Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR SOUND CLINICAL JUDGEMENT.

Major Trauma Care Bundle

Major Trauma

Metric	Goal
On Scene Time	10 minutes or less
Prehospital Notification	Within 5 minutes of identification
Spinal Motion Restriction	Performed when indicated
Large Bore Vascular Access	2 Large Bore (14 or 16 gauge preferred) IVs
Fluid Resuscitation	Fluid resuscitation given to maintain MAP >65 mmHg
Temperature Management	Maintain normal body temperature

Theory/Evidence

On Scene Time

- Patients with major trauma should be expediently moved to a Level 1 Trauma Center for definitive surgical evaluation and management with a goal on scene time of less than 10 minutes. In cases of extrication, the on scene time goal should be less than 10 minutes from the time of a successful patient extrication.

Prehospital Notification

- Receiving trauma center notification within 5 minutes of identifying a patient with major trauma provides early activation of trauma teams and mobilizes essential hospital resources prior to the arrival of the patient.

Spinal Motion Restriction

- Spinal motion restriction should be performed when indicated and documented when not. In the setting of major trauma, long back boards may be indicated to provide spinal motion restriction and limit on scene time.

Large Bore Vascular Access

- Establishing large bore vascular access in a trauma patient allows for efficient and rapid fluid resuscitation.

Fluid Resuscitation

- Fluid resuscitation is indicated only in patients with hypotension. Aggressive fluid resuscitation should be given to maintain a MAP >65 mmHg.

Temperature Management

- Victims of trauma rapidly lose body heat, which leads to hypothermia, coagulopathy, and increased mortality. Active and passive warming measures are indicated in all cases of major trauma to maintain body temperature.