

Kittitas County Prehospital EMS Protocols

SUBJECT: MULTI-SYSTEM TRAUMA GENERAL GUIDELINES

- A. Establish and maintain airway.
 - B. Protect and immobilize C-spine.
 - C. Administer O₂ @ 12-15 lpm per non-rebreather mask.
 - D. Ventilate or assist ventilations if with BVM and supplemental O₂ @ 12-15 lpm, hypoventilation or apnea is present.
 - E. Control severe external hemorrhaging as indicated.
 - F. Establish minimum of two large-bore IVs with **Isotonic Crystalloid** running at a rate to maintain systolic BP at 90.
 - G. In the setting of hemorrhagic shock from trauma less than 3 hours old, with anticipated need for massive blood transfusion due to marked internal or external blood loss, the criteria for Tranexamic acid administration are:
 - 1. Adult traumas patients equal to or greater than 16 years of age.
 - 2. Traumatic injury less than 3 hours old.
 - 3. Hemorrhagic shock due to trauma: systolic BP 90mmHg or less: and/or sustained heart rate more than 110 bpm
 - 4. Patient has received at least 500mL of crystalloids and other hemorrhagic control measures have been initiated, i.e., direct pressure, etc.
- Tranexamic acid (TXA)** 1-gram IVP administered over 10 min. in 100mL or 250mL Isotonic Crystalloid (may piggy-back). Notify receiving facility that TXA was initiated in the field.
- G. Rapid transport to medical facility (spend the minimum necessary time at the scene). Do not delay transport to treat minor injuries or splint minor fractures.
 - H. Establish cardiac monitor.
 - I. Consider air transport if:
 - 1. Prolonged (>20 minutes) extrication procedures and prolonged transport time (> 30 minutes) is anticipated.
 - 2. Patient condition warrants a trauma center.
 - 3. Landing site is available & securable. Hoist mission will require M.A.S.T.
 - J. **Air Medical Resources** may be dispatched prior to medical unit arrival after discussion between en route paramedics and on-scene agency (State Patrol, Sheriff, fire department) regarding resources required at scene. When possible, and medically necessary, the patient(s) should be

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accompanied in the helicopter by a paramedic *if advance level care is not available on the air transport unit.*

- K. Consider placement of endotracheal tube, if indicated. End tidal CO₂ monitor, maintain CO₂ between 35-40.