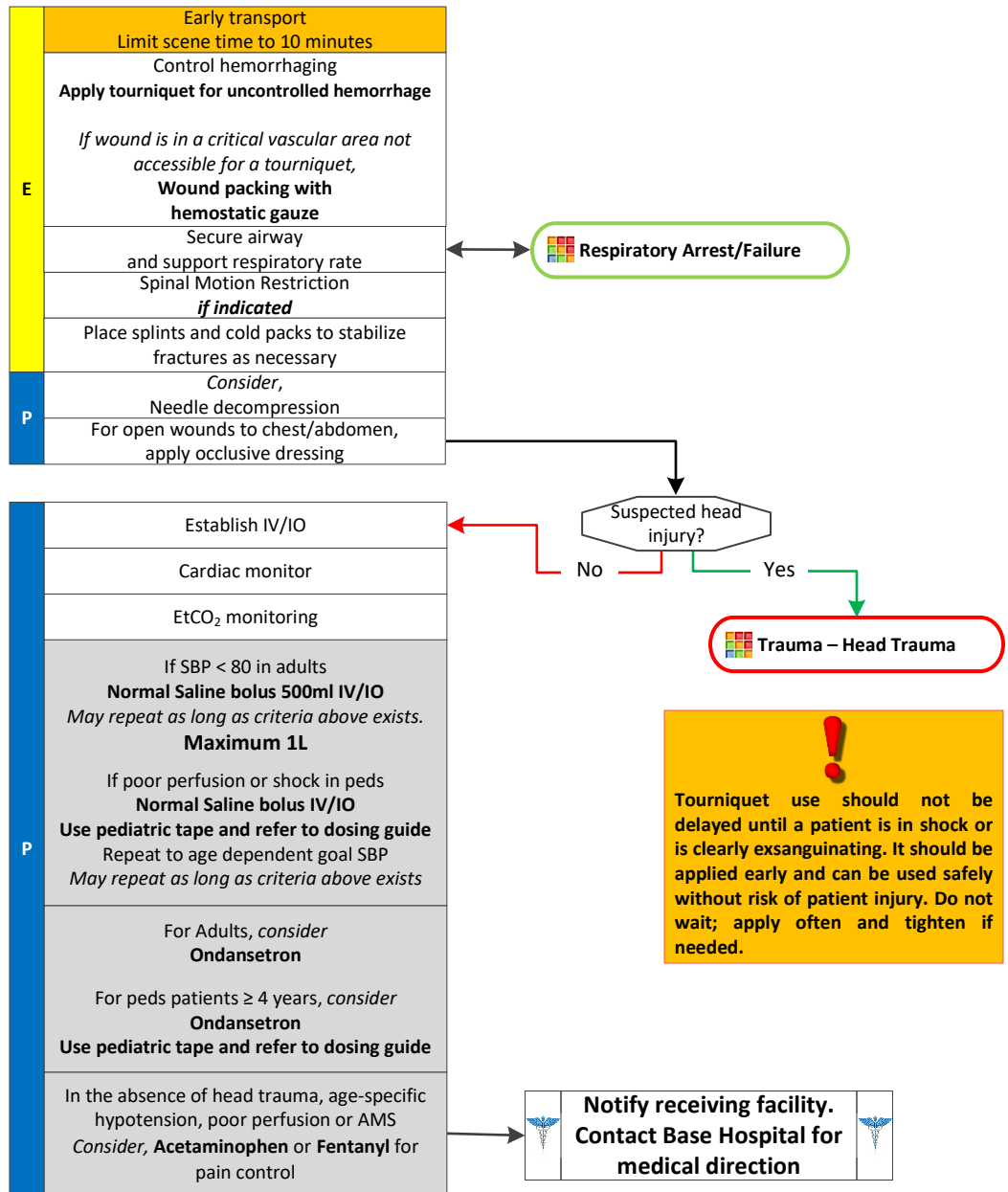


Multi-System Trauma

For any traumatic injuries that involve multiple systems or isolated chest or abdominal injuries. For injuries involving the head, use Head Trauma protocol

<p>History</p> <ul style="list-style-type: none"> • Time of injury • Mechanism (blunt vs. penetrating) • Damage to structure or vehicle • Location of patient in structure or vehicle • Restraints or protective equipment use • Past medical history • Medications 	<p>Signs and Symptoms</p> <ul style="list-style-type: none"> • Evidence of trauma • Pain, swelling, deformity, lesions, or bleeding • AMS • Unconscious • Respiratory distress or failure • Hypotension or shock • Arrest 	<p>Differential</p> <ul style="list-style-type: none"> • Chest: <ul style="list-style-type: none"> • Tension pneumothorax • Flail chest • Pericardial tamponade • Open chest wound • Hemothorax • Intra-abdominal bleeding • Pelvis or femur fracture • Spinal injury • Head injury • Hypothermia
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Adult and Pediatric Trauma Treatment Protocols

Multi-System Trauma

For any traumatic injuries that involve multiple systems or isolated chest or abdominal injuries. For injuries involving the head, use Head Trauma protocol

Pearls

- Prevention and reversal of hypothermia associated with shock from severe traumatic injury is critical. Apply blankets early and consider activation of heater in the patient compartment of the ambulance.
- ALS procedures in the field do not significantly improve patient outcome in critical trauma patients.
- Basic airway management is preferred unless unable to effectively manage with BLS maneuvers. Utilize modified jaw thrust technique to open the airway.
- Intubation of head injury patients is best addressed at the hospital.
- Hypotension is age dependent and is not always a reliable sign. It should be interpreted in context with the patient's typical BP, if known. Shock may be present with a seemingly normal blood pressure initially.
 - Neonate: < 60mmHg or weak pulses
 - Infant: < 70mmHg or weak pulses
 - 1-10 years: < 70mmHg + (age in years x2)
 - Over 10 years: <80mmHg
 - Over 65 years: <110mmHg
- Stabilize flail segments with bulky dressing.
- Cover eviscerated bowel with dry sterile dressing.
- Stabilize impaled object(s) with bulky dressing. Do not remove.
- Avoid hyperventilation. Maintain an EtCO₂ of 35 or greater, which may be unreliable if the patient was subject to multisystem trauma or poor perfusion.
- An important item to monitor and document is a change in the level of consciousness by repeat examination.
- Do not overlook the possibility of associated domestic violence or abuse.

