



Jackson Hole Fire/EMS Operations Manual

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Title: **Treatment Protocol:
Trauma Management**

Division: 17

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TRAUMA MANAGEMENT (Treatment Protocol)

ALL PROVIDERS

- Perform Rapid Trauma Assessment
 - Follow Selective Spinal Immobilization protocol if stable.
 - Manage airway per Airway Protocol.
 - Control any major bleeding. **Consider tourniquet for life threatening bleeding.**
 - Initiate CPR if indicated
 - Avoid hypothermia
- Consider field termination of resuscitation in **blunt traumatic arrest** in conjunction with medical control.
- **Recognize immediately reversible causes of traumatic arrest. If unable to regain pulse consider field termination of resuscitation in most traumatic arrest settings.**
- Contact Medical Control/ & make hospital notification.
 - Trauma Team Activation (Green, Yellow, Red)
- Complete physical exam and on-going assessment en route.

ADULT EMT

- Consider pelvis stabilization

PEDIATRIC (<45 kg) EMT

- Consider pelvis stabilization

EMT-INTERMEDIATE

- Apply cardiac monitor, check rhythm
- Establish two large-bore IV or IO lines enroute if indicated
- IVF as indicated
- Consider bilateral chest needle decompression in traumatic arrest
- **Fentanyl** as indicated

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PARAMEDIC

- Consider **Fentanyl / Hydromorphone / Ketamine** as indicated
- If massive hemorrhage or suspected major blood loss, consider **TXA**

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Considerations:

- In multiple patient incidents or mass casualty triage, resuscitate only if all viable patients have been cared for and resources allow.
- During trauma resuscitation: Perform BLS treatment, airway management, and needle decomp. if indicated on scene, transport ASAP and utilize further advanced skills en route (IV's, etc.)
- Resuscitate pt with limited IV fluids to allow permissive hypotension (SBP>90/radial pulse).
- Tranexamic acid use per current protocol



Trauma Activation Criteria



	Trauma RED		Trauma YELLOW
Airway	<ul style="list-style-type: none">Compromised AirwayIntubated or Assisted Ventilation		<ul style="list-style-type: none">Burn with inhalation injuryBurns > 10% TBSA (2nd or 3rd Degree)
Breathing	<ul style="list-style-type: none">Respiratory Distress or Compromise		<ul style="list-style-type: none">HangingDrowningFlail Chest
Circulation	AGE	Systolic Blood Pressure	<ul style="list-style-type: none">Pulseless extremity with deformity distal to knee or elbowSuspected pelvic fracture
	< 1 year	< 60 mmHg	
	1-10 years	<70 +2x age mmHg	
	11-64 years	<90 mmHg	
	> 65 years	<100 mmHg	
Disability	<ul style="list-style-type: none">GCS <9		<ul style="list-style-type: none">GCS 9-13Acute paraplegia or quadriplegiaFocal Neurological deficitAnticoagulated (except ASA) patients with +LOC, including ground level falls
	<ul style="list-style-type: none">Gunshot wound to head, neck, chest, or abdomenPenetrating injury with uncontrolled external hemorrhage or pulseless extremityMangled extremity or amputation proximal to wrist or ankleDeterioration of previously stable patientProvider discretion		<ul style="list-style-type: none">Stab wound to the head, neck, chest, or abdomenLow level falls in young children (≤ 5 years) or older adults (≥ 65 years) with significant head impactFalls from height > 10 feet all agesTrauma with pregnancy > 20 weeksHIGH RISK MVC: ejection, high speed deceleration, unrestrained high-speed crashHigh voltage electrical injuryRider separated from transport vehicle/ animalAdults > 65 with significant trauma & multiple comorbiditiesProvider Discretion
Trauma Green – For trauma that does not fit into above category and/or Provider Discretion			