



# EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, replaces all prior versions

## 1B - TRAUMA GENERAL ASSESSMENT ADULT & PEDIATRIC

### TREATMENT PRIORITIES

1. Assessment:
  - SCENE SAFETY
  - PROTECTIVE EQUIPMENT
  - Primary Survey
  - "Trauma Alert" to receiving ED if indicated
  - Secondary Survey (when appropriate)
2. Primary Survey Care:
  - Control arterial bleeding
  - Open airway
  - Seal "sucking" chest wound(s)
  - Needle thoracostomy for closed chest tension pneumothorax
3. Minimize scene time in critical case.
4. Enroute Care:
  - Reassess all primary care
  - Support oxygenation/ventilation
  - Vascular access
  - Secondary Survey (if able)
  - Keep patient warm/avoid hypothermia
5. Hospital per destination protocol..

**Before entering any trauma scene, ensure your personal safety. Do not attempt patient contact until hazards can be appropriately mitigated.** In addition to scene safety, factor mechanisms of injury, number of patients, and special equipment/extrication needs.

All trauma patients should be assessed utilizing primary, secondary, and reassessment surveys.

The **primary survey** is to be conducted on all trauma patients. It is designed to rapidly identify life-threatening or potentially life-threatening injuries. The primary survey should be completed within 2 minutes of patient contact. THE PRIMARY SURVEY IS ONLY INTERRUPTED FOR LIFE-THREATENING ARTERIAL BLEEDING, AIRWAY OBSTRUCTION, OR RESPIRATORY/CARDIAC ARREST. The following are the steps of the **primary survey**:

- 1) Manually stabilize the cervical spine while assessing the airway and level of consciousness.
- 2) Evaluate breathing – present? rapid? normal? slow? shallow?
- 3) Evaluate circulation – carotid and radial pulses? Control external hemorrhage.
- 4) Exam the head for deformity, contusions, abrasions, penetrations, burns, lacerations, or swelling ("DCAP-BLS").
- 5) Exam the neck for deformity, contusions, abrasions, penetrations, burns, lacerations, swelling ("DCAP-BLS"), or subcutaneous emphysema.
- 6) Exam the chest for deformity, contusions, abrasions, penetrations, burns, lacerations, swelling ("DCAP-BLS"), or paradoxical movement.
- 7) Auscultate the chest for breath sounds in the mid-axilla bilaterally – present? equal?
- 8) Exam the abdomen and pelvis for deformity, contusions, abrasions, penetrations, burns, lacerations, or swelling ("DCAP-BLS").
- 9) Exam the extremities for deformity, contusions, abrasions, penetrations, burns, lacerations, or swelling ("DCAP-BLS"), and pulse, movement, sensation.



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### Protocol 1B: Trauma General Assessment – Adult & Pediatric, cont.

Primary survey interventions include airway management (See Section 2 Protocols – Airway), sealing open chest wounds, needle thoracostomy for suspected tension pneumothorax (See Protocol 10E – Needle Thoracostomy), oxygen administration and controlling any obvious external hemorrhage. Remember to expose the patient as needed to conduct an appropriate exam.

**Any trauma patient with altered level of consciousness, abnormal respiration, abnormal circulation, or signs/conditions likely to lead to shock (distended abdomen, pelvic instability, bilateral femur fractures) should be rapidly immobilized and transported after completing the primary survey. These are “LOAD & GO” patients.**

The **secondary survey** is always done enroute on critical patients. If no critical conditions are found in the primary survey, the secondary survey may be conducted on the scene and should be completed within 5 minutes after the primary survey is completed. The following are the steps of the **secondary survey**:

- 1) Obtain vital signs (pulse, respiratory rate, blood pressure, pulse oximetry)
- 2) Obtain history of traumatic event and pertinent patient medical history (allergies, medications, past illness/injury, last oral intake)
- 3) Head to toe exam – look for “DCAP-BLS” in every body area. Calculate GCS score
- 4) Perform indicated bandaging and splinting

The **reassessment survey** is an abbreviated exam after interventions and done at least every five minutes for critical patients (and approximately every ten minutes for non-critical patients). The following are the steps of the **reassessment survey**:

- 1) Repeat the primary survey
- 2) Repeat vital signs
- 3) Repeat GCS score calculation
- 4) Check every intervention – proper placement of intubation? Proper placement of IV/IO?
- 5) Check results of every intervention – improved oxygenation/ventilation? Improved blood pressure?

**Pediatric (“Pediatric” equals less than 18 years of age for all protocols unless specified) trauma assessment mirrors adult strategies above.**