



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
GENERAL INJURY AND TRAUMA (ADULT/ADOLESCENT)

#: BH-T-05  
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Date: 04/01/2017

**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Patients meeting trauma triage criteria should be routed to the nearest open OCEMS designated Trauma Center.

GENERAL:

1. When transporting women who are estimated to be 20 weeks or more gestation (2<sup>nd</sup> and 3<sup>rd</sup> trimester), transport with collar and place patient on her left side to decrease pressure on the inferior vena cava. Pad appropriately.
2. *Needle Thoracostomy (Procedure PR-60)* for rapidly deteriorating patient with severe respiratory distress who has signs and symptoms of life-threatening tension pneumothorax which may include:
  - Progressively worsening dyspnea
  - Hypotension
  - Decreased or diminished breath sounds on affected side
  - Distended neck veins
  - Tracheal deviation away from the affected side

AIRBAG DEPLOYMENT:

1. Consider potential for eye injuries, blunt force trauma chest injuries.

EXTERNAL BLEEDING / HEMORRHAGE:

1. Continue Normal Saline IV as a wide open infusion to attain or maintain perfusion.

**ALS STANDING ORDER**

AUTO ACCIDENT WITH AIRBAG DEPLOYMENT:

1. For eye irritation, brush off any powder around upper face and irrigate copiously with water.
  - Ask patient if wearing contact lenses and if yes, ask patient to remove lenses if still in place.
2. Pulse oximetry; if oxygen saturation less than 95%, give:
  - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. For respiratory distress with wheezes, administer *albuterol*:
  - ▶ *Albuterol, Continuous nebulization 6 mL (5 mg) concentration as tolerated.*
4. Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30)
5. If does not meet Trauma Triage Criteria, transport to nearest appropriate ERC.

EXTERNAL BLEEDING / HEMORRHAGE:

1. Apply direct pressure to bleeding site to control blood loss
  - For continued bleeding after application of direct pressure, consider use of approved hemostatic dressing.
  - Use of a tourniquet is appropriate when upper or lower extremity hemorrhage cannot be controlled by applying direct pressure to the site of bleeding.
  - Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30).

Approved:

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BASE GUIDELINES

EYE INJURY:

1. For continued pain, may repeat or give Fentanyl 50 mcg IV/IM (or 100 mcg IN) or Morphine Sulfate 5 mg IV, repeat once after 3 minutes for continued pain if systolic BP greater than 90.
2. Consider Ondansetron ODT or IV per ALS SO on left

ALS STANDING ORDER

2. Pulse oximetry; if oxygen saturation less than 95%, give:
  - ▶ High-flow oxygen by mask or by nasal cannula at 6 l/min flow rate as tolerated.
3. IV access if hypotensive or per paramedic judgment, do not delay transport to establish IVs.
  - ▶ 250 mL Normal Saline IV, continue Normal Saline as a wide open infusion to attain or maintain perfusion.
4. Base contact required if hypotensive or normal saline infusion required for stabilization.

EYE INJURY:

1. Cover injured eye without applying pressure to the globe.
2. Elevate head 30 degrees or more if spinal motion restriction is not required.
3. Morphine sulfate or Fentanyl as needed for pain, if BP greater than 90 systolic:
  - ▶ Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain.
  - OR**
  - Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once after 3 minutes to control pain.
4. For nausea or vomiting give Ondansetron (Zofran™):
  - ▶ Ondansetron (Zofran™) 8 mg ODT (two 4 mg ODT tablets) to dissolve orally on inside of cheek
  - OR,
  - 4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for continued nausea or vomiting.
5. Transport to nearest appropriate ERC.

Approved:

