Yukon-Kuskokwim HEALTH CORPORATION

Guideline Protocol

Trauma Outside Bethel

Trauma patient outside Bethel

- Identify mechanism.
- Transfer to clinic with Spinal Motion Restriction (SMR) if indicated.
- See Box 1.

Trauma Primary Survey: **ABCDE**

- **Airway:** Loss of airway, stridor, expanding neck/submental swelling, impending airway compromise
- **Breathing:** Hypoxia, marked tachypnea, flail chest, absent breath sounds
- **Circulation:** Absent pulses, pulsatile bleeding
- **Deficit:** *Objective* neurologic deficit
- **Exposure:** Unclothe patient, eval for occult injuries

Emergent findings in Primary Survey AND/OR Any condition in Box 2?

Yes →
- Contact **Wards Doctor STAT.
- Stabilize and evaluate. See Box 4.
- Proceed to **secondary survey** after patient is stabilized.

No ↓

Proceed to focused HPI (Box 3) and and **secondary survey**.

Findings on secondary survey warrant transfer to higher level of care.

No →
- Discharge with thorough return precautions.
- Feel free to contact RMT provider if questions.

Yes ↓

Patient is cognitively intact, hemodynamically stable, and ambulatory.

No →
- Likely to require medevac.
- Contact Emergency RMT/Wards Doctor.

Yes ↓
- Likely candidate for commercial transfer.
- Contact RMT provider to notify.

Box 1: If responding to scene

- *Do not risk safety of medical staff under any circumstance.*
- If scene is compromised by combative patient or unsafe bystanders, leave scene immediately and do not return until scene secured by law enforcement.
- If CPR in progress, stay on-scene; CPR is often interrupted or lowered in quality by transport.
- Otherwise, prioritize transport to clinic. Aggressive medical interventions in field delay definitive care.

Box 2: Common conditions which warrant emergent transport

- Physiologic instability: MAP <70, RR >30, GCS <10 if not intoxicated.
- Anatomic injuries: *penetrating* wounds to head, neck, torso, eye.
- Crushed/degloved/mangled extremity.
- Non-digital amputation.
- Pelvic fracture.
- Open/depressed skull fracture.
- Paralysis.

Box 3: Contents of Focused HPI

Age, sex, mechanism of injury (MOI)

Details by MOI:

1. Penetrating trauma:
- Knife: Type, length, depth.
- GSW: Caliber, distance from victim, entrance/exit.

2. Blunt trauma:
- MVC: Vehicle type, speed, ±LOC, ±ambulatory afterwards, ±restraint, ±helmet.
- Fall: Distance, ±LOC, ±ambulatory afterwards.

3. Environmental
- Cold Exposure: Temperature, time of exposure.
- Heat Exposure: Structure/materials involved.

Additional important information:
- Anticoagulants
- Pregnancy
- Presence of burns
- Ability to void since injury

****Contact**

- To reach Wards Doctor, send message via Tiger Connect to "Yukon Wards Doctor (Emergency RMT)" or "Kusko Wards Doctor (Emergency RMT)."
- If this is not practical, call the ED at (907) 543-6395 and ask for the wards doctor to be paged.

Please use this guideline as well as ATLS principles in all trauma cases, including for delayed presentation to care. Although delayed presentations are often less emergent, these principles still apply, and this process should be followed.

If health aide present, consider asking them to look up and follow CHAM section on Major Trauma.

Box 4: Interventions

1. Stabilization
- Two 18g (or largest bore available) PIV
- Spinal motion restrictions (SMR) if indicated
- Pressure dressing to briskly bleeding wounds
- Pelvic wrap/binder if indicated
- Splinting of fractures
- Do not apply a tourniquet without input from RMT or ED provider.

2. Diagnostics
- CXR, AP Pelvis
- Glucose POC, CBC, CMP

Abbreviations

MAP: mean arterial pressure
GCS: Glasgow coma scale
SMR: spinal motion restrictions
LOC: loss of consciousness
MOI: mechanism of injury

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 3/24/23.
Click **here** to see the supplemental resources for this guideline.
If comments about this guideline, please contact Clinical_Guidelines@ykhc.org.

Secondary Survey Checklist

Document in your note using autotext "..traumasurvey"

	Mental Status: **GCS**
	Scalp: • Lacerations / swelling • Evidence of skull fracture
	Eyes: • Visual Acuity • Pupil size/reactivity • Globe integrity • Extraocular muscle movement
	Ears: • Hemotympanum • TM rupture
	Face: • Nose: Epistaxis, septal hematoma, fracture • Mouth: Midline, symmetric jaw, able to open and close.
	Neck: • Swelling / soft tissue injury • TTP over cervical spine
	Chest: • Ecchymoses, swelling, flail chest • TTP, crepitus, displaced ribs • Bilateral lung sounds
	Abdomen: • TTP, distension, absent bowel sounds
	Pelvis/GU: • Stability to pressure at the anterior superior iliac spine • TTP of femoral head • Testicular swelling • Blood at urethral meatus
	Back: • TTP along T/L spine
	Long bones: • Deformity/TTP • Lacerations over fractures (should be treated as open fractures) • Limitations in active ROM
	Integument (all sites): • Cold, pale, cap refill >3 seconds • Lacerations: *If not over vascular area, explore with sterile glove* • Hematomas (watch for expansion) • Burns