

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
- **SAMPLE**
- 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
Hemothorax
- 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**
Routine Standard of Care

 **Adult Assessment Procedure**
(Focus on initial ABC and level of responsiveness)

 **Spinal Immobilization Protocol**


 **Airway or RSI Protocol**
(If Indicated)


 **Document GCS Including Vital Signs**


Abnormal


Normal


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


 **IV Protocol**

 **20ml/kg Fluid Bolus**
(As indicated by assessment findings)


 **Splint Suspected Fractures**
Consider Pelvic Binding
Control External Hemorrhage


 **Consider Chest Decompression**
(If Indicated)

 **Complete Assessment**

 **Splint Suspected Fractures**
Consider Pelvic Binding
Control External Hemorrhage

Transport to appropriate destination using System Trauma Plan

 **Continuous Reassessment**

 **Appropriate Protocol**
Based on Patients Symptoms

Pearls

- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- Transport Destination is chosen based on the System Trauma Plan with 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 and compensatory vital signs are the most reliable indicator of serious injury.
- 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.