

EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

TREATMENT PRIORITIES

- 1. SAFETY, SAFETY, SAFETY
- 2. Hemorrhage control
- 3. Assessment/Care for lifethreatening injuries/shock
- 4. Vital signs
- 5. Analgesia (if required)
- 6. Appropriate trauma care destination selection

10P - BLAST INJURY **ADULT & PEDIATRIC**

EMD

OBTAIN AVAILABLE SCENE HAZARD INFORMATION FOR RESPONDER SAFETY DO NOT MOVE PATIENTS UNLESS IN DANGER STABILIZE HEAD AND NECK IN POSITION FOUND OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING CONTROL BLEEDING BY DIRECT PRESSURE

EMERGENCY MEDICAL DISPATCHER EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR

EMT

SCENE SAFETY CONSIDERATIONS - FLAMMABLE ENVIRONMENT? TERRORISM CAUSE - SECONDARY DEVICES? MASS CASUALTY INCIDENT MANAGEMENT/TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE EXPECT HEARING DIFFICULTY/DEAFNESS IN PATIENTS DUE TO PRIMARY BLAST INJURY OF RUPTURED EAR TYMPANUM APPLY TOURNIQUET FOR HEMORRHAGE UNCONTROLLED BY DIRECT PRESSURE PER PROTOCOL 10H - TOURNIQUET **OBTAIN VITAL SIGNS**

O2 VIA NC, NRB AS APPROPRIATE

SPLINT SUSPECTED FRACTURES INCLUDING JOINT ABOVE AND BELOW AREA OF INJURY COVER AMPUTATED ANATOMY WITH SALINE-MOISTENED GAUZE

PLACE AMPUTATED ANATOMY IN A CLEAN PLASTIC BAG PLACE AMPUTATED ANATOMY OVER ICE, AVOIDING DIRECT CONTACT OF AMPUTATED ANATOMY WITH ICE STABILIZE IMPALED OBJECTS

APPLY CARDIAC MONITOR (if equipped)

EMT-185

AEMT

IV ACCESS (IO IF INDICATED)

IV ACCESS (IO IF INDICATED) (TWO LINES IF POSSIBLE) ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV NS 250 mL BOLUS IF SYS BP < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA, ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ANALGESIA (IF REQUIRED)

FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg

ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.

ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.

OR

ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

PEDIATRIC: OLMCP ORDER ONLY

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)