



EMT-Basic Treatment Protocol 6101

Trauma Assessment and Management Procedures (TAMP)

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In the trauma patient, time is critical. Only initial assessment and treatment of life-threatening injuries should be performed on-scene. For severely injured patients, after appropriate airway management, “load and go” is more appropriate.

If dispatch information gives the responding ambulance reason to suspect the possibility of a significant accident situation (multiple vehicles, etc.), alert Medical Command prior to arrival at scene and consider aeromedical standby.

The initial procedures needed to assess and manage all trauma patients are similar. In the severely injured patient, time is of the essence. Initial assessment should be performed on the scene. All other procedures should be performed en route to an appropriate facility. When directed by a specific protocol to “**Perform TAMP**”, this protocol should be performed in conjunction with the remaining procedures outlined in each individual treatment protocol.

A. Scene evaluation.

1. Note potential hazard to rescuers and patient.
2. Identify number of patients; organize triage operations, if needed.
3. Observe patient position and surroundings.
4. Consider need for aeromedical evacuation.

B. Consider mechanism of injury.

1. Cause, precipitating factors, and weapons used.
2. Trajectories and forces involved to patient.
3. For vehicular trauma: condition of vehicle, windshield, steering wheel, compartment intrusion, car seat, type and use of seatbelts. Specific description of mechanism, i.e. auto-pole, rollover, auto-pedestrian, etc.
4. Helmet use?


C. Patient assessment.



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1. Determine responsiveness.
2. Establish and maintain airway.
 - a. Maintain C-spine.
 - b. Perform **Airway Management Protocol 6901** as indicated.
3. Breathing.
 - a. If adequate, oxygen 15 LPM non-rebreather mask. If patient cannot tolerate mask, oxygen 6 LPM by nasal cannula.
 - b. If inadequate, ventilate with 100% oxygen and perform **Airway Management Protocol 6901** as indicated.
4. Circulation.
 - a. Control bleeding.
 - b. Assess perfusion status.
5. Neurological status.
 - a. Determine level of consciousness using AVPU or GCS.
 - b. Check pupils.
6. Limit on-scene time. Unless unusual circumstances, the goal should be:
 - a. Not trapped - 10 minutes or less.
 - b. Entrapped - within 5 minutes of extrication.
7. In **consultation with Medical Command**, establish mode (ground vs. air) and destination of transport. 
8. If ALS backup is needed, do not delay transport, meet en route.



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D. Treatment

1. Immobilize patient on long spine board or as indicated in **Spinal Trauma Protocol 6103**.

Note: All multiple trauma patients are considered to have a significantly distracting painful injury.

2. Transport.
3. Monitor vital signs, lung sounds, and level of consciousness.
4. Prevent heat loss.
5. Complete detailed physical exam as indicated.
6. Notify Medical Command.

Special Notes:

1. Pregnant patients - tilt backboard to left.