

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

TRAUMA ARREST

****PATIENTS WHO DO NOT MEET CODE 12 CRITERIA****

FIRST RESPONDER

I. Management

- A. Establish and maintain airway with spine stabilization, provide oxygenation and support ventilation as needed.
 - 1. Use modified jaw thrust to open airway.
 - 2. Manual immobilization with hands on bony prominences **MUST** be done while attempting intubation, even if immobilization equipment is in place, **OR** during other patient movement procedures.

- B. Determine presence or absence of pulse or other signs of circulation.

- C. If pulse is absent and patient is unconscious, initiate CPR. (Keeping in mind C-Spine precautions)
 - 1. Consider the following
 - a. Pericardial Tamponade
 - b. Tension Pneumothorax
 - c. Extremity injuries as source of hemorrhage

- D. Apply appropriate structural immobilization with attention to spinal injury precautions appropriate for age. (Refer to Spinal Injury Parameter)

BASIC LIFE SUPPORT

- E. Arrange for ALS intercept.

- F. Transport toward ALS intercept, if transporting unit.

**NOTIFY RECEIVING FACILITY
ASAP
TREAT WHILE EN ROUTE**

ADVANCED LIFE SUPPORT

- G. Monitor EKG

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- H. IV/IO NORMAL SALINE¹
1. Large catheters of 16-18ga preferred.
 2. Administer a NS Fluid bolus at 20cc/kg and reassess the patient.
 3. Monitor breath sounds for evidence of volume overload.

CONTACT MEDICAL CONTROL

- I. Two additional fluid boluses at 20cc/kg may be given. Return to maintain IV/IO rate @ 50cc/hr after maximum of 3 fluid challenges.

¹ If signs of decompensated shock are present in a child less than 6 yrs of age and IV access cannot be obtained, obtain IO access. IV/IO attempts should not delay transport or extrication of critically injured patients.

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Medical Director

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