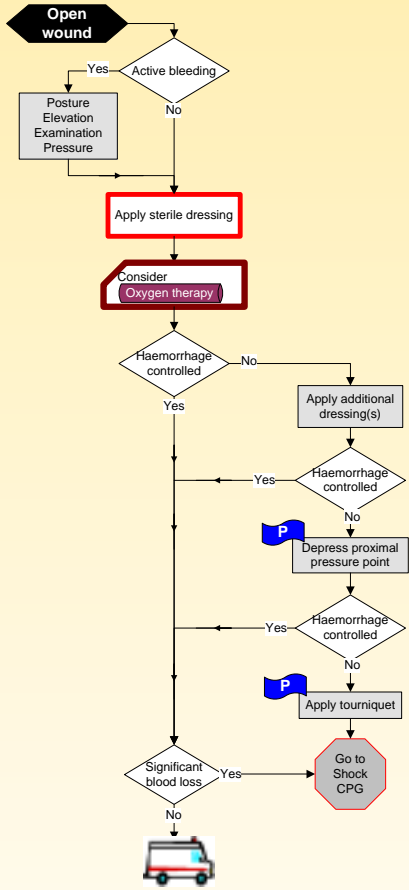


4/5/6.6.1  
05/08

External Haemorrhage – Adult

EMT P  
AP



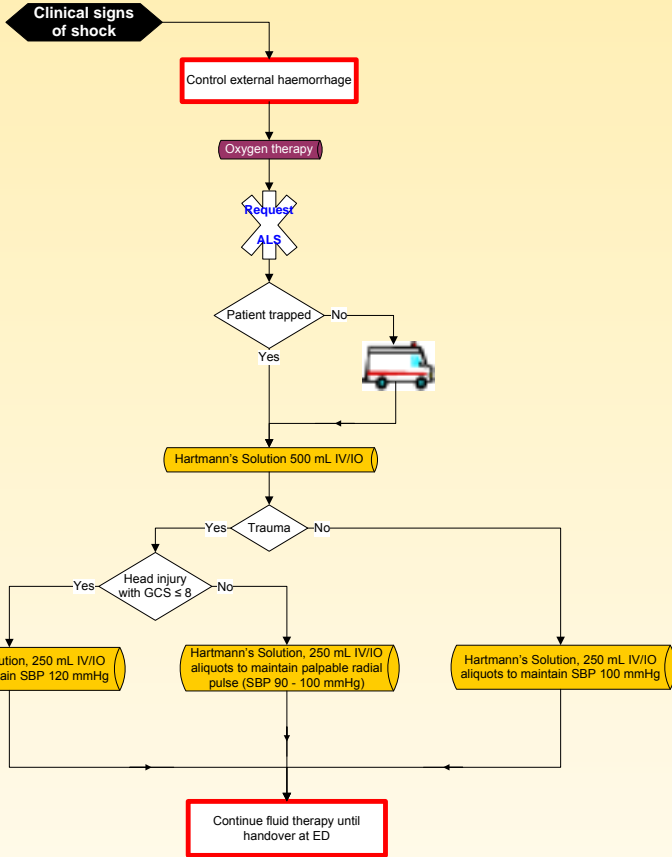
TRAUMA  
External Haemorrhage – Adult

S6

5/6.6.2  
05/08

**Shock from Blood Loss – Adult**

**P** **AP**



**Special Authorisation:**  
**P** Paramedics are authorised to continue the established infusion in the absence of an Advanced Paramedic or Doctor during transportation

TRAUMA  
Shock from Blood Loss – Adult

S6

5/6.6.3  
05/08

**Spinal Immobilisation – Adult**

P AP

**Trauma  
Initial indications for  
spinal immobilisation**

**Use clinical  
judgement  
If in doubt,  
immobilise**

Return head to neutral position unless on movement there is increase in  
**Pain, Resistance or Neurological symptoms**

**Are all of the factors listed present;**  
GCS = 15  
Communication effective with patient (not intoxicated with alcohol or drugs)  
No dangerous mechanism, distracting injury or penetrating trauma  
No numbness or tingling in extremities  
Presence of low risk factors which allow safe assessment of range of motion  
Patient voluntarily able to actively rotate neck 45° left & right pain free  
Patient can walk pain free

**Do not forcibly restrain a  
patient that is combative**

Remove helmet  
(if worn)

