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Executive Director

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Medical Director

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ABDOMINAL TRAUMA

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

STANDING ORDERS

ABCs

SECURE AIRWAY/INTUBATE Use simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation while enroute. Confirm tube placement, if intubated, with end-tidal CO₂ detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

SPINE IMMOBILIZATION If indicated, Refer to ALS Introduction Policy 554.00

OXYGEN

POSITION If patient is pregnant place patient on left side, or if in spinal immobilization, tilt spine board 30 degrees to the left.

IV/IO ACCESS TKO. If systolic BP less than 90, give 250 ml fluid boluses until systolic BP 90-100. Reassess the patient after each bolus.

DRESS WOUNDS

CONSIDERATIONS

Impaled Object - Immobilize and leave in place. Remove object only if it interferes with CPR, extrication, or ventilation.

Eviscerating Trauma - Cover eviscerated organs with saline-soaked gauze. Do not attempt to replace organs into the abdominal cavity.

Genital Injuries - Cover genitalia with saline soaked gauze. If necessary apply direct pressure to control bleeding. Treat amputation the same as extremity amputation: refer to Extremity Trauma Policy 554.87

BASE PHYSICIAN ORDERS

MORPHINE Up to 5 mg slow IV push, then 2.5 mg increments slow IV (if systolic BP greater than 100), to relieve pain.