Multiple Trauma

History
- Time and mechanism of injury
- Damage to structure or vehicle
- Location in structure or vehicle
- Others injured or dead
- Speed and details of MVC
- Restraints / protective equipment
- Past medical history
- Medications

Signs and Symptoms
- Pain, swelling
- Deformity, lesions, bleeding
- Altered mental status or unconscious
- Hypotension or shock
- Arrest

Differential (Life threatening)
- Chest: Tension pneumothorax
  Flail chest
  Pericardial tamponade
  Open chest wound
  Hemotorax
- Intra-abdominal bleeding
- Pelvis / Femur fracture
- Spine fracture / Cord injury
- Head injury (see Head Trauma)
- Extremity fracture / Dislocation
- HEENT (Airway obstruction)
- Hypothermia

Universal Patient Care Protocol

- Adult Assessment Procedure focusing on initial ABC and level of responsiveness
- Spinal Immobilization Protocol
- Airway Protocol if appropriate

Vital Signs including GCS

- Abnormal
- Normal

Rapid Transport to appropriate destination using EMS System Trauma Plan
Limit Scene Time to 10 minutes
Provide Early Notification

IV Protocol
Normal Saline Bolus
May repeat for hypotension

Splint Suspected Fractures
Consider Pelvic Binding
Control External Hemorrhage

Tension Pneumothorax?
Chest Decompression

Consider
Head Injury Protocol

Legend

| M | Medical Control |
| B | EMT |
| I | EMT- I |
| P | EMT- P |

Complete Assessment
- Splint Suspected Fractures
- Consider Pelvic Binding
- Control External Hemorrhage

Transport to appropriate destination using EMS System Trauma Plan
Continually Reassess

Notify Destination or Contact Medical Control

Pears
- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- Items in Red Text are key performance measures used in the EMS Acute Trauma Care Toolkit
- Transport Destination is chosen based on the EMS System Trauma Plan with EMS pre-arrival notification.
- Geriatric patients should be evaluated with a high index of suspicion. Often occult injuries are more difficult to recognize and patients can decompensate unexpectedly with little warning.
- Mechanism is the most reliable indicator of serious injury.
- In prolonged extrications or serious trauma, consider air transportation for transport times and the ability to give blood.
- Do not overlook the possibility of associated domestic violence or abuse.
- Scene times should not be delayed for procedures. These should be performed en route when possible. Rapid transport of the unstable trauma patient is the goal.
- Bag valve mask is an acceptable method of managing the airway if pulse oximetry can be maintained above 90%