**Immobilisation  
may not be  
indicated**

Life  
Threatening

Apply cervical collar

Go to  
appropriate  
CPG

Patient in  
sitting position

Use extrication device

**Rapid extrication with long  
board and cervical collar**

Load onto vacuum mattress  
or long board

**Consider Vacuum  
mattress**



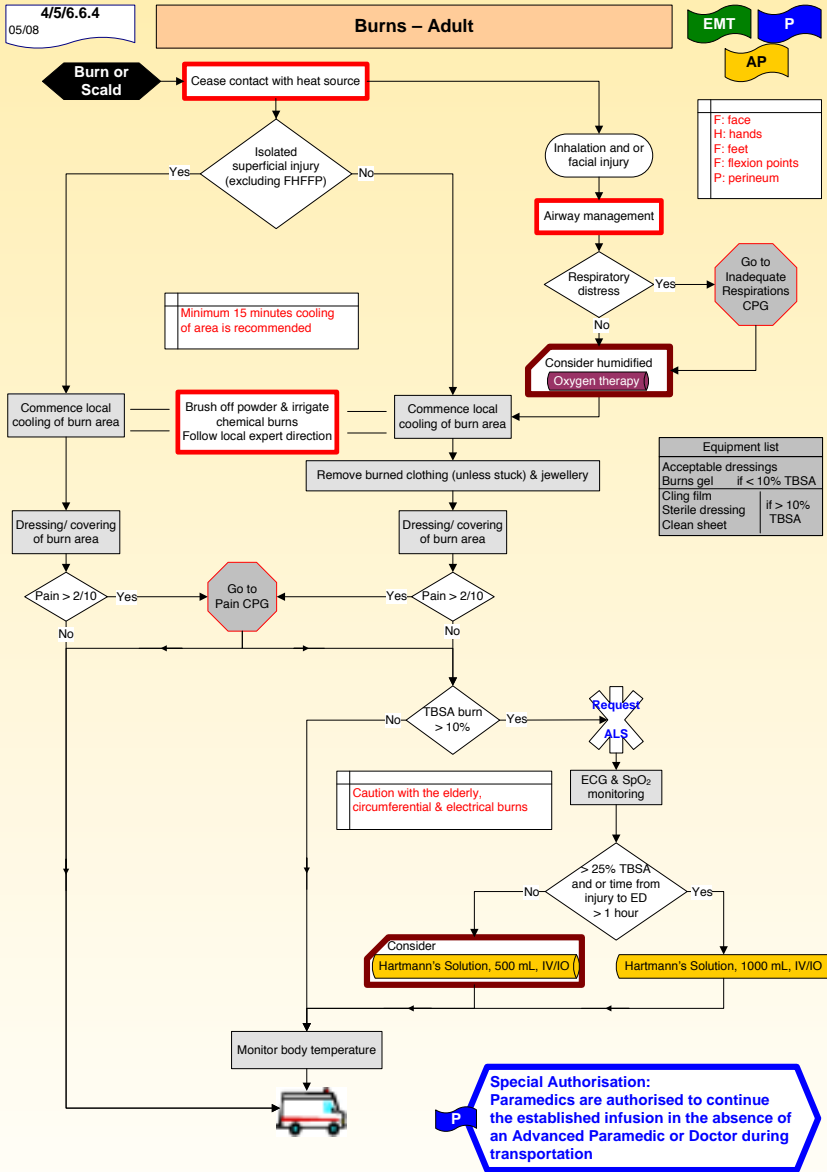
**Dangerous mechanism include;**  
Fall ≥ 1 meter/ 5 steps  
Axial load to head  
MVC > 100 km/hr, rollover or ejection  
ATV collision  
Bicycle collision  
Pedestrian v vehicle

**Low risk factors**  
Simple rear end MVC (excluding push into  
oncoming traffic or hit by bus or truck)  
No neck or back pain  
Absence of midline c-spine or back tenderness

