



POLICY: 554.86
TITLE: Abdominal Trauma

EFFECTIVE: 02/13/2019
REVIEW: 02/2024
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

Abdominal Trauma

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL

STANDING ORDERS

ASSESS	CAB
SECURE AIRWAY	Use simplest effective method while maintaining SSMR. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable Beyond BLS airway management refer to General Procedures Protocol 554.00
SPINE IMMOBILIZATION	If indicated, refer to 554.80 Selective Spinal Movement Restriction
OXYGEN	Oxygen delivery as appropriate
POSITION	If patient is pregnant place patient on left side, or tilt spine board 30 degrees to the left.
IV/IO ACCESS	TKO. If systolic BP less than 80mmHg, give 250 ml fluid boluses until systolic BP 80-100. Reassess the patient after each bolus.
DRESS WOUNDS	Use Hemostatic dressings if applicable
CONSIDERATIONS	<p>Impaled Object - Immobilize and leave in place. Remove object only if it interferes with CPR, extrication, or ventilation.</p> <p>Eviscerating Trauma - Cover eviscerated organs with saline-soaked gauze. Do not attempt to replace organs into the abdominal cavity.</p> <p>Genital Injuries - Cover open genitalia wound 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</p>

BASE PHYSICIAN ORDERS

PAIN MANAGEMENT	Refer to Pain Management Protocol 544.44
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