

Southern Illinois Regional EMS System

L-7 FIRST RESPONDER TRAUMA CARE

1. General:
 - 1.1. Assess and secure scene safety.
 - 1.2. Use universal blood and body secretion precautions on all patients.
 - 1.3. Anticipate potential injuries based on the mechanism of energy transfer.

2. General Management:
 - 2.1. Airway:
 - 2.1.1. Assess, establish and/or maintain an effective airway.
 - 2.2. C-spine immobilization as indicated by mechanism of injury and/or clinical presentation.
 - 2.2.1. Complete spinal immobilization is indicated.
 - 2.3. Helmet removal as per Helmet Management and Removal (DD-16) SOP.
 - 2.4. Reposition airway and suction as needed.
 - 2.4.1. Oral airway adjunct as needed.
 - 2.5. Breathing/Ventilatory Status:
 - 2.5.1. Expose chest:
 - 2.5.1.1. Inspect/palpate:
 - 2.5.1.1.1. Depth, rate, pattern, quality of ventilations:
 - 2.5.1.1.2. Neck veins.
 - 2.5.1.1.3. Use of accessory muscles, retractions, flail segments, unequal movements.
 - 2.5.1.1.4. Open wounds.
 - 2.6. Oxygen 100% NRB or assist with BVM.
 - 2.7. Circulation:
 - 2.7.1. Assess pulses for presence, rate, quality, regularity and equality.
 - 2.7.1.1. If no carotid pulse, initiate CPR.
 - 2.8. Control all hemorrhage with direct pressure/pressure dressings.
 - 2.9. Vomiting/seizure precautions.
 - 2.10. Obtain vital signs; reassess every 5 minutes.

3. Note:
 - 3.1. All blunt trauma above the clavicles and patients involved in MVC's must have complete C-spine immobilization.