**Equipment list**  
Extrication device  
Long board  
Vacuum mattress  
Orthopaedic stretcher  
Rigid cervical collar

TRAUMA  
Spinal Immobilisation – Adult

S6



TRAUMA  
Burns – Adult

S6

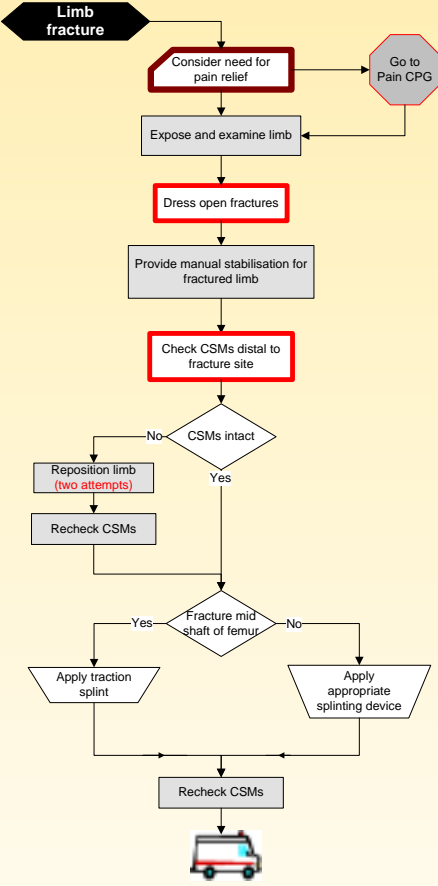
Reference: Allison, K et al, 2004, Consensus on the prehospital approach to burns patient management, Emerg Med J 2004; 21:112-114  
Sanders, M, 2001, Paramedic Textbook 2<sup>nd</sup> Edition, Mosby

5/6.6.5  
05/08

Limb Fractures – Adult

P AP

Equipment list
Traction splint
Box splint
Frac straps
Triangular bandages
Vacuum splints
Long board
Orthopaedic stretcher



Contraindications for application of traction splint
1 # pelvis
2 # knee
3 Partial amputation
4 Injuries to lower third of lower leg
5 Hip injury that prohibits normal alignment

