

Initial Trauma Care T-01

Control any gross hemorrhage and dress wounds

Place **Occlusive Dressing** if sucking chest wound present

If pelvis is unstable, apply **Pelvic Binder (or Wrap)** T-P2

Penetrating object:
Stabilize object(s) & place supine with legs elevated and flexed at knees and hips if possible, position of comfort otherwise

Evisceration → Place supine with legs elevated and flexed at knees and hips. Cover evisceration(s) with saline soaked trauma dressing

Fluid Resuscitation per
Hemorrhagic Shock GL T-04

Consider Tension Pneumothorax

Are at least THREE of the following present?

- A. Acute chest trauma, ecchymosis or obvious rib fractures
- B. Subcutaneous Emphysema
- C. Acute respiratory distress, hypoxia, cyanosis, and/or hypotension
- D. Unilaterally decreased/absent breath sounds (may have hyperresonance)
- E. Tracheal deviation (away from the PTX)

Consider **spontaneous** tension pneumothorax IF history of COPD/chronic lung disease and unilateral findings as above

If YES to 3 or more, consider unilateral or bilateral:

Needle/Finger Thoracostomy T-P1

T-09 CHEST/ABDOMINAL TRAUMA		<table border="1"><tr><td>First Responder</td></tr><tr><td>EMT</td></tr><tr><td>AEMT</td></tr><tr><td>Paramedic</td></tr></table>	First Responder	EMT	AEMT	Paramedic
First Responder						
EMT						
AEMT						
Paramedic						

KEY POINTS:

- Needle/finger thoracostomy (decompression) should generally be performed in the 4th-5th intercostal space in the mid-axillary line.

QI Review Parameters:

- 1.