

FORSYTH COUNTY EMS Trauma Protocols

Head Trauma

History:

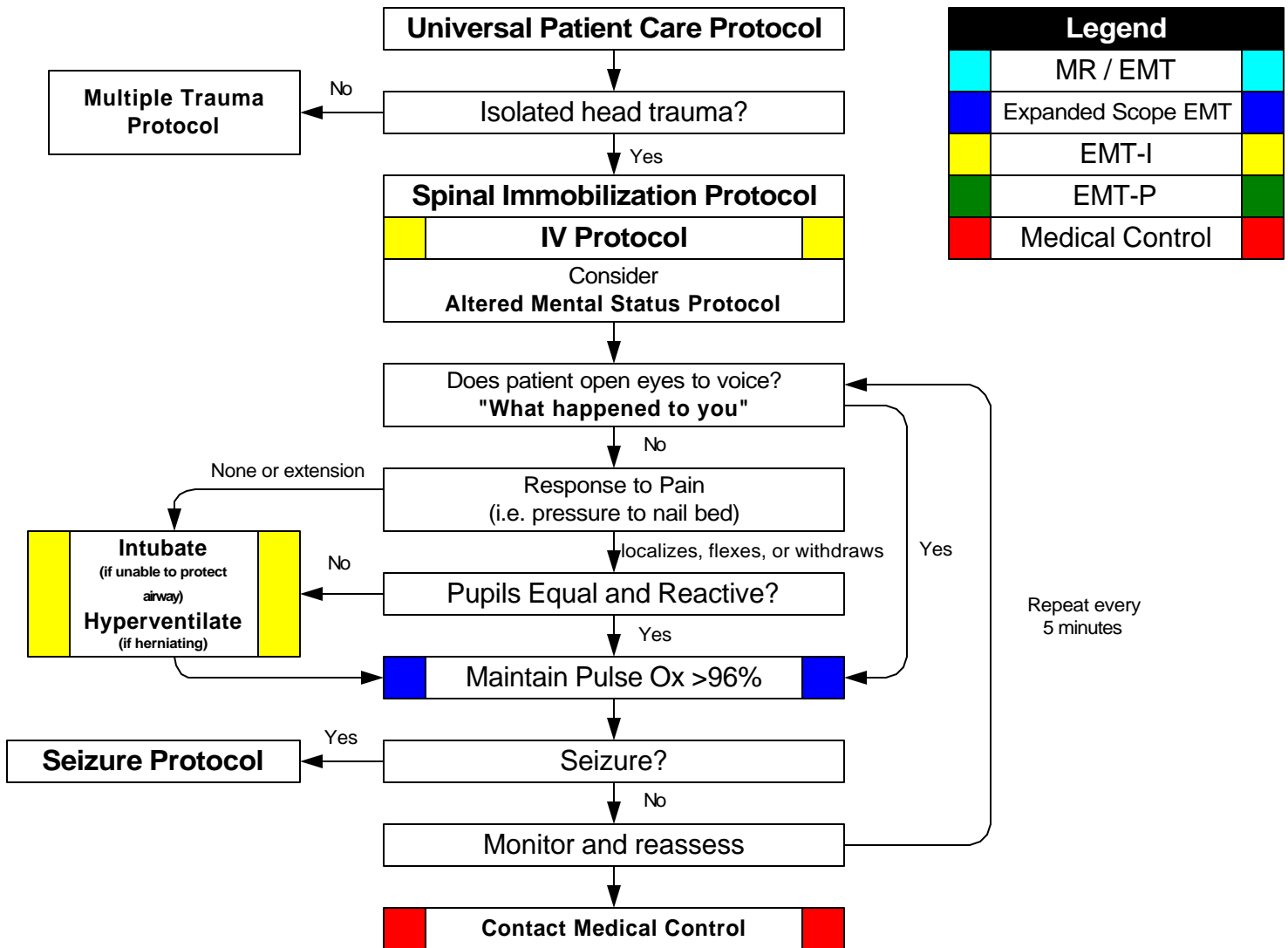
- * Time of injury
- * Mechanism; blunt / penetrating
- * Loss of consciousness
- * Bleeding
- * Medical history
- * Medications
- * Evidence of multi-trauma
- * Helmet use or damage to helmet

Signs and Symptoms:

- * Pain, swelling, bleeding
- * Altered mental status
- * Unconscious
- * Respiratory distress / failure
- * Vomiting
- * Significant mechanism of injury

Differential:

- * **Skull fracture**
- * **Brain injury (concussion, contusion, hemorrhage, or laceration)**
- * **Epidural hematoma**
- * **Subdural hematoma**
- * **Subarachnoid hemorrhage**
- * **Spinal injury**
- * **Abuse**



Legend		
	MR / EMT	
	Expanded Scope EMT	
	EMT-I	
	EMT-P	
	Medical Control	

Pearls:

- * **Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- * If GCS <12 rapid transport indicated and if GCS <8 intubation should be anticipated.
- * Hyperventilate the patient only if evidence of herniation (blown pupil, decorticate posturing, bradycardia, hypertension).
- * If hyperventilation is needed (adult: 20 breaths / min, child 25, infant 35).
- * Increased intracranial pressure may cause hypertension and bradycardia (Cushings Response).
- * Hypotension usually indicates injury or shock unrelated to the head injury.
- * The most important item to monitor and document is a change in the level of consciousness.
- * Concussions are periods of confusion or LOC associated with trauma which may have resolved by the time EMS arrives. Any prolonged confusion or mental status abnormality which does not return to normal within 15 minutes or any documented loss of consciousness should be evaluated by a physician ASAP.

Approved by: _____

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