

<u>Protocol</u>	Procedure / Drugs	Standing /Orders	Admin By	Notes
Adult Airway Management	Oraltrachael Intubation Nasotracheal Intubation Ativan 2 mg	Standing Orders Orders	I/P Paramedic Paramedic	ICP or Head injury may admin Lidocaine .5 - 1 mg prior to intubation Continous Pulse ox with patients with inadquate respiratory function
Airway Failed	Combitube Cricothyroidtomy	Standing Orders	I/P P	
Behavioral	Glucose Check Glucagon 1 mg IM Ativan 2 mg	Standing Orders	I/P I/P P	Complete Nero Exam Consider other causes: Hypoglycemia,Overdose,Hypoxia Head Injury
Clearing C Spine	Immoblize if High Suspicion			High Speed MVA w/High Speed Falls > 3 times patient Height Diving Accident Penetrating trauma in or around Spinal Column Sports Injury to head and Neck Unconscious Trauma Pt < 5 or > 65 Years of Age
Dental Problems				Place tooth in Milk or N.Saline May have Swelling w/ cellulitis or Abscess Reimplantation may be possible within 4 hrs if cared for properly
Fever	orthostatic B/P Tylenol 500mg x 2	Standing Standing	I/P I/P	if positive IV miantain 90 systolic Rehydration w/fluids will increas the ability to sweat and improve heat loss

Pain Control	Tylenol 500 mg x 2 IV for 90 systolic Toledol MS 2-4 mg Demerol 50 mg slow push	Standing	I/P	Pain < 6 or no indication for IV/Im Meds All patients who receive IV or IM meds should be observed for 15 minutes for drug reactions
IV Access	Perpherial IV External Jugular Intraosseous IV	S S Order	I/P I/P	In Cardiac Aresst any preexisting Dialysis Shunt or external Central venous access cath May Be Used
Primary General Consederation for ALS				Notify Hospital ASAP w/C.Arrest due to trauma w/BP Pulse ,Resp. On Scene time kept to minimum.>10 min must be justified in ACR
Amputation	Pain Control	S	P	MS 3-5 or Demerol 50mg Do not place directly on ice Tourniquet as Last Resort for hemorage control Attempt to find,save severed part for possible reimplantation
Bites & Envenomations	Place supine position Eelevate extremity if involved Splint area if possible			Nothing PO If possible try to identify snake or spider
Burns	Stop Burning Process Brush Chemicals Off Dress w/ Dry Sterile Gauze Pain Control Iv Bolus 250 mg (if needed)		P	Maintain Body Temperature Copious Amounts of Water for Chemicals Use Rule of Nimes to estimate area involved MS 3-5 mg or Demerol 50 mg
Crush Injury (Extrication Pending)	IV maintain 90 systolic	S	I/P	250 cc bolus prior to release/disentanglement No MAST on crush injuries Keep M.Control advised during prolonged extrication
Cyanide Poisoning	Move victim to fresh air Amyl Nitrate 15-30 sec per min		???	Keep patient warm and at rest Skin /Eye flush w/water for 15 minutes May note bitter almonds on victims breath

Electrical Injuries	Cardiac Monitor IV for 90 systolic Pain Control Reassess Often	s		May need fluid bolous 250 cc MS 3-5 or Demerol 50 mg Consider 12 Lead Arhythmia's may be delayed up to 12 hrs.
Extremity Trauma	Determine MOI Assess distal Neuro status Dress and Splintv Fx Pain Control	s	P	Possible Head,Chest , Abdominal Trauma or Hypoxia Document distal pulse,neuro function,capillary refill and angulation IV for 90 systolic MS 3-5 mg or Demerol 50 mg if BP > 90 systolic
Eye Injuries	Penetrating Chemical Tetracaine 1-2 drops	??		No Direct Pressure, No Tetracaine Observe for eye fluid leakage, Stabize and cover other eye Use Morgan Lens Remove Contacts prior to insertion of Tetracaine
Head Trauma	AssessBreathing Assess Neuro Status D50 id <60mg/dl Consider Narcan 2 mg Observe for Cushing Response	s	p/l	Maintain BP 90 systolic, Check Glucose Glucagon 1 mg if no iv access Hyperventilate only if Blown Pupil or Rapidly Decompensating Hypertension and Bradycardia
Hyperthermia	Maintain 90 systolic Cardiac Monitor			Move to cool enviroment Ice Packs can be used behind neck,under arm pits and at the groin
Hypothermia	Remove from enviroment Defibrillate up to three shocks Active Rewarming			remove wet garmets,Protect against heat lose Maintain Horizontal position, Avpid rough handling 200,300,360 Use warm iV fluids to Rewarm heat pads ,warm water bottles hot paks to chest,axilla & groin
Lightning Strike	Aggressive resusciation efforts			Treat victims who appear dead Before those who show signs of life

Multiple Trauma

Assess Respirations

Intubation if needed

Pleural Decompress

Two iv's maintain BP 90 systolic

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S

I/P

P

I/P

Maintain Bilateral Breath Sounds Adj tube if needed suction

If Pt is Apenic,Pulseless refer to Death/Discontuation Protocol