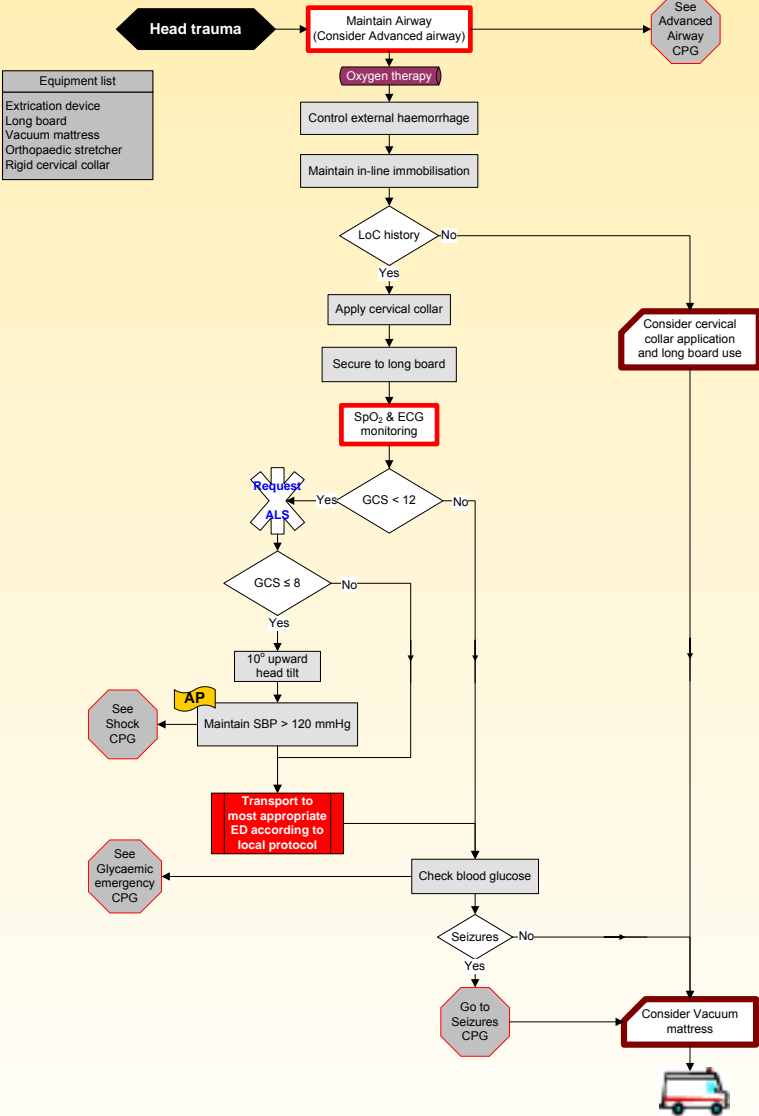
TRAUMA  
Limb Fractures – Adult

S6

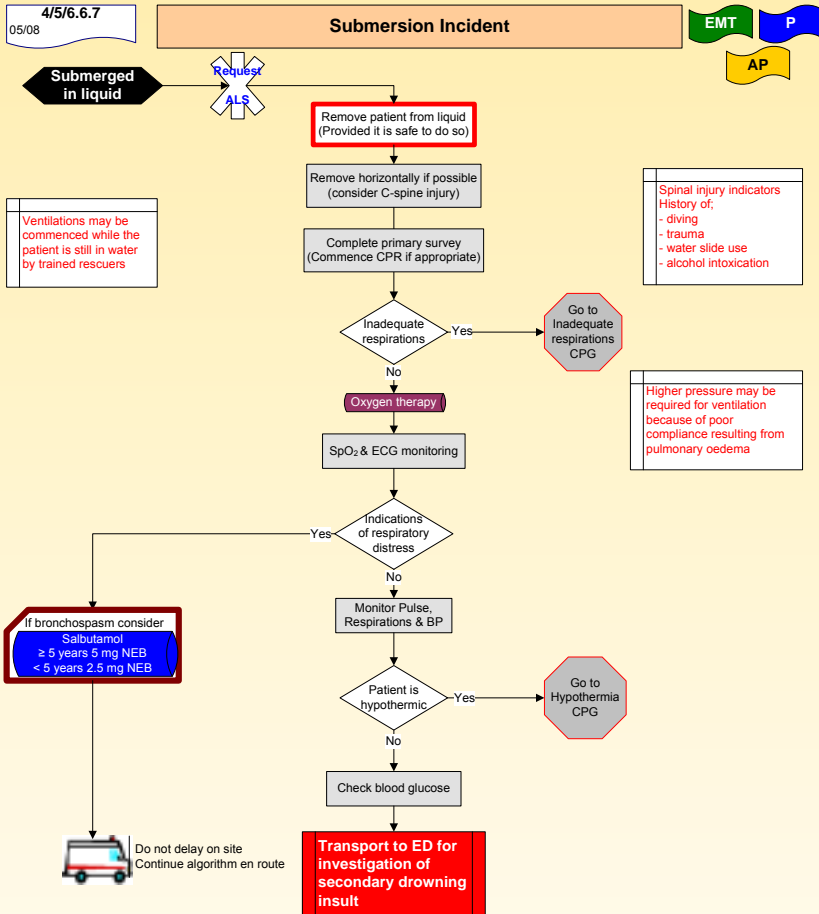
5/6.6.6  
05/08

**Head Injury – Adult**

**P** **AP**



Reference:  
Mc Swain, N, 2003, Pre Hospital Trauma Life Support 5<sup>th</sup> Edition, Mosby



