



Jackson Hole Fire/EMS

Operations Manual

Approved by: Mike Moyer (Oct 29, 2025 15:39:58 MDT)

Mike Moyer, Fire Chief

Approved by: Will Smith, MD

Will Smith, Medical Director

Title: **Treatment Protocol: Trauma Management**

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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

PEDIATRIC (<45 kg) EMT

- Consider pelvis stabilization
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EMT-INTERMEDIATE

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- 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

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- 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 decompr. 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 Airway • Intubated or Assisted Ventilation 		<ul style="list-style-type: none"> • Burn with inhalation injury • Burns > 10% TBSA (2nd or 3rd Degree)
Breathing	<ul style="list-style-type: none"> • Respiratory Distress or Compromise 		<ul style="list-style-type: none"> • Hanging • Drowning • Flail Chest
Circulation	AGE	Systolic Blood Pressure	<ul style="list-style-type: none"> • Pulseless extremity with deformity distal to knee or elbow • Suspected pelvic fracture
	< 1 year	< 60 mmHg	
	1-10 years	<70 +2x age mmHg	
	11-64 years	<90 mmHg	
Disability	<ul style="list-style-type: none"> • GCS < 9 		<ul style="list-style-type: none"> • GCS 9-13 • Acute paraplegia or quadriplegia • Focal Neurological deficit • Anticoagulated (except ASA) patients with +LOC, including ground level falls
	<ul style="list-style-type: none"> • Gunshot wound to head, neck, chest, or abdomen • Penetrating injury with uncontrolled external hemorrhage or pulseless extremity • Mangled extremity or amputation proximal to wrist or ankle • Deterioration of previously stable patient • Provider discretion 		<ul style="list-style-type: none"> • Stab wound to the head, neck, chest, or abdomen • Low level falls in young children (≤ 5 years) or older adults (≥ 65 years) with significant head impact • Falls from height > 10 feet all ages • Trauma with pregnancy > 20 weeks • HIGH RISK MVC: ejection, high speed deceleration, unrestrained high-speed crash • High voltage electrical injury • Rider separated from transport vehicle/ animal • Adults > 65 with significant trauma & multiple comorbidities • Provider Discretion
Trauma Green – For trauma that does not fit into above category and/or Provider Discretion			