



# Jackson Hole Fire/EMS Operations Manual

Approved by: Will Smith  
Will Smith, MD, Medical Director

Approved by: Mike Moyer  
Mike Moyer, Interim Chief

Title: **Treatment Protocol:  
Trauma Management**  
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## TRAUMA MANAGEMENT (Treatment Protocol)

### ALL PROVIDERS

- Perform Rapid Trauma Assessment
  - Follow Selective Spinal Immobilization protocol if stable.
  - Manage airway per Airway Protocol.
  - Control any major bleeding. **Consider tourniquet for life threatening bleeding.**
  - Initiate CPR if indicated
  - Avoid hypothermia
- Consider field termination of resuscitation in **blunt traumatic arrest** in conjunction with medical control.
- **Recognize immediately reversible causes of traumatic arrest. If unable to regain pulse consider field termination of resuscitation in most traumatic arrest settings.**
- Contact Medical Control/ & make hospital notification.
  - Trauma Team Activation (Green, Yellow, Red)
- Complete physical exam and on-going assessment en route.

### ADULT EMT

### PEDIATRIC (<45 kg) EMT

- Consider pelvis stabilization
- Consider pelvis stabilization

### ADVANCED EMT

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- Apply cardiac monitor, check rhythm
- Establish two large-bore IV or IO lines enroute if indicated
- IVF as indicated
- Consider bilateral chest needle decompression in traumatic arrest (voice order)
- Fentanyl as indicated (voice order)
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- Fentanyl as indicated (voice order)

### PARAMEDIC

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- Consider **Fentanyl / Hydromorphone / Ketamine** as indicated
- If massive hemorrhage or suspected major blood loss, consider **TXA**
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**Considerations:**

- In multiple patient incidents or mass casualty triage, resuscitate only if all viable patients have been cared for and resources allow.
- During trauma resuscitation: Perform BLS treatment, airway management, and needle decompression if indicated on scene, transport ASAP and utilize further advanced skills en route (IV's, etc.)
- Resuscitate patient with limited IV fluids to allow permissive hypotension (SBP>90/radial pulse).
- Tranexamic acid use per current protocol

**Trauma Activation Criteria**

Field Criteria	Team Activation
<p style="text-align: center;"><b>PHYSIOLOGIC CRITERIA</b></p> <p>SBP &lt;90 or abnormal for age                      RR &lt;10 or &gt;30 requiring intubation                      GCS &lt;8 associated with anatomic injury                      Children age 0-14 w/cap refill &gt;2 seconds or BP abnormal for age, any respiratory distress or compromise                      Penetrating trauma to head, neck, torso or groin                      Emergency Physician Discretion or EMS Discretion</p>	<p>Full Activation = <b>RED</b></p>
<p style="text-align: center;"><b>PHYSIOLOGIC CRITERIA</b></p> <p>Amputation proximal to wrist or ankle                      Crushed, degloved or mangled extremity                      Flail chest                      2 or more proximal long bone fractures                      Traumatic paralysis                      Open or depressed skull fracture</p> <p style="text-align: center;"><b>MECHANISM OF INJURY</b></p> <p>Death of same car occupant                      Extrication time &gt;20 minutes                      Ejection from any moving vehicle                      High speed crash &gt; 30mph                      Injuries caused by livestock                      Auto vs pedestrian or livestock                      Acute hypothermia                      Fall 2 x patient height                      Burn with trauma/inhalation injury                      Emergency Physician Discretion or EMS Discretion</p>	<p>Partial Activation = <b>YELLOW</b></p>
<p>Patients that did not meet the activation criteria and have been identified by the Emergency Physician that an evaluation by the trauma team is needed. Patients are likely to be admitted to the hospital.</p>	<p>Evaluation Level = <b>GREEN</b>                      If patient becomes unstable at any time during the evaluation, patient will be upgraded to either a Trauma Red or a Trauma Yellow designation</p>