TRAUMA  
Submersion Incident

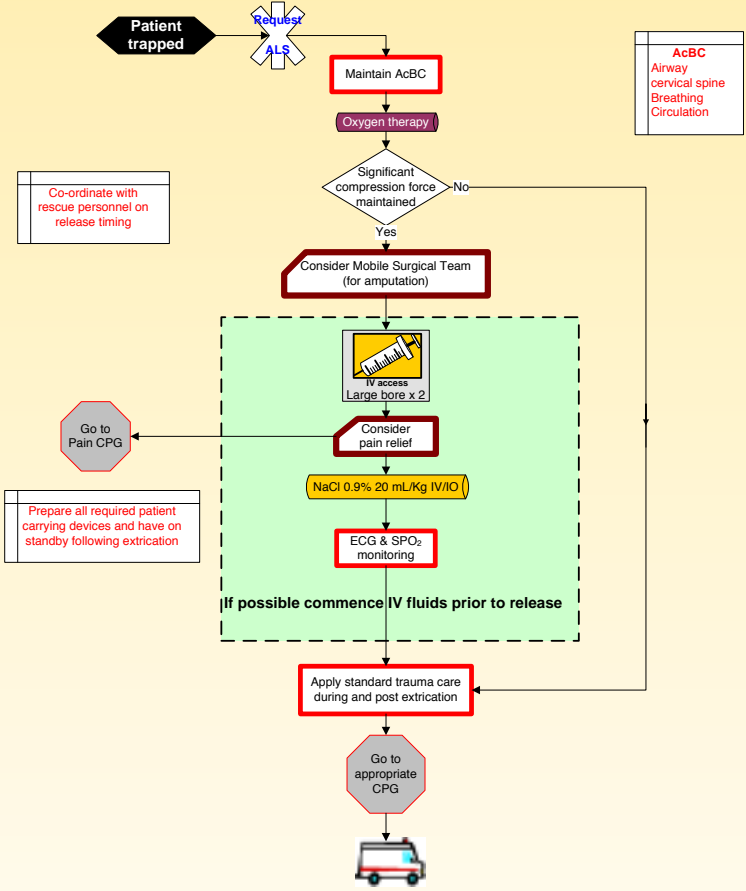
S6

Reference: Golden, F & Tipton M. 2002. Essentials of Sea Survival. Human Kinetics  
 Verie, M. 2007. Near Drowning, E medicine, www.emedicine.com/ped/topic20570.htm  
 Shepherd, S. 2005. Submersion Injury, Near Drowning, E Medicine, www.emedicine.com/emerg/topic744.htm  
 AHA, 2005, Part 10.3: Drowning, Circulation 2005;112:133-135  
 Soar, J et al, 2005, European Resuscitation Council Guidelines for Resuscitation 2005, Section 7. Cardiac arrest in special circumstances, Resuscitation (2005) 6751, S135-S170

5/6.6.8  
05/08

**Crush Injury**

**P** **AP**



**Special Authorisation:**  
**P** Paramedics are authorised to continue the established infusion in the absence of an Advanced Paramedic or Doctor during transportation

Reference:  
 Crush Injury Syndrome (# 7102) Patient Care Policy, Alameda County EMS Agency (CA)  
 Crush Injuries, Clinical Practice Manual, Queensland Ambulance Service

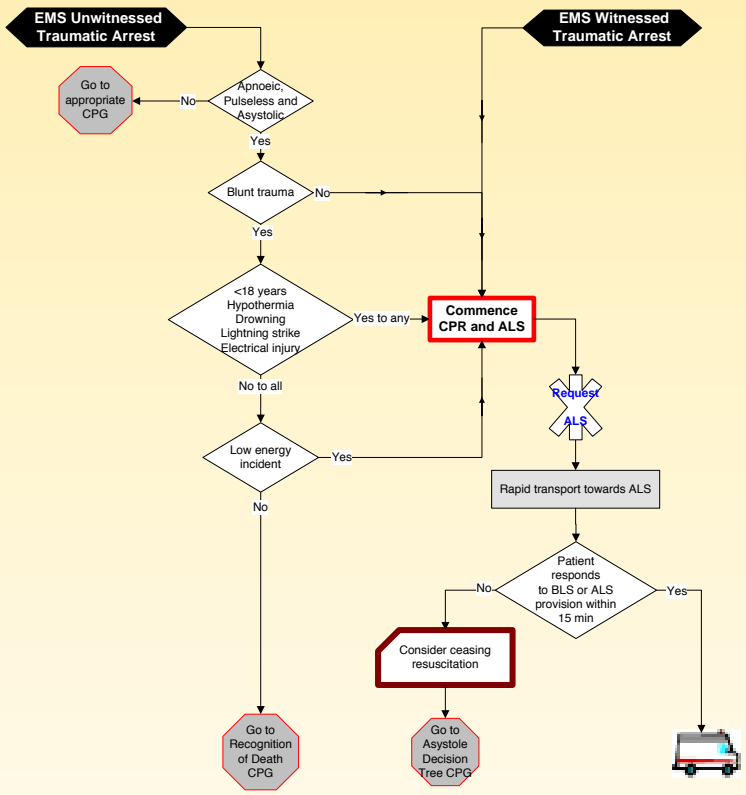
TRAUMA  
Crush Injury

S6

5/6.6.9  
05/08

**Traumatic Cardiac Arrest – Adult**

P AP



TRAUMA  
Traumatic Cardiac Arrest – Adult

S6

Reference: Hopson, L et al, 2003, Guidelines for withholding or termination of resuscitation in prehospital traumatic cardiac arrest, Position paper for National Association of EMS Physicians, Prehospital Emergency Care, Vol 7 p141-146