma increases after the age of 55. Unless otherwise addressed by regional trauma protocols, consider consultation with medical control regarding transport destination in cases of significant mechanism of injury and no positive physiological and/or anatomical findings.

Anticoagulants

Unless otherwise addressed by regional trauma protocols, patients on anticoagulants presenting with a mechanism of injury and evidence of a high-energy impact should be considered for a trauma activation or transport to a hospital with neurosurgery capabilities.