

Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

General Trauma Protocol

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Establish a patent airway using appropriate airway adjuncts and high flow oxygen.
2. Control bleeding and splint injuries appropriately.
3. Dress all open chest and abdominal wounds.
4. Perform spinal immobilization if indicated.
5. If the patient is not in shock, and there is an isolated head injury, elevate the head of the back board.
6. For pregnant patients, tip the backboard to the left to displace the uterus.
7. For amputations:
 - a. Rinse the part gently with normal saline or sterile water to remove loose debris, do not scrub.
 - b. Wrap part in gauze moistened with saline.
 - c. Place wrapped part in a dry plastic bag and seal with tape.
 - d. Place bag in container filled with ice and water. Label with name, date and time.
8. Obtain vital signs approximately every 15 minutes, or as frequently as necessary to monitor patients condition.

EMT/SPECIALIST/PARAMEDIC

9. Do not delay transport. Treatment, other than airway control and spinal immobilization, should be performed enroute.
10. Notify the receiving facility early for priority 1 and 2 trauma patients.

SPECIALIST/PARAMEDIC

11. Start an IV NS KVO with the largest appropriate size IV catheter.
12. Hypotensive patients should receive a fluid bolus as indicated by hemodynamic state in 250 ml increments and reassess.
13. Start second IV using a large bore catheter if time permits.
14. If patient is pregnant, treat hypovolemia aggressively.

PARAMEDIC

15. Apply cardiac monitor and treat rhythm according to appropriate protocol.
16. For isolated extremity injuries:
 - a. For pain, refer to the Pain Management protocol.

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Traumatic Hypotension

Hypotension in an adult is defined as a systolic blood pressure less than 90 mmHg or evidence of hypoperfusion.

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow General Trauma Protocol.
2. Place patient in supine position.

EMT/SPECIALIST/PARAMEDIC

3. Do not delay transport. Treatment, other than airway control and spinal immobilization, should be performed enroute.

SPECIALIST/PARAMEDIC

4. Start an IV NS using the largest appropriate size IV catheter.
5. Hypotensive patients should receive a fluid bolus, as indicated, by hemodynamic state in 250 ml increments and reassess.
6. Start second IV using a large bore IV catheter if time permits.

PARAMEDIC

7. Apply cardiac monitor and treat rhythm according to appropriate protocol.

Post-Radio

PARAMEDIC

8. Administer additional fluid bolus, as indicated.