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| Title Fall vs. Trauma | Date 08/18/2020 |
| CDE Number M-2008003 | CDE Credit Hours .5 HRS |

Often times, we are faced with the dilemma of choosing the most appropriate Chief Complaint. When more than one seems to fit, how can we tell which one is best?

The answer is within the 12 Case Entry Rules. Rule 2 states "If the complaint description involves TRAUMA, choose the Chief Complaint that best addresses the **mechanism of injury.**"



For instance:

- If a patient is riding their bike, passes out and falls, then we should be on Protocol 31:

Unconscious/Fainting.

- If the patient crashes their bike while riding down a trail, Protocol 30: Traumatic Injuries is the best fit.
- If a toddler is on their tricycle and tips over and hits their head, Protocol 17: Falls would be the appropriate choice.

You see, we don't have a special protocol pathway for accidents involving falls from bicycles. Instead, we address what made them fall and/or how fast they were going. This information is important to listen for as the caller responds to "Okay, tell me exactly what happened."

The IAED defines HIGH VELOCITY Impact/MASS Injury as: Evidence to suggest critical injuries from high-speed/high-impact incidents including, but not limited to, skiing or snowboarding,



race or mountain biking, heavy equipment. This definition can be found in Additional Information on Protocol 30. When one of these or something similar has happened to our patient, Protocol 30: Traumatic Injuries is the most appropriate Chief Complaint.

Lastly, when can we move a patient with traumatic injuries? Rule 2 on Protocol 30 states a head-tilt is necessary for the **not alert** patient with **INEFFECTIVE BREATHING** as the EMD protects life over limb and opens the airway. Then, Rule 3 says if a **spinal injury is suspected in a breathing patient and PAIs are not necessary**, the EMD may enhance the PDIs by encouraging the patient not to move and have the rescuer use their hands to stabilize the patient's head and neck in the position found.

So, what does this mean if the patient is wearing a helmet? If the patient is wearing a helmet and IS breathing effectively, we do NOT need to remove the helmet. If the patient is not alert with INEFFECTIVE BREATHING, remove the helmet and move into PAIs.

Sources

¹ Patterson B. "Mechanism of Injury" Journal of Emergency Dispatch. 2019; August

6. <https://iaedjournal.org/mechanism-of-injury/>.

² "Helmet Removal – Now you Know" El Paso – Teller County 9-1-1 Authority. 2020; June

2. <https://youtu.be/jAN1PAGtsmg>.



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I verify that I read and am familiar with the contents of this document.

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