Approved 9/2/26, Effective 1/15/27, replaces all prior versions

1D - TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE 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 major 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..

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

IF CHIEF COMPLAINT IS ***TRAUMATIC*** IN NATURE, CHOOSE THE PROTOCOL THAT BEST FITS THE PATIENT'S FOREMOST SYMPTOMS, WITH PRIORITY SYMPTOMS TAKING PRECEDENCE

QUESTIONS TO ADDRESS SCENE SAFETY ISSUES

EMR | EMT

SERIOUS HEMORRHAGE CONTROL:
TOURNIQUET IF INDICATED
BANDAGE/DRESSING/DIRECT PRESSURE
PRESSURE DRESSING IF INDICATED (if equipped)
TOPICAL HEMOSTATIC AGENT IF INDICATED (if equipped)

AIRWAY MANAGEMENT
SUPPORT OXYGENATION/VENTILATION

OBTAIN VITAL SIGNS/ASSESS FOR AND TREAT SHOCK

PREVENT HYPOTHERMIA

EMT-I85 | AEMT

INTUBATE IF INDICATED

IV/IO ACCESS IF INDICATED
FLUID BOLUS AS DIRECTED BY SPECIFIC TRAUMA PROTOCOL(S)

PARAMEDIC

CONSIDER LOW TITER O+ WHOLE BLOOD (LTOWB) FOR HEMORRHAGIC SHOCK

CRICOTHYROTOMY IF INDICATED

NEEDLE THORACOSTOMY IF TENSION PNEUMOTHORAX SUSPECTED

CONTINUOUS TREATMENT AND ASSESSMENT PER SPECIFIC TRAUMA PROTOCOL(S)

1. Clinical Operational Note (All Field Provider Levels): The practice of EMS medicine is built upon the foundation of "taking medical care the patient". To achieve this objective, appropriate equipment (airway equipment kit, med/trauma equipment kit, suction device, patient packaging equipment) should be brought to the patient's side per Protocol 14J – Scene Coordination to minimize critical treatment delays.

2. Maximum pediatric medication dosing equals standard adult dosing.