Penetrating torso trauma SOP

QPI

Further reading

FPHC Consensus statement 2016
EAST guidelines 2015
NICE NG39 2016
https://coreem.net/podcast/episode-80-0/

Related SOPs

Thoracotomy SOP	**Circulatory access SOP**	**Low output state in trauma SOP**
Blood transfusion (BoB) SOP	**Haemostasis SOP**	

Penetrating torso trauma refers to significant sharp injuries to the chest, back, axillae, abdomen and the junctional areas of the neck and groins

Key points:

The potential for internal damage is often underestimated. The size and location of the entry hole may bear little relationship to the underlying organ damage. **Assume the worst case scenario**

In thoracic injuries, the usual tachycardic response to haemorrhage may not be present, and may even manifest early on as **bradycardia**

Where a penetrating injury is found, **inspect the entire patient** including neck, back, axillae and groins for other entry points

Where patient do not require immediate life-saving interventions on scene, prioritise rapid transfer to a major trauma centre*. **Keep scene times short**

Ketamine (0.5mg/kg IV or 4mg/kg IM) may be useful to gain control of agitated patients to permit full assessment

Great North Air Ambulance Service

Version 4 August 2021
For review August 2024

Penetrating torso trauma SOP

Great North Air Ambulance Service

Clinically well patients

Prioritise haemorrhage control using a <C>ABC approach

Minimise scene time - move to the vehicle and **perform interventions en-route**:

- Maintain a high index of suspicion for serious internal injury
- Inspect the patient from top to toe
- Full monitoring
- Cannulate
- Point of care ultrasound

Clinically unwell patients

Prioritise haemorrhage control using a <c>ABC approach

Oxygen to maintain SpO_2 94-99%

Chest seals for sucking wounds

Exclude/treat tension pneumothorax

Minimise scene time - move to vehicle and **perform further interventions en-route**:

- Inspect the patient from top to toe
- Cannulate
- Tranexamic acid
- Consider blood products and calcium as per Blood transfusion (BoB) SOP
- Point of care ultrasound

Patients with LOST/NOST

Refer to:

Low output state in trauma SOP and Thoracotomy SOP

LOST/NOST patients with **penetrating wounds that may have breached the thoracic cavity** require immediate bilateral thoracostomy. If there is no rapid improvement, proceed immediately to resuscitative thoracotomy

- Exclude/relieve tamponade and inspect myocardium
- Manage cardiac wounds as required
- Control intrathoracic bleeding
- Apply pressure to descending aorta
- Internal cardiac massage as required

Delegate all other tasks initially (eg. land crew to manage airway with igel, apply monitoring, control scene)

****

Patients with **isolated penetrating injury to groins/buttocks/limbs with low output state from hypovolaemia** require aggressive haemorrhage control and filling. Where despite these measures they continue to deteriorate and lose their carotid pulse in the presence of the GNAAS crew, resuscitative thoracotomy for proximal control may be indicated. Discuss this option within the team at an early stage and agree your thresholds. This technique will be unsuccessful if only considered once the patient is asystolic.

HEMS team only

Version 4 August 2021
For review August 2024