



CCT-RN/Paramedic Treatment Guideline 1101/2101

Trauma Assessment and Management Procedures (TAMP)

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Follow **TAMP Protocol 4101**, as applicable, with the following modifications:

A. Patient Assessment.

1. Airway:

a. If external airway is in place prior to arrival, confirm proper placement and secure device prior to transport.

b. If patient's airway is not secure and needs secured, establish patent airway using **Airway Management Protocol 4901** and/or **Advanced Airway Management (RSI) Guideline 1901/2901**.

2. Breathing:

a. If **no** respiratory distress, apply oxygen at 10-15 LPM via non-rebreather mask. If patient cannot tolerate mask, apply oxygen at 6 LPM by nasal cannula. Attempt to maintain oxygen saturations >94%.

b. If respiratory distress or cannot maintain oxygen saturations >90% with supplemental oxygen assist ventilations with 100% oxygen and consider securing airway with endotracheal tube using **Airway Management Protocol 4901** and/or **Advanced Airway Management (RSI) Guideline 1901/2901**.

c. Correct any tension pneumothorax by needle decompression per **Chest Trauma Protocol 4104**, or by pneumothorax catheter (Cook, Wayne, or similar) insertion.

For interfacility aeromedical transport, **Consult MCP** to consider pneumothorax catheter insertion prior to transport for *any significant simple pneumothorax (>10%)*, **per direct order of MCP**.



d. If patient is on a ventilator prior to arrival, assess adequacy of current settings and document. Suggest changes in ventilator settings if needed to maintain oxygen saturations >94%.

3. Circulation:

a. Initiate or continue at least (2) large bore IV sites using 0.9% normal saline. If patient is in hemorrhagic shock, follow **Shock Guideline 1108/2108 A: (Hypovolemic Shock)**, including IV fluid boluses and/or blood.



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b. If patient is in neurogenic shock secondary to a spinal cord injury, follow **Shock Guideline 1108/2108 B: (Neurogenic Shock)**, including IV fluid boluses, blood, and/or possible vasopressor agent.

B. Treatment.

1. Monitor ECG, pulse oximeter, end tidal CO₂, vital signs at least every 15 minutes, and document.
2. If patient is intubated or comatose, consider nasogastric or orogastric tube. Do **not** use nasogastric tube if suspected head/facial injuries.
3. If interfacility transport and prolonged transport time is contemplated, Consider urinary catheter insertion.
4. If treatment or prevention of nausea/vomiting is needed, or if pain management is needed, refer to **Patient Comfort Advanced Guideline 1902/2902**.
5. If interfacility transport, ensure that any available medical records, x-rays, recent labs are transported with the patient.
6. If interfacility transport, provide a short update/visit with family at sending facility, if time and condition allows, to alleviate anxiety of patient and family.

C. **Contact Medical Command** enroute with patient report and ETA.

