Trauma

Nursing Interventions
- Consider Four Score Coma Scale for unresponsive traumatic patients  
- A single SBP reading less than 105 mm Hg is associated with significant morbidity and mortality  
  - Immobilize with sling or splint as appropriate.  
  - Ice compresses to affected areas  
  - Apply cervical  
  - Remove backboard  
  - Foley catheter (urojet)  
  - Nurse Initiated Pain Management Protocol  
  - Set up Ultrasound for FAST exam

Laboratory
- Complete blood cell count with automated white blood cell differential  
- Basic metabolic panel  
- Comprehensive metabolic panel  
- Serum lactate  
- PT/INR  
- Kleihauer-Betke test  
- Type and Screen  
- Type and Cross ___ Units of Blood ___ Units of FFP  
- Urinalysis (UA) with microscopy  
- Pregnancy test, urine, point-of-care measurement

Diagnostic Tests
- Abdominal exam does not reliably identify all patients with traumatic intra-abdominal injuries. CT has become the primary method of evaluating hemodynamically stable blunt trauma patients. Routine CT however is not practical in most busy emergency departments and overuse of CT scanning exposes patients to unnecessary ionizing radiation and the risk of CA. A clinical prediction rule consisting of hypotension, GSC < 14, costal margin tenderness, abdominal tenderness, femur fracture, hematuria level > 25 RBCs/HPF, HCT < 30%, and abnormal CXR (rib fracture or pneumothorax) can aid in the assessment of patients with blunt torso trauma. Patients without any of these high-risk variables are unlikely to benefit from abdominal CT scanning.  
  - 12-lead ECG  
  - Radiograph, spine, cervical, 2 or 3 views  
  - Radiograph, chest, 1 view  
  - t-spine 2 views  
  - pelvis  
  - LS spine 2 views  
  - Upper Extremity: ___clavicle ___shoulder ___humerus ___elbow ___forearm ___wrist ___hand  
  - Lower Extremity: ___hip ___femur ___knee ___tib/fib ___ankle ___foot  
  - CT, head or brain, without contrast  
  - CT C-spine  
  - CT Chest/abdomen/pelvis  
  - CT – quantitative, spine CT with spinal reconstruction

Respiratory
- Oxygen administration 2 L/min via NC and titrate to 4 L/min to maintain sat of 90% or greater  
- ABG  
- VBG

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IV Fluids
- Saline lock
- Sodium Chloride 0.9% @ ___ mL.hr.
- Lactated Ringers Solution @ ___ mL.hr.
- Bolus
- Use warmed IV fluids for initial resuscitation (first 2 liters)

Medications

Combination Analgesics
- hydrocodone-APAP/VICODIN 1 tablet orally once
- hydrocodone-APAP/LORTAB 7.5/500 1 tablet orally once
- oxycodone-APAP/PERCOCET 5-325 1 tablet orally once

Non-opioids
- acetaminophen /TYLENOL 650 milligram orally once
- acetaminophen /TYLENOL 1,000 milligram orally once
- acetaminophen /TYLENOL 650 milligram rectally once
- ibuprofen /MOTRIN 400 milligram orally once

Narcotic analgesics
- morphine 0.1 milligram/kilogram intravenously repeat every hour as needed until pain relief
- HYDROMorphone /DILAUDID ____mg IVP 0.5 milligram slow IVP every 5 minutes. Repeat every 10 minutes until pain relief achieved.
- fentaNYL /SUBLIMAZE ____micrograms IVP 1 microgram/kilogram IV every hour as needed until pain relief

Antibiotics
- cefazolin/ANCEF 1 g ivpb
- ampicillin-sulbactam/UNASYN 3 mg IVPB
- gentamicin /GARAMYCIN 5 mg/kg IVPB

Antiemetics
- droperidol /INAPSINE 0.625 milligram intravenously once as needed for nausea/vomiting
- metoclopramide /REGLAN 10 milligram intravenously once
- ondansetron /ZOFRAN 4 milligram intravenously once
- ondansetron /ZOFRAN 4 milligram orally once
- prochlorperazine /COMPAZINE 5 milligram intravenously or intramuscularly
- prochlorperazine /COMPAZINE 10 milligram po, IM, or IV
- prochlorperazine /COMPAZINE 25 milligram rectally

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