

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Chest and Abdominal Trauma

Overview: In a trauma event that involves the chest and abdomen, rapid transport, assessment and history to identify treatable occult causes cannot be over emphasized.

INFORMATION NEEDED

- ___ Patient complaints: (chest discomfort, respiratory distress, neck discomfort, abdominal pain).
- ___ Pertinent past medical history (particularly cardiovascular and respiratory problems)
- ___ Mechanism of injury (blunt versus penetrating trauma)
- ___ Medications and possible pregnancy

OBJECTIVE FINDINGS

- ___ Physical signs of trauma and / or blood loss (wounds, bruising, paradoxical chest wall movement, rib cage or pelvis instability, crepitus, areas of tenderness, abdominal rigidity and guarding.
- ___ Neck veins, tracheal position, air leaks, breath sounds, heart sounds, pulse pressures, oxygen saturation, skin signs, and blood pressure in both arms.

TREATMENT

- ___ Be prepared for rapid transport
- ___ Assess patient, scene safety
- ___ Control airway. Use appropriate oxygen and airway adjuncts as needed, consider Combi-tube.
- ___ Control external bleeding with direct pressure
- ___ For open chest wound, secure with occlusive dressing
- ___ If evisceration present, cover with moist saline gauze dressing to prevent further contamination or drying.
- ___ Immobilize impaled objects to prevent further movement.
- ___ Routine Medical Care
- ___ Full immobilization as needed (If pregnant tilt spine board to the left)
- ___ Ensure adequacy of airway
- ___ Transport as soon as possible, consider ALS intercept

Documentation of adherence to protocol:

- ___ Mechanism of injury
- ___ Vital signs on arrival
- ___ Oxygen and airway interventions
- ___ Physical exam documented
- ___ Document interventions

PRECAUTIONS AND COMMENTS

- Chest injuries significant enough to cause respiratory distress are commonly associated with significant internal blood loss. Reassess frequently for signs and symptoms of hypovolemia.
- Significant chest and abdominal injury may occur without any external signs of injury,. Consider mechanism of injury and the forces involved and be highly suspicious of occult trauma.
- Ensure scene is safe
- Consider pre-existing medical causes of respiratory distress such as bronchospasm, pulmonary edema, or COPD

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Chest and Abdominal Trauma

Overview: In a trauma event that involves the chest and abdomen, rapid transport, assessment and history to identify treatable occult causes cannot be over emphasized.

INFORMATION NEEDED

- Patient complaints: (chest discomfort, respiratory distress, neck discomfort, abdominal pain).
- Pertinent past medical history (particularly cardiovascular and respiratory problems)
- Mechanism of injury (blunt versus penetrating trauma)
- Medications and possible pregnancy

OBJECTIVE FINDINGS

- Physical signs of trauma and / or blood loss (wounds, bruising, paradoxical chest wall movement, rib cage or pelvis instability, crepitus, areas of tenderness, abdominal rigidity and guarding.
- Neck veins, tracheal position, air leaks, breath sounds, heart sounds, pulse pressures, oxygen saturation, skin signs, and blood pressure in both arms.

TREATMENT

- Be prepared for rapid transport
- Assess patient, scene safety
- Control airway. Use appropriate oxygen and airway adjuncts as needed. Intubate as needed..
- Control external bleeding with direct pressure
- For open chest wound, secure with occlusive dressing. Needle thoracotomy for tension pneumothorax
- If evisceration present, cover with moist saline gauze dressing to prevent further contamination or drying.
- Immobilize impaled objects to prevent further movement.
- Routine Medical care, consider IV access. If hypotension (SBP <90) fluid challenge of 500ml of NS. Reassess and repeat as indicated
- Full immobilization as needed (If pregnant tilt spine board to the left)
- Ensure adequacy of airway
- Transport as soon as possible

Documentation of adherence to protocol:

- Mechanism of injury
- Vital signs on arrival
- Oxygen and airway interventions
- Physical exam documented
- Document airway, IV and / or needle decompression interventions.

Medical Control Contact Criteria

Contact Medical control if assistance is needed

PRECAUTIONS AND COMMENTS

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- Ensure scene is safe
- Consider pre-existing medical causes of respiratory distress such as bronchospasm, pulmonary edema, or COPD