

SYMPTOMS: Patients exposed to explosive force. Injuries may include blunt trauma, penetrating trauma, shrapnel, burns, pressure-related injuries (barotrauma) and toxic chemical contamination. Be prepared to address complex, multi-system injuries.

Assessment, Treatment and Interventions

ALL LEVELS

1. Identify ongoing threats at the scene of an explosion.
2. If multiple victims, triage patients once the situation is stable.
3. Remove patient from scene as soon as is practical and safe.
4. Prioritize treatment of multi-system injuries to minimize patient morbidity as resources are available.
5. Control any severe external hemorrhage. ([See Extremity Trauma/External Hemorrhage Management guideline \[T-5\].](#))

EMR-O; EMT-R

6. Assess airway patency and breathing.
 - a. Evaluate adequacy of respiratory effort, oxygenation, quality of lung sounds, and chest wall integrity.
 - b. Secure airway utilizing airway maneuvers, airway adjuncts, non-visualized airways. ([See Airway Management guideline \[RP-1\]](#)).
 - c. Administer oxygen as appropriate for dyspnea or distress with a target of achieving greater than 93% saturation for most acutely ill patients. Assist respirations as needed.
 - d. Consider possible pneumothorax or tension pneumothorax because of penetrating, blunt trauma or barotrauma.
 - e. Cover any open chest wounds with a semi-occlusive dressing.
 - f. If evidence of thermal or chemical burns to airway, request ALS for airway management.
7. Assess circulation including BP, pulse, skin color/character and distal capillary refill for signs of shock. Treat per [Shock guideline \[M-13\]](#) as appropriate.
8. Assess disability.
 - a. Assess patient's responsiveness (AVPU)
 - b. Assess patient's level of consciousness (GCS).
 - c. Assess pupils.
 - d. Assess gross motor movement and sensation of extremities.
 - e. If evidence of head injury, treat per Head Injury guideline.
 - f. Apply spinal precautions per the Spinal Care guideline.
 - g. Monitor GCS during transport to assess for changes.
9. Perform rapid evaluation of entire skin surface, including back (log roll) to identify blunt or penetrating injuries. Cover patient, keep patient warm, to prevent hypothermia.
10. Transport to trauma or burn facility when possible.

AEMT-R

11. Establish IV access with two large bore IVs or IOs.
 - a. Administer NS or LR per the [General Trauma Management \[T-1\]](#) guidelines.
 - b. If patient is burned, administer NS or LR per the [Burn guideline \[T-3\]](#).

INT-R

12. If evidence of tension pneumothorax, perform needle decompression.

PARA-R

13. Intubate as appropriate.